

# External visitors and sex and relationships education



The Sex Education Forum believes that all children and young people are entitled to good quality sex and relationships education (SRE). SRE should be taught as part of a planned curriculum in school; with learning built on developmentally, year by year. The Sex Education Forum believes that SRE should be taught by well-trained and supported teachers; and that external visitors can have a valuable role in enhancing the teaching and learning of SRE.

This publication is designed to support teachers, school leaders, SRE leads, advisors and coordinators – as well as commissioners and external visitors themselves – in understanding how external visitors can best contribute to SRE.

## Who are external visitors in SRE?

External visitors in SRE include a wide range of professionals from voluntary, statutory and commercial agencies, who come into schools to support the development and delivery of SRE. This could include school nurses, youth workers, peer educators, young parents, local authority advisors, consultants, members of a faith or community group, and theatre-in-education companies.

## Why work with external visitors?

External visitors can enrich the SRE curriculum through direct classroom input by bringing particular skills, methods, perspectives and expertise. In some cases, external visitors provide the extra capacity to run small-group or one-to-one SRE with particular pupils. They can also make a valuable contribution to the wider development of SRE in a school or locality, for example through supporting teachers, school leaders and governors in improving provision; or by working directly with parents and carers. So, external visitors can contribute to SRE either directly in the classroom or indirectly through building the school's capacity.

Schools need to be clear about *why* they are working with external visitors in SRE and what value they are adding that is different from what the teacher and school can do alone. Different reasons are explored in more detail under the four headings below.

### To enhance learning

SRE, at its best, is a lively and interesting subject, covering a broad range of topics to do with sex and relationships and

having relevance to real life. The curriculum for SRE is usually designed within the wider PSHE education curriculum and must fulfil National Curriculum requirements. The process of planning and designing a curriculum that meets the needs of children and young people can suggest opportunities for external input. Meeting and working with people from the wider community is identified as a 'curriculum opportunity' in the National Curriculum programmes of study for Personal Wellbeing at Key Stages 3 and 4 (within PSHE education).

Contributions from external visitors are appropriate if they can add something that will enhance learning, something different from that which a competent teacher can offer. For example, pupils can benefit from:

- learning about local and school-based health and advisory services first-hand from service staff – this can help build trust in using a service
- learning about other people's lives from someone with a particular life experience, such as a teenage parent or HIV-positive speaker
- learning about a particular faith, cultural or social perspective, for example by a faith leader discussing relationships or a local lesbian, gay, bisexual and transgender (LGBT) organisation representative discussing stereotyping and addressing homophobia
- accessing expert and specialised knowledge on a topic of interest to the group, for example from a health professional – this is particularly useful with older students
- developing personal and social skills through the process of hosting and interacting with a visitor
- experiencing a different learning style or medium, such as the creative arts.

In the current context, the quality of SRE is patchy and there is a lack of trained and well-supported teachers. This creates a danger of using external visitors as a substitute for quality, teacher-led delivery of SRE. External visitors may already be trained in some topical areas of SRE, whereas many teachers lack sufficient training. But teachers and schools have expertise in teaching and learning and responsibility for it. Schools should be in control of their SRE curriculum design and delivery; and can then identify suitable points at which external-visitor input can enhance provision.

See case study 1 for how Derby's Healthy Schools Team flagged up where external visitor input could be useful.

## To build the capacity of schools to deliver good quality SRE

Investment in the development of a workforce of teachers who are competent in SRE is vital. Qualified teachers are already equipped with the necessary pedagogical skills to plan a curriculum, design and teach lessons, and assess learning. What they may be lacking is the specialised knowledge, confidence and skills to teach SRE.

External visitors can play a key role in the professional development of teachers. This could be through on-the-job training, staff meetings and INSET, twilight training sessions or input to the local delivery of the national PSHE continuing professional development (CPD) programme. Confident and well-trained teachers will also identify that some classroom input from external visitors can be valuable in enriching learning.

If external visitors have appropriate expertise, they may also support senior managers and governors in their leadership role with SRE. For example, external visitors can carry out consultation with pupils, staff, governors, parents and carers to inform a subject review and help update the SRE policy. If external visitors have knowledge of SRE practice in other schools, locally and nationally, they can be particularly helpful in providing a wider perspective that is independent of the school. In this case, their role could encompass making links between schools and facilitating dialogue if there are differences in ideas within a school about SRE.

See Appendix A2 for an example of local agencies working with schools in Milton Keynes to improve the skills of teachers.

## To engage with parents and carers

Schools, parents and carers all have a responsibility for SRE. And external visitors can be well placed to facilitate dialogue between them about SRE. For example, the expertise of a local SRE advisor can provide invaluable support at a school parents' evening, particularly if the school is discussing SRE in a public forum for the first time and feels exposed. Parents can also benefit from meeting external visitors who may be providing direct classroom, small-group or one-to-one input, for example school nurses and youth workers.

External visitors can also work directly with parents and carers to support them in their role of providing SRE for their children, for example by running 'Speakeasy' courses with small groups. Parent-governors and school staff who are parents can be invited to take part. This approach is illustrated in the case study from Cornwall in Appendix C2.

## To meet the needs of all children and young people

Some secondary schools provide SRE in small groups or one to one for those pupils identified as needing more tailored learning. Research shows that SRE can have more impact when taught in small groups (Kirby 2007) but staff capacity is often the limiting factor. External visitors can provide the additional resources needed to offer targeted small-group or one-to-one provision.

