

Cornwall Healthy Schools
Scolliow Yah Kernow



Sex & Relationships Education

in the Healthy School Standard
PSHE Core Theme

Support for Schools



A note about how this guidance is put together

This is a paper version of the online toolkit which is part of the Cornwall Healthy Schools Programme website at www.cornwallhealthyschools.org/. The online version provides direct access to all the tools and guidance materials listed here and will be kept up to date and added to on a regular basis.

We aimed for a basic set of tools and information to help schools review and develop their SRE as part of the Healthy Schools programme and the Healthy Schools Plus process.

This is backed up with more detailed reference material which is further developed on the website.

Our intention was to try and bring together in one place relevant guidance, advice and information and signposting to additional material.

This guidance is intended to complement the material in the HS support folder including the draft PSHE Guidance which is only available in electronic form at the moment.

We welcome your comments, suggestions and feedback on this guidance and the site. Please use the [contact us](#) facility on our website, email healthy.schools@ciospct.cornwall.nhs.uk or telephone us on 01209 310061.

NB We will continue to use Personal, Social and Health Education (PSHE) in preference to the new PSHEE, (with the additional 'E' standing for economic) as this reflects current practice in the National Healthy Schools Standard.

A drugs education version of this tool is in preparation.



**Scollow Yah Kernow
Healthier Living and Learning
in Cornwall**

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A poor report

"...sex education was taught only once, and very briefly, in the final year. 'The Year 6 girls did periods while the boys did road safety,' said the headteacher..."

Intense peer and media pressure and society's mixed messages leave children and young people with a partial picture of sex and confusion and uncertainty about it. Yet we deny them the security of decent and reliable sex and relationship education.

Why is Sex and Relationship Education (SRE) in the UK such a mess? Currently there is no clear steer from government and little action has been taken to improve the situation in recent years, despite calls from OfSTED, sexual health charities and others. PSHE is not statutory (but see Stop Press below - p7) and SRE can be a battleground between those who call for it to be made compulsory and those who believe that to inform children and young people is to encourage early sex...

"schools have not received the guidance and support they need on these (SRE) issues" (OfSTED 2007).

Because the public debate on SRE is often ill-informed, many governing bodies bury their heads in the sand and hope SRE will go away. The "Daily Hysteria" seems to drive the agenda with 'myth-information' and over-reaction (recent misleading headlines: *"Children aged 5 to be taught about contraception"; "schools encouraging underage sex"; "call for sex lessons at age four"*¹).

Many teachers feel unsafe about teaching SRE because they lack confidence and training and fear a backlash from the tabloid press.

Many parents lack confidence themselves and hope that schools are doing SRE but are confused by the headlines in the newspapers, so are unsure about supporting the school.

Pupils tell us they want clear information and sound advice from their parents and their schools but aren't getting it. They tell us that what they do get is *"too little, too late and too biological..."*²

The United Kingdom has one the worst rates of unwanted teenage pregnancy in the developed world and sexually transmitted infections, such as Chlamydia, are on a seemingly exponential increase. Throw in the issues we have with young people and alcohol and sex and... well, you get the idea!

But it needn't be like this, there can be 'good SRE'...

¹ The Guardian July 2008.

² Quoted in Laying the Foundations: SRE in the Primary School, Martinez, A. and Cooper, V., NCB, London 2006

What does good SRE look like?³

Good SRE is firmly rooted in the **whole school approach** that is at the core of Healthy Schools itself. This takes in the wider school context; leadership, management and managing change; policy development; curriculum planning and resourcing (including working with external agencies); teaching and learning; school culture and environment; giving pupils a voice; provision of pupils' support services; staff professional development needs, health and welfare; partnerships with parents/carers and local communities; and assessing, recording and reporting pupils' achievement.⁴

Good SRE involves all members of the school community and is 'owned' by them. It is neither contentious nor embarrassing. Rather, because of the ethos of the school, it is a subject staff, governors, parents and pupils are comfortable with and proud of and it is delivered by confident, skilled teachers who want to be teaching it, in a safe learning environment and inclusive of the needs of all pupils.

Good SRE centres on relationships but also recognises the importance of clear, factual, non-judgemental information delivered in an age-appropriate, planned programme of PSHE and science (the sex and the biology).

Good SRE starts from the moment children start school and is planned and progressive throughout school life. It isn't an ad hoc provision that just covers puberty from the school nurse in Year 6 or a few tutor-led sessions at secondary school.

Good SRE is clearly laid out in a policy that meets the needs of the school and its pupils. This is a policy that is fit for purpose, in practice and known throughout the school; not one in a dusty file on a high shelf, there in case anyone asks but otherwise ignored.

Good SRE is frequently reflected on and reviewed by the governors, parents and carers, teachers and school staff and pupils.

Good, comprehensive SRE does not make young people more likely to start sex. Indeed, several studies have shown that it can help them delay starting sexual activity and make them more likely to protect themselves from unwanted pregnancy and sexually transmitted infections (STIs) when they do.