Small-group work is conducive to a more informal and personal approach, so external visitors may be selected because of their particular skills in working with small groups, for example youth workers. External visitors may also bring skills of a particular medium, such as drama, dance, art or sport. These media offer opportunities for creativity and active participation, and can be effective vehicles to explore sex and relationships topics in a style that better meets the needs of some pupils.

See Appendix A1 for an example of a creative arts small-group SRE project in the West Midlands.

## Working together

Schools, visitors and commissioners need to be clear about why they are working together on SRE. The process of reviewing current arrangements may suggest useful changes, for example, shifting the visitor's role from classroom delivery to targeted small-group work or a new role in building the capacity of teachers.

Ultimately, schools must decide for themselves who to work with and, indeed, do not have to have any external visitors contributing to SRE. In some cases input from external visitors can be damaging, for example, if they do not provide accurate information. Cases have been reported of 'anti-choice' (anti-abortion) organisations providing school sessions that include factually incorrect information about abortion and use of inappropriately graphic material (Hoggart and others 2010).

The Sex Education Forum recommends that the following factors be in place for external visitor input into SRE to be safe and worthwhile.

- Schools are clear about their reason for working with the visitor.
- External input is factually correct and there is differentiation between fact and opinion.
- The values of the external visitor are clear and there is no hidden agenda.
- The visitors are adequately trained and competent.
- Responsibility for teaching and learning remains with the school.

If in doubt about the credentials of a particular organisation or visitor, schools can consult with the local Healthy Schools Team or SRE advisor.

Once schools and external visitors are clear and confident in their reasons for working together it is easier to plan the details of how to work together.

## Case study 1

### External-visitor input flagged within scheme of work – enhancing learning

Derby Healthy Schools Teams launched a scheme of work for SRE for Key Stages 3 and 4. Points are flagged up in the units of work where external visitors can usefully contribute to the curriculum as follows:

Year group	Curriculum areas	Suggested external visitor link
Year 7	physical safety, bullying, friendship	none – teacher input only
Year 8	personal safety, runaway	The Runaways Project
Year 9	risky behaviour, sexual exploitation	Safe and Sound Derby
Year 10	relationships	Brief Candle (theatre in education)
Year 11	sexuality	Choices (local LGBT support agency)

The scheme of work and external visitor inputs respond to local issues and help build young people's confidence in using local services. The Healthy Schools Team explains that by planning external visitor input into the scheme of work it has made their input more consistent and age-appropriate. Some of the agencies contributed to the launch event for the scheme of work.

## How to work with external visitors

The collaboration between external visitors, schools and the local authority should be underpinned by dialogue, the sharing of skills and expertise, and mutual and ongoing learning and development. Some local authorities have developed guidelines on the use of external visitors in PSHE education and disseminated these to schools. Individually, schools may have included information about how they work with external visitors in their SRE policy. This section sets out some of the structures and processes that can create effective collaborations with external visitors.

## Partnership approach

Government policy supports partnerships between schools and relevant local agencies. A priority area for Ofsted inspectors is 'assessing how effectively schools work in partnership with other providers in order to promote better outcomes for pupils' (Ofsted 2009). And one of the criteria relating to PSHE education for Healthy Schools status is that the school: 'involves professionals from appropriate external agencies to create specialist teams to support PSHE delivery and to improve skills and knowledge' (National Healthy Schools Programme 2008). It is also expected that 'their contributions are part of a planned programme and not a "one-off" experience'. Schools taking part in the Healthy Schools 'enhancement' model will be encouraged to work closely with external visitors as they plan interventions to help them address their priorities.

Good partnerships require effort from all parties and a clear understanding of the roles and expectations. Several local authorities have created template service level agreements that can be used by schools and external visitors to plan and agree the nature of their partnership.

## Understanding roles

A clear understanding of roles supports effective partnerships. Some of the distinctive features of the role of schools, external visitors and local authorities are summarised below.

### Role of the school\*

- being responsible for education, safety and welfare of pupils
- delivering an SRE curriculum that meets the needs of pupils
- making a considered choice about which external visitors to work with, why and how
- ensuring classroom input is planned and learning objectives agreed
- managing the classroom
- supporting external visitor input through preparatory and follow-up lessons
- listening and responding to the views of pupils
- briefing the external visitor on student ability, previous learning and special educational needs
- briefing external visitors about practicalities, protocols and policies within the school
- giving the visitor feedback on the effectiveness of their input.

\* In aided and foundation schools, the schools' role will include some aspects of commissioning.

### Role of the external visitor

- raising awareness about the importance of SRE and good practice
- providing expert support to enrich or inform the curriculum

- introducing new media, methods and approaches that have been shown to be effective
- respecting the ethos and policies of the school
- helping schools to independently sustain improvements to the quality of SRE
- giving the school feedback on the preparation for and support given to the visitor's input.

### Role of the local authority (may also apply to other commissioning bodies such as the Primary Care Trust)

- commissioning effective inputs from external visitors
- coordinating quality assurance
- responding to evaluation feedback
- carrying out periodic reviews
- supporting external visitors and schools to access SRE training
- collating and disseminating information about external visitors
- providing strategic leadership in developing high quality and sustainable SRE locally.

### Legal responsibilities

Schools are legally responsible for the education, safety and welfare of their pupils and cannot transfer this responsibility to an external visitor. A teacher or staff member should therefore stay in the classroom during a visit and monitor the session even if they are taking a non-active role. The school must observe that input from external visitors complies with the Equalities Duties and provides a balanced view of any political issues (Education Act 1996, Section 407).

Schools must also ensure that visitors meet legal requirements for criminal records bureau (CRB) checks; and will need to keep abreast of updates from the Independent Safeguarding Authority as new rules about vetting and barring are introduced. External agencies must also ensure their employees or volunteers meet the legal requirements.

Primary and secondary schools are legally required to have a policy for SRE. They must also teach the statutory parts of the National Curriculum; this includes aspects of human reproduction and development in National Curriculum Science. It is beneficial to share the school SRE policy with external visitors, reference the input of external visitors on the policy and, if appropriate, invite their input in reviewing the policy.

Schools are required by law to have child-protection procedures in place that are in accordance with local authority guidance (Education Act 2002, Section 175). It is good practice for schools to have a policy on confidentiality. Schools and external visitors may work to different policies so it is particularly important that a discussion takes place before the visitor makes any input. The external visitor needs to work according to school policies and protocols, but may also be able to advise the school on developing their policies.

Dialogue between school and visitor can cover the following subjects:

- the school's approach to confidentiality in the classroom
- how disclosure in the classroom can be minimised
- what to do in the case of disclosure
- the name of the child protection officer in the school
- the policy on confidentiality in one-to-one situations, for example, after a lesson
- confidentiality as it relates to on-site health services
- any differences in the level of confidentiality offered by external visitors and school staff
- differences in confidentiality that a health professional may be able to offer in class compared to within a service setting
- opportunities that children and young people have to learn about privacy and confidentiality, including what they can expect from school staff and visitors
- how all school staff are informed about confidentiality and safeguarding, and supported, for example, through training.

Confidentiality and safeguarding policies and protocols must prioritise the welfare of pupils and also consider the safety and support needs of staff. Some local areas, for example Sheffield, have developed shared confidentiality policies that all schools can use – thus creating consistency and a shared understanding about protocols (see case study in the draft government *Sex and Relationships Education Guidance* (DCSF, January 2010). Local authorities that have produced guidelines on external visitors have usually included information about confidentiality and safeguarding. See also *Working Together to Safeguard Children* (DCSF, 2010).

### Good practice

The input of external visitors, as with all SRE, should be based on good practice informed by evidence. For example, it should be informed by the needs of children and young people; be factually accurate; delivered by a trained facilitator; and use participatory techniques. See, for example, *Effective Learning Methods: Approaches to teaching about sex and relationships within PSHE and Citizenship* (Sex Education Forum, 2005).

An external visitor will have a different relationship with pupils compared to that of school staff. On the one hand, they are unlikely to get to know pupils as well as teachers. On the other hand, they can command interest and attention because of the novelty of their visit and style. To manage this new and exciting dynamic it is helpful to re-set boundaries and group contracts. This is particularly important if the external visitor intends to draw on personal experience, for example a parent or a HIV-positive speaker. In advance of the visit, the teacher must discuss boundaries and may need to prepare the class, for example by exploring the difference between personal and intimate information. The external visitor may want to establish a fresh group agreement themselves as this will help them build their

relationship with the class. Preparation, by the teacher and visitor, can help to minimise disclosure in the classroom and promote the use of available confidential advice and health services.

A pre-input meeting between the teacher and visitor is a chance to clarify roles, and to plan a team-teaching approach if appropriate. Post-input, it is good practice for the teacher to create progression and continuity in learning by doing a follow-up after the visit and assessing what further work pupils need to do.

Apart from modelling good practice (if their input involves classroom delivery), external visitors with appropriate skills can take a strategic role in helping schools improve their practice. This could involve:

- facilitating good practice sharing and networking between schools in a locality
- training teachers on the job or through INSET, twilight sessions or PSHE CPD training
- contributing to a school or local authority steering group tasked with SRE development
- publishing resources to support schools with particular aspects of SRE – for example the *Abortion Education Toolkit*, which includes a section on external visitors, published by Education for Choice, a voluntary sector organisation that works closely with schools.

## Quality assurance

In each locality, there will be a unique range of external visitors who can contribute to SRE. This diversity is enriching and exciting, but also poses a challenge to schools and local authorities in their efforts to ensure a consistently high quality of SRE. External visitors from statutory agencies, such as youth workers and school nurses, carry the quality mark of their professional standards but will not necessarily have had any

training in teaching skills or about the subject of sex and relationships. However, some youth workers and school nurses have had appropriate training, for example through the national PSHE CPD programme. Estimating the quality of commercial and voluntary sector providers is also not straightforward.

Developing a system for quality assurance will help to set standards for input from external providers and can also serve as a tool for improving information sharing and coordination. The Primary Care Trust (PCT), local authority and Healthy Schools Team are ideally placed to take a leading role in quality assurance. This could involve establishing agreed minimum standards, for example in relation to training, planning and evaluation. Standards for training can be based on accredited courses such as the national PSHE CPD programme. Agencies meeting the standards can be listed in a directory.

Locally coordinated quality assurance systems help reduce the risk for schools of 'trying out' new visitors. This quality assurance should be an ongoing process, closely linked to evaluation. Pupil and teacher evaluation must be built into all external-visitor classroom input. Findings should be recorded and discussed as part of the subject review in the school, and shared with external visitors to inform future work. Where external visitors give input to teacher training or engagement with parents and carers, their input should also be evaluated using appropriate methods. Gathering evaluation information from schools and external visitors about their partnerships will support the local authority in its coordinating role and can inform planning and commissioning.