Good SRE is essential if young people are to make responsible and well-informed decisions about their lives. It will help them learn to respect themselves and others and move with confidence from childhood through adolescence into adulthood.

³ This is the question David Hampshire once asked in a training session: it started the whole process leading to these guidelines. We use the word 'good' as interchangeable with 'effective'.

⁴ See the Whole school approach booklet in the Healthy Schools Support Material ringbinder (or download a copy from our website).

Good SRE will help schools meet the **Every Child Matters outcomes** and provide excellent support and evidence for the new **OfSTED pupil wellbeing indicators** being introduced in 2009⁵.

We have written these guidelines to offer support for SRE for schools in Cornwall working towards or consolidating the National Healthy School Standard. They are intended to be of use to teachers, governors, parents, and other health professionals as they develop and implement policies for sex and relationship education in all phases of education. They cover both primary and secondary schools.

The Cornwall Healthy Schools Team thought long and hard about whether to add yet another set of guidelines to an existing pile but we see the confusion about SRE on a daily basis in schools and felt it was a good opportunity to bring together existing good practice, some of our experience about what works well, and most importantly, to offer schools some practical tools to support and *help extend and strengthen healthy schools work on SRE in the context of the National HS Programme.*

SRE in the context of PSHE

As was so graphically put in a comparison of SRE in the Netherlands (considered to be best practice) and the UK. "Good SRE is taught with the lights on... rather than with the lights off....!"

Although these guidelines focus on specific sex and relationships programmes, their overarching premise is that SRE should be firmly rooted in the framework for Personal, Social and Health Education (PSHE), so that sex and relationships are linked to other lifestyle issues such as alcohol and drugs, and seen as an integral element of an

holistic approach to young people's personal and social development.

We are very clear in Cornwall Healthy Schools that an effective approach goes beyond the provision of biological information; it focuses on clarifying attitudes and values and developing self-esteem and the skills to manage relationships.

What's in a name?

In Northern Ireland it's called RSE (Relationships and Sex Education) and in some faith schools it's called EPR (Education for Personal Relationships), both of which put the emphasis on what it is all about: helping children and young people develop the skills, attitudes and knowledge that will enable them to develop strong, healthy personal relationships now and in the future. Of course this includes, in context, information about growing up, puberty and sex.

So often when talking about sex and relationship education, audiences (from parents to governors to the media) concentrate on the word 'sex' and miss the rest of the sentence.

⁵ We are closely involved with the development of these wellbeing indicators and their integration into the Healthy Schools validation process. We are working on a toolkit to help schools gather data for the indicators – see our website for more information.

So, although we'll be following the current convention of calling it SRE, it might be worth keeping the other titles in mind, **as a reminder that we are putting relationships at the heart of what we do...**

Kate Pordage
January 2008

STOP PRESS – OCTOBER 2008

Well, there is something to be said for having had a frustrating delay in getting these guidelines out...

The government has just announced that following the review of SRE by government minister Jim Knight⁶ there is a real case for PSHE to be made compulsory in schools. But this may take some time to happen, so I'm happy to leave my introduction above as it is as an encouragement for the need to change and to embrace the changes that are coming.

The government has accepted in principle, the following recommendations made by the SRE working group.

These are presented here as headlines:

- improve the skills and confidence of those who deliver SRE
- encourage the use of external contributors in supporting schools' delivery of SRE
- provide further guidance and support for schools
- involve young people in the design of SRE programmes
- maximise the impact of wider programmes and initiatives
- improve school leadership on SRE.

Kate Pordage
November 2008

⁶ You can download the full report, Review of SRE in schools, and the government's response to it, from our website www.cornwallhealthyschools.org/

What do children and young people want?

The UK Youth Parliament carried out extensive research⁷ to obtain children's and young people's views of SRE, and also held a young people's residential workshop in summer 2008 at which young people created a charter for good SRE. These are their recommendations:

To make sure all children and young people receive SRE, we want schools to:

1. Make SRE (PSHE) compulsory and give it the same importance as other curriculum subjects.
2. Provide all pupils with SRE, regardless of their gender, ability, sexual orientation or faith, and make sure the curriculum is inclusive.
3. Have better communication with young people; let them participate in setting the agenda and base SRE on their needs.
4. Make sure SRE is given a timetabled slot, is regular, and that catch-up lessons are given if any are missed. SRE should be taught at appropriate stages, and start young.
5. Have better communication with parents and be more open and confident about their curriculum.
6. Let all pupils have SRE regardless of the type of school. Faith schools should not be a barrier to SRE and if they will not teach it there needs to be an alternative place to learn.
7. Make sure all staff teaching SRE are trained and have enough funding for SRE resources.
8. Teach a broad range of topics, not just about reproduction.
9. Ensure SRE is interesting, relevant and practical and is taught in a safe relaxed environment – not using scare tactics.
10. Allow teachers to give out free condoms and make sure all pupils are aware of their local sexual health clinics.

(This charter was written by young people participating in a Sex Education Forum residential in August 2008).