Case study 2 shows how Buckinghamshire Healthy Schools Team is coordinating quality assurance for external visitors. Further case studies explore how external visitor input has been reviewed by the PCT in Sutton (Appendix B1) and the development of a framework for school health input to SRE and PSHE education in Barnsley (Appendix B2).

## Case study 2

### Coordinating quality assurance – Buckinghamshire

Buckinghamshire Healthy Schools Team has developed a quality assurance system for all partners working with schools on PSHE education. Partner agencies in the voluntary and statutory sector were consulted in developing the framework. To be a quality assured provider, agencies must submit evidence to show that they meet standards, including:

- anti-discriminatory values – demonstrated by a statement in their organisation's literature
- staff training – demonstrated by an agreed training programme and CPD review process
- working age-appropriately with pupils – evidenced by session plans.

Agencies are also asked to send the Healthy Schools Team a list of schools they have worked with each year – thus helping the team develop knowledge about schools' activities with external providers. In return, the Healthy Schools Team agrees to consult with the agency and to promote them to schools; and is working towards having a list of external providers as part of the local Healthy Schools website.

## Involving children and young people

The experience of inviting, preparing for, and hosting a visitor in the classroom provides an invaluable opportunity for children and young people to develop social and communication skills. By giving the class an active role in working with the visitor, children and young people can develop ownership of their learning. This approach is suitable for SRE as well as PSHE education more broadly. As with all input from external visitors, it requires good preparation and follow-up.

The following questions signal opportunities to involve children and young people in work with external visitors:

- Can pupils be involved in the selection of visitors?
- Do pupils already have a relationship with, knowledge of, or experience with this visitor?

- Will pupils be involved in inviting, greeting and thanking the visitor?
- Have pupils had an opportunity to provide feedback and evaluate the visitor's input?
- Are questions about visitors built into SRE audit activities in which pupils are involved?
- Is there an opportunity for pupils to reflect after the session, for example on what they found interesting or surprising?
- Will there be any ongoing link between pupils and the visitor?

Some of these questions are adapted from *Health for Life 15–16* (Boddington and King 2009). Case study 3 describes a teacher's experience of giving full control of the visitor input to children and young people as part of PSHE education.

## Case study 3

### *Giving children and young people control of the visitor – a teacher's experience*

'I met my new Year 5 class briefly at the end of the summer term and was immediately struck by the huge diversity of the group. That July, the first activity I did with the children in an attempt to get to know them better was to get them to talk about what they would like to be when they grew up and give reasons why. This done, with great enthusiasm, I told the children that we would follow it up in September. We would write to people who worked in their chosen field and invite them to visit and speak to the class, to which the children "ooh-ed and aah-ed" with excitement.

So, in our first week of school the children wrote persuasive letters to a vast array of professionals. I included an accompanying note explaining my objective for the visit and other practical information. This done, we focused on other areas of PSHE such as class bonding, class contracts and building teacher–pupil trust and respect. Finally, replies to our letters arrived and our next task was to decide how we should receive our visitors. Various suggestions were made, but it was agreed that the person who wrote the letter should greet the visitor. They should shake hands and introduce themselves, offer a drink, show the toilets and layout of the school and then introduce the visitor to the class. We decided the class should buy chocolates to give to the visitor after their visit. We also decided that we should send a thank you letter after the visit. In addition, it was agreed that myself and the teaching assistant would not take an active role.

Our visitors, which included a doctor, prison officer, air steward, police officer, graphic designer, netballer, professional footballer and singer, arrived one week after the next. The children rose to the challenge of hosting their guests. As time went on, their confidence grew and a sense of achievement became evident. At the end, I believe the children performed the role of host with ease, they asked intelligent questions and were confident managers of the visit, which in turn gave them confidence, and the group dynamic is much stronger.

In terms of recording evidence of learning, this was a trickier challenge. Yes, the children wrote persuasive letters and thank you letters. Definitely, they worked well in groups to refine their plans. Sure, they improved their speaking and listening skills and recorded their feedback about their favourite visitor. But most of all they grew, by being responsible for themselves, by taking control. They cultivated their confidence and their ability to work together as a group. Even better, they believed that they were respected and trusted by the teachers to do an excellent job.'

## Troubleshooting some practical challenges

This section explores practical external visitor ‘scenarios’ about personal boundaries and visitors; theatre in education; peer education; and school nursing resources. Each scenario is a practical challenge from the viewpoint of a school or commissioner and is followed by a discussion of the issues.

### Personal experience and class boundaries

*I coordinate PSHE education at a secondary school and know about the importance of setting up group contracts and establishing personal boundaries with pupils. In evaluation, young people in the school have said it would be good to meet more ‘real people’ in SRE who can talk about their experiences. I have found there is an organisation locally that works with teenage parents who will come into school free of charge. I’m keen to book the session but not sure if I should allow students to ask personal questions.*

There is little research evidence about the impact of visitors talking about personal experiences as part of SRE, although Kidger (2004) found that teenage mothers contributing to SRE tended to present a selective version of their personal story. However, young people have repeatedly said that SRE needs to be relevant to real life; and well-managed contributions from visitors talking about their personal experiences can help to achieve this.

The value of inviting a visitor in to talk about their personal experiences lies in their authenticity and preparedness to share real-life experience. This may be about a topic that is socially quite taboo or stigmatising, for example HIV status or teenage parenthood. For some children and young people the subject matter and real-life presentation may be upsetting or trigger disclosure of their own experiences. Good preparation and follow-up by the teacher is really important and can help prevent disclosure in the class and promote the use of one-to-one health and advice services. Before the session, the teacher and visitor will need to discuss if there will be an opportunity for personal questions and how this will be handled.

Input from a visitor reflecting on their personal experience can suggest useful links in the curriculum, for example with topics on stereotyping and communication skills. The class may also want to prepare questions for the visitor and pay attention to deciding what type of questions are appropriate. Established class agreements for SRE such as ‘no personal questions’ will need to be redefined for the visit. Follow-up should include clear information about how pupils can access one-to-one advice and support if needed. Reflection on the session and re-establishing class boundaries can be included in follow-up work.

As with all external visitors, schools need to be confident that the visitor is well trained and supported. If a visitor is attached to a local organisation, this is more likely. And if in doubt, schools can ask the local Healthy Schools Team or SRE advisor for advice.

### Peer education – does it work?

*In our area, a local voluntary sector project has trained up young people attending the local sixth-form college as peer educators. They have contacted our school saying they want to do SRE sessions. I know that peer educators are often very popular with young people but is there any evidence that it works?*

There is little evidence about the benefits of peer education compared with teacher-led SRE, but what we do know is that SRE works best when led by a skilled educator (Kirby 2007). There is no one set model for peer education programmes, but schools will want to find out what level of training the peer educators have had, how they are supported and what the objectives of their session will be.

Young people often rate peer education very highly – pointing to the fact that young people can talk to them on their level and in their language. And research suggests that peer education may be particularly favoured by ‘black and minority ethnic young people’ (TSA and Naz 2006).

Peer education and peer mentoring resources are listed below. Please note that peer mentoring tends to have more of a focus on befriending, whereas peer education has a learning goal.

### Organisations

Health Behaviour Group ‘Apause’ programme [www.healthbehaviour.org](http://www.healthbehaviour.org)

Mentoring and Befriending Foundation [www.mandbf.org.uk](http://www.mandbf.org.uk)

Naz Project [www.naz.org.uk](http://www.naz.org.uk)

Straight Talking [www.straighttalking.org](http://www.straighttalking.org)

### Resources

International Planned Parenthood Federation (2007) *Included, Involved, Inspired: A framework for youth peer education programmes*

[www.ippf.org/NR/rdonlyres/60B87E63-649B-4523-B1F2-8599438249DE/0/peeredu.pdf](http://www.ippf.org/NR/rdonlyres/60B87E63-649B-4523-B1F2-8599438249DE/0/peeredu.pdf)

Teenage Pregnancy Unit (2002) *Involving Young People in Peer Education: A guide to establishing sex and relationships peer education projects*. London: Department of Health. <http://projects.exeter.ac.uk/europeeruk/DHguide.pdf>

## Entertainment or learning?

*There is a great local theatre-in-education group, which we have used as part of Year 8 SRE for some years. Young people always enjoy the experience and evaluate the session very well but I wonder if it is more the novelty they appreciate. Also the session is very expensive. Is it worth it?*

‘Theatre in education’ can be incredibly exciting and memorable – but it is also resource intensive. The educational value can be extended in a variety of ways. Some companies provide schools with preparatory materials, for example Derbyshire-based Brief Candle provide support materials that can be freely accessed online; for their Year 6 performance they have ‘minimum requirements’ for schools with pre- and post-input lessons to ensure ‘safety’ for pupils ([www.briefcandle.co.uk/teacherssection/supportmaterials.htm](http://www.briefcandle.co.uk/teacherssection/supportmaterials.htm)). Voluntary sector organisation Tender ask that teachers take part in a twilight training session before beginning an intensive 10-week creative arts project called Trust, which explores healthy relationships and violence and teenage relationships and is available to secondary schools across London. Teachers have an active role in the programme and, at the end, are given a pack containing 10 session plans that can be used flexibly to run a similar programme independently.

Using participative techniques such as hot-seating helps to ensure that pupils are actively involved and learning rather than passively entertained. *SexFM* is a forum theatre production run by ‘Face Front inclusive theatre’ in Haringey and Enfield. As part of the *SexFM* session there are two scenarios looking at relationships, decisions about having sex, alcohol and unprotected sex. The performance is paused at different points and pupils get the opportunity to take the place of actors and to step into the ‘hot seat’ as the characters, with other pupils asking them questions.

### Resources

The teachernet website has a section on theatre in education (TiE) that includes links to local companies and practical advice about using theatre in education.

[www.teachernet.gov.uk/teachingandlearning/library/theatreineducation/](http://www.teachernet.gov.uk/teachingandlearning/library/theatreineducation/)

Sawney, F and others (2003) *It Opened My Eyes: Using theatre in education to deliver sex and relationships education*, Health Development Agency.

[www.nice.org.uk/nicemedia/documents/theatre\\_in\\_education.pdf](http://www.nice.org.uk/nicemedia/documents/theatre_in_education.pdf)

## Limited resources – our school nurses don't have the capacity

*In the past, our school nurses have done sessions on puberty in Year 6 in all our primary schools. This has been really popular with the schools, but now the school nurses do not have the capacity to do this and are cutting back on the sessions. Teachers are reluctant to do the sessions themselves as they feel they lack the specialised knowledge.*

School nurses can support teachers and schools with their SRE in a variety of ways. Where capacity is limited for school nurses to do much direct classroom work, schools could explore alternative ways of working together. They can draw on their unique experience of working with children and young people to help inform other colleagues about current needs. For example, the school nurse could run a teacher-training session on teaching about puberty.