7 among 25,000 young people – a truly representative sample! United Kingdom Youth Parliament, SRE are you getting it? (a report by the UK Youth Parliament), London, June 2007
www.ukyouthparliament.org.uk/

Some of the findings can be found in the appendices and there is a link to the full UKYP document on our website. www.cornwallhealthyschools.org/

The national Healthy School standard and SRE

The process of supporting schools to meet the criteria of the national Healthy Schools standard effectively was the starting point for the development of these guidelines.

The national Healthy Schools programme is an exciting long-term initiative that helps young people and their schools to be healthy.

Achieving national Healthy School status is not an ending; rather, it is a stage in the ongoing Healthy Schools process. When a school meets the criteria in the core themes the school has benchmarked itself against a baseline; the challenge is to move on by extending and strengthening the work to ensure measurable health outcomes for children and young people.

For a long time, we have felt that PSHE is a weak area in Healthy Schools work for many schools (and a weakness in the Healthy Schools standard). This is due to the non-statutory nature of PSHE, its absence from the timetable in many schools, the lack of training and support for teachers delivering it, and often their lack of confidence to do so. With the recommendations in the Jim Knight review⁸ that PSHE *PERHAPS* be made compulsory we can approach PSHE with renewed vigour...

A good starting point is by joining the <http://www.pshe-association.org.uk/> which not only provides a campaigning platform for PSHE but is also a great support for everyone involved in PSHE (and SRE).

The Healthy Schools Programme isn't just about physical health; it's about good health and happiness inside and out. And it's not just about pupils either; a Healthy School involves the whole school community – from parents to governors to school staff – in improving their health and their happiness and opportunities for getting the most out of life.

There are four core themes:

- **PSHE**
- **Healthy Eating**
- **Physical Activity**
- **Emotional Health and Wellbeing**

PSHE provides children and young people with the knowledge, understanding, skills and attitudes to make informed decisions about their lives.

⁸ Review of Sex and Relationship Education (SRE) in schools, and Government response to the report by the Sex and Relationships Education (SRE) Review Steering Group are downloadable from our website www.cornwallhealthyschools.org/

EHWB helps children and young people to understand and express their feelings, and builds their confidence and emotional resilience.

Good SRE is covered in both the PSHE and EHWB core themes:

Relevant PSHE criteria contributing to good SRE	Relationship to SRE, fulfilling the criteria
<p>1.1</p> <p>Uses the PSHE framework to deliver a planned programme of PSHE, in line with relevant DfES/QCA guidance</p>	<p>SRE has to be embedded in a planned progressive programme of PSHE⁹ which revisits and deepens key themes year on year. For SRE this should be delivered alongside the relevant aspects of the Science National Curriculum.</p> <p>We believe that SEAL can provide the backbone of a good programme but it is not all that's needed to make a complete PSHE programme. We have provided a SEAL / PSHE Map on our website (www.cornwallhealthyschools.org/) to highlight the significant gaps.</p> <p>Good PSHE / SRE in the secondary school cannot be delivered in collapsed curriculum approaches or just in tutor time.</p>
<p>1.2</p> <p>Monitors and evaluates PSHE provision to ensure the quality of teaching and learning</p>	<p>On-going monitoring to ensure SRE is being effectively implemented and evaluation to ensure it is having an impact..</p> <p>Monitoring and assessment should include staff and pupils and cover curriculum content, teaching and learning, resources etc.</p>
<p>1.3</p> <p>Assesses children/young people's progress and achievement in line with QCA guidance</p>	<p>Assessment should be against clear learning outcomes. The QCA End of Key Stage Statements¹⁰ provide a good starting point. There are a number of assessment tools for SEAL in both primary and secondary and Assessment for Learning (QCA) may help. More information on Monitoring, Evaluation and Assessment below.</p>
<p>1.4</p> <p>Has a named member of staff responsible for PSHE provision with status, training and appropriate Senior Management support within the school</p>	<p>This is a crucial role to oversee the PSHE curriculum and the development of policies and practices allied to it.</p> <p>We believe strongly that this is a role that needs status to be delivered effectively and should be given to someone who wants to do it and is given the time, skills and tools to do it.</p>
<p>1.5</p> <p>Has up-to-date policies in place – developed through wide consultation, implemented and monitored and evaluated for impact - covering Sex and Relationship Education, Drug Education and Incidents, Safeguarding, and Confidentiality</p>	<p>We think the key thing about policies is that they belong to, and are suitable to the needs of, the school. They should be widely consulted on and known to the school community and in practice.</p> <p>The CHSP can provide policy support and guidance as well as a policy / practice checklist (see below)</p>
<p>1.7</p> <p>Involves professionals from appropriate external agencies to create specialist teams to support PSHE delivery and to improve skills and knowledge, such as a school nurse, sexual health outreach workers and drug education advisers</p>	<p>Visitors should not be an excuse for schools not to take responsibility for teaching PSHE / SRE. Visitors can enhance SRE lessons and provide expertise that brings added value to the programme.</p> <p>The work of visitors needs to be carefully planned and evaluated by all involved.</p> <p>Guidelines for working with visitors are included¹¹.</p>

⁹ Based on the National Curriculum non statutory guidance for PSHE in KS1 and KS2, new National Curriculum Personal Wellbeing Programme of Study in KS3 and KS4 (QCA 2007), appropriate QCA Units of Work for drugs and SRE (www.qca.org.uk/) and the SEAL programme for primary and secondary (references for all from the relevant websites).

¹⁰ PSHE at key stages 1–4: Guidance on assessment, recording and reporting, QCA October 2005, (QCA/05/2183) http://www.qca.org.uk/qca_7187.aspx

¹¹ see teaching and learning section

<p>1.8</p> <p>Has arrangements in place to refer children/young people to specialist services who can give professional advice on matters such as contraception, sexual health and drugs</p>	<p>There are appropriate systems in place to identify those in need of support. The school actively and confidently displays materials relating to local and national support agencies.</p> <p>There may be a range of support services on the school site, including the excellent support School Nurses can provide in drop-in sessions or as part of a school based sexual health support service that is available in some schools.</p>
<p>1.9</p> <p>Uses local data and information to inform activities and support important national priorities such as reducing teenage pregnancies, sexually transmitted infections and drug/alcohol misuse</p>	<p>Information includes what you know about your pupils and the area where the school is based as well as formal 'data'. School surveys and questionnaires and your informal observations can all contribute. We have links to lots of useful and most up to date data via our website.</p>
<p>1.10</p> <p>Ensures provision of appropriate PSHE professional development opportunities for staff – such as the Certification Programmes for teachers and nurses offered by DH/DfES</p>	<p>The CPD programme should be accessible to all staff involved in the implementation of PSHE. The school should have had, has or is considering a member of staff participating on the PSHE CPD Programme. See section on CPD below for more information or visit www.pshe-cpd.com/. The PSHE CPD is a challenge and very hard work but well worth it particularly with its focus on SRE.</p> <p>If CPD is working well staff will report that they are confident to teach PSHE.</p> <p>Pupils may even notice a difference in the confidence of teachers or the quality of the teaching / support they receive.</p>
<p>1.11</p> <p>Has mechanisms in place to ensure all children/young people's views are reflected in curriculum planning, teaching and learning and the whole school environment, including those with special educational needs and specific health conditions, as well as disaffected children/young people, young carers and teenage parents</p>	<p>The school council / pupil parliament mechanisms will be key elements in this but opportunities should be given to all pupils to feedback on SRE lessons and how well their needs are being met as well as being able to contribute to the SRE policy development.</p> <p>Particular attention needs to be given to ensure the views / needs of vulnerable children such as children in care are taken into account.</p>
<p>Relevant EHWB¹² criteria contributing to good SRE</p>	
<p>4.3</p> <p>Has clear, planned curriculum opportunities for children/young people to understand and explore feelings using appropriate learning and teaching styles</p>	<p>The obvious route to meeting this criterion is the SEAL (or equivalent) curriculum in both primary and secondary schools.</p> <p>This may be supplemented by other opportunities e.g. nurture groups, self-esteem programmes, drop-ins, etc.</p>
<p>4.5</p> <p>Has explicit values underpinning positive emotional health which are reflected in practice and work to combat stigma and discrimination</p>	<p>Often encapsulated in the school's aims and ethos that can be clearly linked to the promotion of positive emotional health. Staff, children and young people can identify practice and work that combats stigma and discrimination. This is particularly important in the context of SRE. For example, to deal with homophobic bullying; meet the needs of pupils in different families (e.g. same sex parents) or support teenage parents to continue with their learning.</p>
<p>4.8</p> <p>Provides opportunities for children/young people to participate in school activities and responsibilities to build their confidence and self-esteem</p>	<p>The links between good self-esteem and resilience, aspiration and learning have important implications for good SRE and the ability of children and young people to develop and maintain positive relationships throughout their lives.</p>

¹² see the EHWB support folder document for more information

A healthy schools whole school approach to SRE

The **whole school approach** is central to the National Healthy Schools Programme. It provides a model to support change and development involving children, young people, staff, parents/carers, and governors.

It also provides a solid foundation from which developments and improvements are embedded in a systematic way throughout the school and effectively contribute to the physical and emotional health and wellbeing of all members of the school community.