It might be possible for the school nurse to continue to come in for part of the lesson and focus on answering pupil questions at the end of a session. This would ensure that pupils still get the chance to meet their school nurse. It is particularly helpful for pupils to meet the school nurse and other health professionals that staff drop-in health services make available on the school site and nearby. If the nurse cannot visit the class, the teacher could collect up questions from pupils then consult with the school nurse about how to answer them and bring back answers in the next lesson.

The reduced capacity might be because of changes to how school nurses are being commissioned locally. Commissioning can present an opportunity to reconsider what the most useful and efficient role for school nurses in supporting SRE will be in the future. PCTs (who commission school nurses) need to communicate with schools about what kind of service is needed and what schools should expect.

## Conclusion and checklist

External visitors can make a valuable contribution to SRE in schools. Consideration of 'why' and 'how' external visitors contribute to SRE can help all partners work effectively together to provide good quality SRE for children and young people. This checklist provides a summary of key points covered in this publication.

### The rationale for input from external visitors to SRE

- ✓ Does the input enhance learning and have a clear place in the curriculum?
- ✓ Is the school taking lead responsibility for teaching and learning?
- ✓ Are the values of the visitor clear and do they differentiate between fact and opinion?
- ✓ Does the input support the capacity of schools to deliver good quality SRE, for example by contributing to the professional development of teachers?
- ✓ Are there opportunities for external visitors to work directly with parents and carers?
- ✓ Would the skills of external visitors be best used in a different way, for example either working with small groups of children and young people or one to one?
- ✓ Is the visitor adequately trained?

### Structures and processes that help create effective collaborations

- ✓ Are external visitor inputs planned with the school?
- ✓ Does the input from external visitors comply with the Equalities Duties and provide a balanced view of any political issues?
- ✓ Is there evidence that the visitor has had a CRB check?
- ✓ Has the visitor seen and discussed the school SRE, safeguarding and confidentiality policies?
- ✓ Do children and young people have an opportunity to evaluate input from external visitors?
- ✓ Are children and young people actively involved in learning that involves external input?
- ✓ Is there a quality assurance system in place and coordinated by the local authority?
- ✓ Are external visitors invited to contribute to SRE policy development in schools and wider local strategic/steering groups?
- ✓ Are there opportunities to review the input of external visitors; and for the findings to inform commissioning arrangements?

## References and further information

Barnsley Healthy Schools (2009) *Framework for School Health Contributions to Personal, Social, Health and Economic education*.

Boddington, N and King, A (2009) *Health for Life 15–16*. Cheltenham: Nelson Thornes.

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## Appendices: Case study collection

*Set A – These case studies illustrate different ways in which external visitors can contribute to SRE*

### **A1. Creative arts small-group SRE project – meeting the needs of all children and young people**

A creative and participatory arts organisation, The Cultural Sisters, has established a creative arts SRE project that can be used with small groups working towards ASDAN (Award Scheme Development and Accreditation Network) or similar qualifications. The Cultural Sisters project is able to draw on their youthwork and creative arts skills as well as competence in SRE gained through attending local training. The project was originally developed through a partnership between Walsall Council Creative Development Team and Walsall Teenage Pregnancy Team. It has recently been commissioned, by NHS Stoke-on-Trent Health Improvement Team, to run the project with small groups of Year 9 and 10 pupils at two high schools in wards with high rates of teenage pregnancy.

The pupils involved were established groups working towards ASDAN awards. Over a period of weeks, artists from the Cultural Sisters introduced a range of creative arts techniques including making banners, sculptures and puppets, and printing. The creative media provided a talking point that made it easy to weave in SRE topics and explore them informally. The small group size made it possible to build trusting relationships and to focus on self-esteem and confidence. Pupils were asked to score how they felt each week and, finally, to review their portfolio and personal progress during a one-to-one session with the artists. Improvements in their attendance and behaviour at school were noticed after the project.

### **A2. Brook in Milton Keynes improving the skills of SRE teachers – building school capacity**

The training team at Brook in Milton Keynes contributes annually to the local PSHE CPD programme, which is open to school nurses and teachers across Milton Keynes. Brook trainers focus their session on updating participants' knowledge of contraception and sexual health, and introducing activities they can use with pupils to explore self-esteem. Other local sexual health agencies also contribute to the programme, including Q:alliance (the lesbian, gay, bisexual and transgender charity for Milton Keynes) and the Chlamydia Screening Office.

Teachers in Milton Keynes can also attend a one-day course entitled Hard to Teach, run by Brook and commissioned by Milton Keynes Council. This training opportunity is free to participants and focuses on techniques for working effectively with pupils who are disruptive in SRE lessons or hard to engage.

Several secondary schools in Milton Keynes also arrange for Brook to give direct input into their SRE programme. The nature of the input is agreed through a service level agreement. At Oakgrove secondary school, SRE is delivered by a team of specialist PSHE education teachers. Brook delivers two sessions: one on contraception and another on STIs to Year 9. To ensure the teachers are equipped to support the learning, Brook runs an hour-and-a-half update training session for teachers in this school once a year. Brook trainers note that their input at this school works well because the quality of SRE delivery by the teachers is good and it is always clear what level the students are at.

## Set B – These case studies describe how local authorities have taken a strategic role in developing external visitor contributions to SRE

### B1. Reviewing input of external visitors – Sutton

In the London Borough of Sutton, the Teenage Pregnancy Strategy Coordinator identified a gap in knowledge about the quality of the input by external visitors supporting SRE in local secondary schools, special schools and pupil referral units (PRUs) and commissioned a review. The review was funded by the PCT and therefore had a particular focus on school nurses and family planning nurses as they contributed to SRE in most secondary schools in the area.