The ten elements of the whole school approach applied to SRE

Wider school context	SRE is not just taught discretely but is integral to a whole school approach to personal development and is the responsibility of all school staff throughout the school, through the relationships they have with pupils and the way the values and ethos of the school are in practice.
Leadership, management and managing change	The Head and Senior Management Team give PSHE high status within the school. There is clear senior management support for the PSHE coordinator and there is a named governor for SRE.
Policy development	The school has a policy agreed by governors and staff that has involved consultation with pupils and parents. The policy links to and is consonant with other policies in school.
Curriculum planning and resourcing, including working with external agencies	There is a planned programme of PSHE which is clearly timetabled. The programme addresses skills, values and attitudes as well as knowledge. Visitors are used to support and enhance SRE not to excuse teachers from teaching it. Resources are assessed and evaluated for suitability before being used and reviewed for effectiveness once in use.
Teaching and learning	A range of teaching and learning strategies are used, based on effective practice. A safe learning environment is created by use of group agreements etc. SRE is taught by staff who want to teach it, who are trained and supported, knowledgeable and confident (although not necessarily 'experts' in SRE).
School culture and environment	The school ensures that SRE is embedded in the school's values and moral framework
Giving pupils a voice	All pupils are given opportunities to identify needs, comment on policy and practice and contribute to curriculum planning and evaluation of effectiveness. The needs of vulnerable groups, such as children in care, are taken into account.
Provision of pupils' support services	The school keeps up to date with local services and provides clear access to information about them for pupils. Where appropriate the school offers school-based drop-ins and other support services for pupils. Specific needs of individual children and young people are taken into account and appropriate signposting of services for them and their families is given.
Staff professional development needs, health and welfare	The school ensures teachers, governors and support staff receive appropriate CPD, INSET and ongoing support.

Partnerships with parents/carers and local communities	The school recognises that parents are crucial to the success of the SRE programme and gives them regular and accessible opportunities to comment on policy and practice. Schools should also recognise that parents need guidance and support to enable them to help their children and should provide these.
Assessing, recording and reporting pupils' achievement	SRE will be assessed on skills and attitudes as well as on knowledge and will involve pupils in the assessment. Part of the assessment will involve pupils being asked to reflect on their work and learning as well as how well they feel the PSHE/SRE curriculum is meeting their needs. Parents will receive information about pupils' learning in SRE.

These areas are addressed in the guidance below and supported by additional information in the appendices.

Cornwall Healthy Schools Programme support for schools

You tell us that when you are planning to meet the Healthy Schools criteria for Core Theme 1 (PSHE) or extend and strengthen your Healthy Schools work, you need help with:

- policy development and review
- practical advice and information about teaching SRE, good practice in the classroom and support and training for teachers
- information about resources, and
- advice and information about working with parents and carers.

This guidance starts with a **quick policy into practice checklist** (based on the Healthy Schools core theme criteria and the Whole School Approach) and then provides **more detailed guidance and information for some of the key areas**. This is then supported by additional background information provided in the **appendices** and some **blank checklist templates** etc.

Policy into practice checklist

Start here by checking whether you are meeting the key Healthy Schools criteria for SRE and the Whole School Approach. Information from this guidance can then help you start to working on the gaps you identify.

SRE: policy into practice checklist: primary

About your policy:	Yes	No	Part
There is a named member of staff with overall responsibility for SRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A named governor also has designated responsibility for SRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The policy accords with DfES: 0116/2000 (Sex and Relationship Education Guidance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The policy makes a public statement about the values the school is committed to and which will inform the SRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The policy defines SRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The policy describes content, including discussion of attitudes and values, knowledge and understanding and personal and social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicates what is taught and when	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes how it is organised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicates who will teach it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicates resources available and checks resources for suitability and effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes teaching approaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicates how pupil progress is assessed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The policy discusses the right of parents to withdraw their children from SRE that is not part of National Curriculum Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The policy has a strategy in place to invite parents wanting to withdraw their children into school to discuss their concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The policy indicates how the SRE programme is monitored and evaluated to inform future planning and development of SRE within the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The policy indicates how children and young people are consulted about the policy and its implementation, including how well their needs are being met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The policy covers confidentiality in accordance with the guidelines for safeguarding children and with the school's confidentiality policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The policy takes the guidance provided by the DCSF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

publication <i>Homophobic bullying: safe to learn</i> , 2007 into account (see more information below)			
The policy indicates how the school will consult with parents, including during the policy's development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local support agencies have been consulted regarding this policy (e.g. Teenage Pregnancy Coordinator, School Nursing Service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultation with appropriate secondary schools so that policies complement each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
About your SRE programme:			
The programme is a planned part of the school's PSHE and Citizenship programme and Science Curriculum and is clearly timetabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The programme covers all key stages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The programme is differentiated so that it is appropriate to pupils' age, ability, gender and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The programme includes specific learning outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The programme accords with the Teenage Pregnancy Strategy objectives (<i>relevant to primary as well as secondary schools</i>) ¹³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The programme ensures pupils learn about the emotional and physical changes of puberty before onset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The programme recognises the importance of Social and Emotional Aspects of Learning (SEAL) in contribution to the SRE outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The programme is delivered by staff who want to teach SRE and feel confident to do so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPD / INSET on SRE has taken place in the last two years for all staff involved in teaching it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside agencies are used to support the school's delivery, they are not the only input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The programme ensures that appropriate staff are able to talk to individual pupils about SRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹³ All children and young people have access to a PSHE/SRE curriculum which is unbiased, inclusive, consistent, age appropriate and countywide

SRE: policy into practice checklist: secondary

About your policy:	Yes	No	Part
There is a named member of staff with overall responsibility for SRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A named governor also has designated responsibility for SRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The policy accords with DfES: 0116/2000 (Sex and Relationship Education Guidance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The policy makes a public statement about the values the school is committed to and which will inform the SRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The policy defines SRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The policy describes content, including discussion of attitudes and values, knowledge and understanding and personal and social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicates what is taught and when	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes how it is organised	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicates who will teach it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicates resources available and checks resources for suitability and effectiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describes teaching approaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicates how pupil progress is assessed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The policy discusses the right of parents to withdraw their children from SRE that is not part of National Curriculum Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The policy has a strategy in place to invite parents wanting to withdraw their children into school to discuss their concerns <i>and provides information for parents to help them talk to their children</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The policy indicates how the SRE programme is monitored and evaluated to inform the future planning and development of SRE within the school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The policy indicates how children and young people are consulted about the policy and its implementation, including how well their needs are being met	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The policy takes into account the guidance provided by the DCSF publication <i>Homophobic bullying: safe to learn, 2007</i> (see information below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The policy covers confidentiality in accordance with the guidelines for safeguarding children and with the school's confidentiality policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The policy indicates how the school will consult with parents, including during policy development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local support agencies have been consulted regarding this policy (e.g. Teenage Pregnancy Coordinator, School Nursing Service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consultation with feeder primary schools so that policies complement each other as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

About your SRE programme:			
The programme is based on consultation with young people using the <i>Are you Getting it Right? Toolkit SEF, 2008</i> – see our website for details	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The programme is a planned part of the school's PSHE and Citizenship programme and Science Curriculum and is clearly timetabled.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collapsed curriculum days / weeks are only used to support a planned programme of timetabled PSHE – not to replace it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The programme covers all key stages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The programme is differentiated so that it is appropriate to pupils' age, ability, gender and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The programme includes specific learning outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The programme accords with the Teenage Pregnancy Strategy objectives ¹⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The programme includes learning about the reasons for delaying sexual activity and the benefits to be gained from such a delay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The programme covers contraception, abortion, STIs and HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The programme recognises the importance of Social and Emotional Aspects of Learning (SEAL) in contribution to the SRE outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The programme is delivered by staff who want to teach SRE and feel confident to do so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPD / INSET on SRE has taken place in the last two years for all staff involved in teaching it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside agencies are used to support the school's delivery, they are not the only input	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The programme ensures that appropriate staff are able to talk to individual pupils about SRE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff are aware of local teenage pregnancy and STI issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff are aware of the available support services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pupils are informed about local professional advice and support as part of the PSHE curriculum and individually as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevant, up-to-date leaflets are available and easily accessible to students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School has a policy and procedures to deal with teenage pregnancy issues, including support for teenage parents (including fathers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

¹⁴ All children and young people have access to a PSHE/SRE curriculum which is unbiased, inclusive, consistent, age appropriate and countywide. (Teenage Pregnancy strategy document 2007)

SRE policy

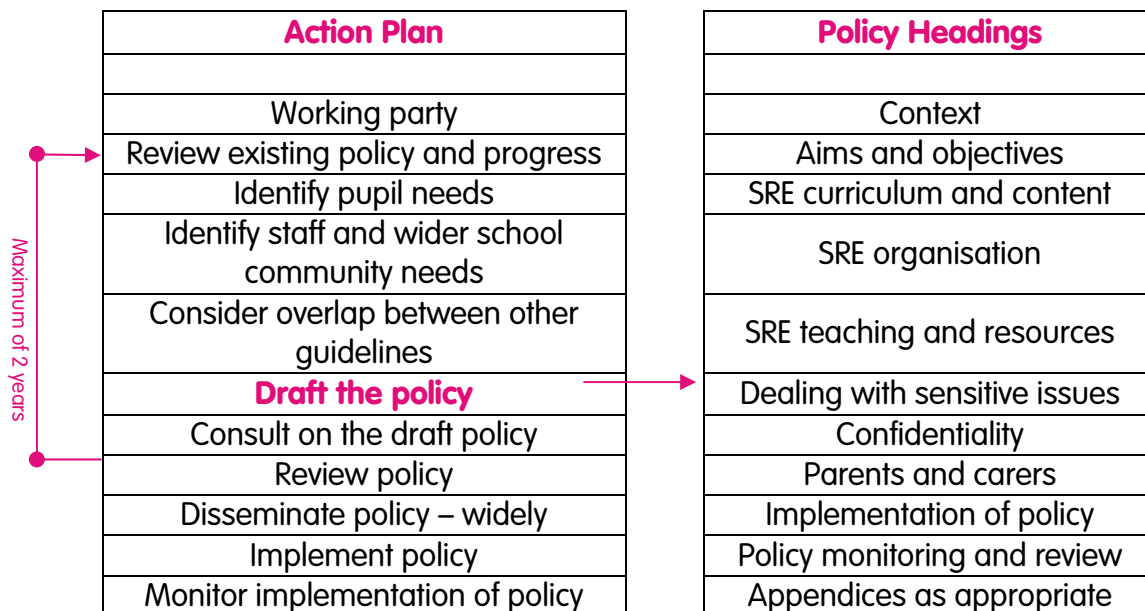
The SRE policy is the starting point for good SRE in schools and a key requirement for gaining Healthy Schools status¹⁵. (Core theme criteria 1.5)

However, having a policy is not enough on its own. The policy needs to be up to date, well known to the school community and **in practice**.