The review was carried out by the acting Healthy Schools coordinator and consisted of interviews with all the school and family planning nurses who delivered SRE and with a senior member of staff responsible for SRE in each school. Both cohorts were asked questions about what they did based on the standards relating to effective PSHE education, as set out in the National PSHE CPD Programme (VT Education and Skills, 2009).

A4: Effective partnerships

Participants will have:

- A4.1 Demonstrated how liaison with appropriate professionals was used to ensure effective preparation and teaching of a session, and evaluated how this partnership enhances the impact of aspects of the PSHE programme.
- A4.2 Demonstrated sound knowledge of national and local support services for children/young people and given examples of when they have provided this, in the context of, either one-to-one confidential sessions, a referral, or in a group/class setting.
- A4.3 Reflected on their personal contribution to local health/PSHE related initiatives such as the National Healthy Schools Programme, or to a professional team that is developing policy/practice relating to the health and well-being of children and young people.
- A4.4 Engaged with a professional network of support to enhance their knowledge and skills in PSHE and critically reflected on the positive impact this has had on their practice.
- A4.5 Demonstrated where they believe their practice has impacted positively on an individual child/young person and reflected on their personal contribution to this.

The majority of schools confirmed that they really valued the input by the nurses and the unique contribution they could make to SRE. Some schools also noted that their use of external visitors was based on historical arrangements, rather than on specifically identified need, and that there was little or no dialogue with the visitor prior to the sessions about resources and assessment of learning. The nurses identified similar issues for improvement by schools and, in particular, raised the issue of training.

The interview process itself helped clarify the responsibilities that schools had in the planning, preparation and follow-up from any input by external agencies.

During the review period, local members of the Sutton Youth Parliament Group surveyed almost 500 pupils in Sutton secondary schools about SRE. The survey found that young people wanted specialist teams to deliver SRE – and noted the lack of male external visitors inputting to SRE. The acting Healthy Schools coordinator and the Youth Parliament presented their findings and recommendations together to the Sutton Children and Young People's Partnership Board.

Outcomes from the review include:

- commitment by schools to increase the involvement of young people in the development of their SRE provision
- plans to update the local protocols for working with external agencies
- a shared expectation that there must be more joint planning prior to external visitor input

- a commitment to enabling all school nurses and/or family planning nurses to have completed a relevant CPD programme prior to, or during, their input into schools
- a commitment by schools to include the input by external visitors within their evaluation of SRE
- plans to revisit the same schools in the future to measure change in practice, and impact.

## **B2. Framework for school health input to SRE and PSHE education – Barnsley**

A *Framework for School Health Contributions to Personal, Social, Health and Economic education* has been published in Barnsley (Barnsley Healthy Schools 2009), which aims to help schools and school nurses maximise the benefits of joint working. The framework is based on a similar document used in Kirklees and includes a menu of ways in which school nurses can contribute. This includes:

- strategic activities to support a whole-school approach to Healthy Schools, PSHE education policy development and curriculum planning
- health care services for pupils, including sexual health services, through open access and appointment-based on-site provision
- support for parents
- the provision of up-to-date information about health services through displays and briefing staff
- direct classroom input.

Appropriate curriculum areas for direct classroom input where school nurses can make a unique contribution are also set out by Key Stage.

The framework advises schools to negotiate the contribution of their school nurses on an annual basis. This annual 'cycle' should be informed by health needs assessment and carried out at a review and planning meeting in the summer term. The suggested agenda is:

Review of external agency contributions to PSHE education for current academic year:

- what has worked well/areas for development.
- evaluation of input – any feedback for planning of next year's PSHE education programme
- planning of forthcoming academic years' contributions to PSHE
- clarifying responsibilities of school/school nurse/other agencies, e.g. equipment, environment, resources.

The annual agreement is then signed off. If this includes classroom contributions, dates are arranged and diarised. Throughout the year, school nurses and other agencies are encouraged to monitor and evaluate their input through pupil and teacher feedback; self-reflection; clinical supervision; and observations made during the PSHE education accreditation programme.

## Set C – Two in-depth case studies exemplifying partnerships with external visitors in practice

### C1. Partnership model – between specialist agency, school and local PCT

Image in Action, a voluntary sector specialist SRE agency with 23 years' experience of working with pupils with learning disabilities through partnership projects in special and mainstream schools, supported Springhallow special school in Ealing with their SRE over three academic years. This long-term investment was possible because of funding from Ealing PCT and support from the Teenage Pregnancy Unit (at DCSF).

#### *How it began*

The need for support with SRE delivery was identified by teachers working with a group of senior pupils (aged 14–16); some with high-functioning autism and some with Asperger's syndrome. The school PSHE education coordinator had heard of Image in Action through local healthy schools training and set up a meeting to explore possible collaboration. It was agreed that Image in Action would deliver 30 SRE sessions to the identified group of young people over the course of the next academic year.

#### *Preparation*

During the summer term, prior to the start of the sessions, the trainer from Image in Action met with some of the staff and pupils involved. This enabled the trainer to assess the ability and maturity of the pupils and start to get to know the two teachers and the teaching assistant. A second meeting with the staff team allowed more detailed discussion of the resources to be used, the learning methods and individual needs of pupils. This was important because the staff involved were not trained or experienced in SRE.

#### *Collaboration*

In September, the trainer met with the parents of pupils involved. This was an important opportunity to build trust in the external agency. As an experienced SRE specialist, the Image in Action trainer was able to lead the meeting, focusing on the resources to be used and the session content, handling questions from parents and encouraging individuals to stay after the meeting if they had questions more appropriate to ask one to one.