Having a policy will help you to:

- be clear about what you are doing and why
- make clear links to your school's values
- provide a means of communicating to the wider school community
- provide a secure framework for staff to work in
- ensure inclusion, and
- provide something against which you can monitor and evaluate your SRE.

Here is a suggested **action plan** for developing or reviewing a policy and some possible **headings** to use in the policy to ensure that all aspects are covered. As ever, scale the use of these tools to meet the needs of your school. The policy need not be pages and pages long; it simply needs sufficient information to be clear (to the school community, OfSTED and stakeholders) about what your policy and practice is.



See notes below.

¹⁵ Core Theme Criteria 1.5

Action plan for policy development and review

1. Set up a working party

This could include:

- Headteacher or member of SMT
- PSHE Coordinator, science lead and any other interested teachers
- at least one member of the governing body
- parent representatives
- School Nurse
- members of external agencies e.g. Cornwall Healthy Schools, School Nurse, Connexions or Brook etc. (secondary)
- representatives of relevant religious and minority ethnic groups as appropriate to the needs of the school community, and
- student council representative(s) (secondary).

2. Review existing policy and practice

Checklist

- Include other policies and documentation e.g. equal opportunities policy, safeguarding policy, confidentiality policy and school development plans
- gather pupil, staff and parent/carer feedback (questionnaire examples available)
- consider formal curriculum, extra-curricular work and 'hidden' curriculum currently in existence
- review existing support and training provision.

3. Identify pupils' needs

- Carry out a formal or informal survey of pupil opinion
- conduct formal or informal surveys of pupil knowledge in each year group
- assemble information on national and local research (our website www.cornwallhealthyschools.org provides links to some of this, together with suggestions as to how to go about finding it elsewhere).

4. Identify needs of staff and the wider school community

- Obtain structured feedback (for example through meetings and/or by questionnaire) from staff, parents/carers and external agencies to ascertain support for, or concerns about the existing programme
- identify those willing to be involved in future development work
- identify staff training needs.

5. Consider overlap with other guidelines, for example:

- National Curriculum PSHE and Citizenship Guidance and (NC Science Orders)
- LEA guidelines on SRE
- DfES Sex and Relationship Guidance 2000
- OfSTED SRE Guidance (2002)
- the National Healthy Schools Standard.

6. Draft the policy

Produce a simplified version of the policy for pupils to comment on too.

7. Consult on the draft policy

Be imaginative in approaches to getting people involved. For example, parents may not attend meetings but might be willing to spend a few minutes considering the policy at a stall set up in the playground at the beginning or end of the school day or during a school event. Invite involvement through the school website or a note in the school newsletter.

8. Review policy in the light of draft comments

Make sure reviewees know that their thoughts and ideas have been listened to and considered, even if their comments are not used.

9. Disseminate the policy widely

Make copies easily available from the school office, post the policy on the school intranet and website, display it on a parents' notice board, advertise it in the school newsletter and send it to the School Nurse and the Healthy Schools Team.

10. Implement the policy

- Who is responsible for implementation?
- Set a timescale.

11. Monitor implementation of the policy

- Who is responsible for monitoring?
- How will monitoring take place?
- How will effectiveness be judged?

Policy Headings

Context

- Give information about your school and any specific needs within the school community
- provide a definition of SRE
- state the context for SRE, showing links with PSHE and other school policies such as bullying, equal opportunities, health and safety
- list those involved in developing the policy, those consulted and those who are responsible for seeing the policy put into practice and monitored
- state the location of easy access copies.

Aims and objectives of SRE

- Describe what you are trying to achieve with the policy and the programme of SRE, and
- outline the moral dimension of your policy.

The SRE curriculum and content

- Describe delivery of the content, for example that topics will be repeated in a developmental programme to enable children and young people to build on prior learning
- show how SRE will link to other curriculum areas
- outline the curriculum by year or Key Stage.

The organisation of SRE

- Name the person responsible for the co-ordination of SRE
- list those who will teach it
- state when and how visitors will be used
- describe the delivery of SRE, for example through science, PSHE or circle time
- describe the arrangements that will be made for pupils or students who are withdrawn from SRE
- list staff training needs.

SRE teaching and resources

- Describe teaching and learning methodology
- specify the specific classroom arrangements that will be needed (for example single gender groups or mixed) and say when these will be required
- show how differentiation and entitlement for all, including support for vulnerable young people, will be achieved
- refer to guidance for teachers and other staff about dealing with children's questions
- describe provision for liaison with partner schools to ensure continuity and progression
- state the methods for consulting with pupils and assessing their needs
- describe the processes for the monitoring, evaluation and assessment of SRE within PSHE and citizenship.