The trainer also met with the full school staff group, so that they could be introduced; would know about the practicalities of when, where and how the sessions would be run; and would understand their role in ensuring the smooth running of the programme and a consistent approach to support pupils' learning.

The SRE sessions were led by the trainer with full participation and support from the staff team, for example with small-group work. Every session was monitored through a feedback form, which fed into a termly report for the school and funders and an update for parents. The trainer also gave short updates at school staff meetings – thus keeping the full school community involved.

#### *Lasting impact*

Towards the end of the 30-week sessions, the trainer increasingly shared responsibility for planning and leading the sessions with the staff. In the next academic year, the two teachers and teaching assistant delivered the SRE programme themselves using the trainer's lesson plans. The trainer provided ongoing support by meeting them once a month after school to discuss progress and any specific issues. In this way, staff received peer support and could ask questions as they arose.

The staff led the group entirely on their own, except for two sessions in the summer term when they invited the local Healthy Schools worker to come in to do sessions on contraception, STIs and information about local services – that the staff felt would be better coming from an outside agency.

The programme now continues in the school as a regular part of the curriculum and has run independently of Image in Action since September 2007.

*Success factors*

- Image in Action have specialist skills that were of clear benefit to the school at their stage of development of an SRE programme.
- The school committed a significant amount of staff time, facilitated communication with parents and was prepared to be flexible about programming the sessions.
- The combination of funding from the PCT and commitment from the school enabled Image in Action to deliver their 'ideal' model of support, which involved building relationships and staff skills to have a lasting impact.

**C2. Dual focus on teacher and parent competence developed by local authority and PCT with support from national agencies**

In Cornwall, the local authority and PCT have developed a dual focus on building the skills of teachers and parents for SRE; and are utilising the expertise of their staff team as 'external visitors' to support schools to achieve this. Working closely with the Healthy Schools Team, a Speakeasy development worker (employed by the PCT) and an SRE advisor (employed by the local authority) are engaging with primary and secondary schools across the area. Expertise from two national agencies – the fpa Speakeasy programme and the Christopher Winter Project – has been accessed locally and nurtured to create a sustainable central resource to cascade training on an ongoing basis.

The Speakeasy programme is based on a model of cascading training in order to reach as many parents as possible. The Speakeasy development worker and a member of the Healthy Schools Team are qualified to train Speakeasy facilitators. They have trained over 40 new facilitators in the last year, including teaching assistants, learning mentors, parent support advisors and parents. Currently, more than 20 Speakeasy courses are running in schools in Cornwall led by these facilitators. The role of the development worker has involved relationship-building with schools, for example through attending governors and staff meetings to explain the programme. However, once one group of parents in the school has done the programme they often become agents for change, encouraging other parents to take part, themselves training to be facilitators and also informing the school about what they think needs to be included in the SRE curriculum. In some schools the Speakeasy programme continues self-sustained, with parent-facilitators running the course on a voluntary basis, with resources and support provided by the development worker.

Cornwall Healthy Schools Team also funded an intensive training input for their staff from the Christopher Winter Project (CWP). The trainer focused on the ideology of the CWP three-part on-the-job teacher-training model, which comprises SRE modelling, co-teaching and observation. The trainer supported the Cornwall SRE advisor, while the advisor was actually doing the job of delivering the CWP in three schools. The SRE advisor is now rolling out the CWP to schools across the area. After an initial meeting the advisor supports the teacher over three lessons – followed by reflection and evaluation time after each lesson. The SRE advisor explains that the problem has not been that teachers lacked the knowledge and skills – rather the confidence to deliver SRE without embarrassment. By offering training, which takes place in work time, on the job, it has been more possible to work with teachers.

Recognising that in many ways teachers and parents have a similar need for increased confidence in talking about sex and relationships, the SRE advisor and Speakeasy development worker have created a training day for teachers called Speak It Teach It. This one-day training has been run as an INSET day and gives teachers and teaching assistants an opportunity to explore sex and relationships issues using similar techniques to Speakeasy. This experience equips staff with a better understanding of the benefits of Speakeasy for parents and creates a good platform for further capacity-building work with teachers.

### Key features

- As external visitors from statutory agencies, the SRE advisor and Speakeasy development worker are able to support schools with their expertise and resources.
- Accessing training from national agencies has expanded the skills of local external visitors.
- The dual focus, on developing parents' and teachers' skills, has generated dialogue between parents and schools about SRE and is leading to sustained improvements in SRE for children and young people.
- Support from the Healthy Schools Team, and partnership across the local authority and PCT, have been fundamental.

## Sex Education Forum

The Sex Education Forum is a unique collaboration of member organisations and practitioner networks. Our core belief is that all children and young people are entitled to good quality sex and relationships education (SRE) in a variety of settings. A statement of the Sex Education Forum's core principles and values for good quality SRE is available from our website.

Sex Education Forum members are vital to our work, and we welcome new members (both individuals and organisations) who are actively involved in and want to make a positive contribution to quality SRE. The Sex Education Forum can help you to:

- exchange ideas and practice with hundreds of other professionals delivering SRE
- be up-to-date with SRE news via email
- get quick links to national policy and guidance on SRE
- know about new research and statistics
- have a voice in national policy
- be part of discussions about new and challenging ideas on SRE.

For more information about membership email: [sefmembership@ncb.org.uk](mailto:sefmembership@ncb.org.uk)

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