Dealing with sensitive issues

- Explain how sensitive issues will be dealt with, for example sexuality, HIV and AIDS, abortion, contraception and answering children's questions.

Confidentiality, child protection and disclosure

- Define the limits of teacher confidentiality,
- give clear guidance on handling disclosures and
- describe child protection procedures.

Parents and carers

- State the procedures for consulting with parents about the policy and informing them about the SRE curriculum
- state the right to withdrawal
- describe the support that the school offers parents to help them help their children, for example parents' meetings (stating when they will be held).

Implementation of policy

- List the roles and responsibilities of staff and governors
- describe staff and governor training
- give an action plan or timetable and
- outline success criteria.

Policy development process, monitoring and review

- Explain the process of policy development
- list the members of the working party and describe the groups to be consulted
- give the date of the policy and its next review date (within two years)
- describe procedures for monitoring and evaluating the policy
- state what opportunities staff, pupils and parents will be given to comment on progress.

Appendices (examples)

- Support for staff and teachers i.e. lists of resources, tips for answering questions
- Description of the process for selection of resources (checklist for assessment of resources)
- List of helplines and websites suitable for children and young people.

Cornwall County Council model policy framework

Cornwall County Council's model policy was developed by David Hampshire, County Adviser for RE and PSHE/C and has separate versions for all types of schools. See the Children, Young People and Families website www.cornwall.gov.uk/cypf (which can also be linked to from our own website). These are excellent models and make a good starting point for any school wanting to develop or review a policy.

The key is to make the policy your own and relevant to the needs of the school and your pupils.

Governors and SRE

The role of governors

Developing sex and relationships education in schools: guidance and training for school governors (Frances, G. and Power, P. Sex Education Forum, London 2003) is an excellent tool supporting governors, contact us for more information.

The Governors' role is crucial to the success of a school's Healthy Schools programme. Governors need to ensure that the overarching aims of Healthy Schools work are embedded in the school's plans. They also take a lead in setting the tone for good PSHE, including SRE and Drugs education, and in the development of clear policies. The governing body has overall responsibility for the SRE policy but should allow the headteacher and staff to exercise their own professional skills in delivering the curriculum in accordance with that policy.

Rather than being responsible for the detailed content of the SRE curriculum it is the Governing Body's role, through a named governor, to check that the content and organisation complies with the overall policy set by them.

Training for governors, particularly for the named governor, is important to enable them to exercise their specific responsibilities in relation to SRE.

Governors and SRE policy development

All schools must have an up-to-date SRE policy drawn up by the governing body¹⁶ ¹⁷ in consultation with teachers, pupils and parents. This process should ensure the development of a policy reflecting parents' wishes and the culture of the community the school serves.

It is also important that governors are prepared to publicly endorse the policy and SRE programme in the unlikely event that issues are raised by parents or the local press.

The governors should bear in mind that the policy should be made available for inspection by Ofsted, anyone delivering SRE in the school, and to parents, and **must**:

- define SRE
- describe how SRE is provided and who is responsible for providing it
- say how SRE is monitored and evaluated
- include information about parents' right to withdrawal, and
- be regularly reviewed.

¹⁶ 1996 Education Act

¹⁷ see also Sex and Relationship Guidance, DfEE 0116/2000

An SRE policy should also:

- make a public statement of the values the school is committed to and which will inform the SRE policy
- provide a secure framework for staff to work in
- provide guidance for all staff and outside visitors on the approach and methodology used in the delivery of SRE, including providing guidance for staff on talking about specific issues such as sexuality, contraception and abortion (where appropriate)
- make links with the school development plan and other relevant school policies, such as equal opportunities and anti-bullying policies, and
- give clear guidance on confidentiality, dealing with personal disclosures and child protection issues.

Policy consultation

Wide and effective consultation to develop and review the policy is essential and the governors have an important role in this.

Getting parents and carers to help develop and review the policy will have a profound effect on the success of SRE in the school.

Young people should also be consulted by being asked to comment on what they would like to know about, which aspects are worrying them, and how and from whom they would like to find out more.

At Pencoys School (see good practice example in the **Parents and carers** section) the governors involved parents and carers in a highly effective way and implementation of the **Speakeasy** programme had a very positive impact. (This work was cited as best practice in Jim Knight's review of SRE.)

SRE in the classroom

In this section you will find:

- **Aims and objectives** for SRE
- An overview covering **approaches to SRE in different school settings** (primary, secondary, Pupil Referral Units, special schools and faith schools)
- **Sample schemes of work** for both KS1/2 and KS3/4
- Information about **teaching and learning** in SRE including:
 - **teaching methods** and **classroom techniques**
 - creating a **safe learning environment** (group agreements etc)
 - **confidentiality** and **child protection**
 - using **visitors** in the classroom
 - **monitoring, evaluation** and **assessment**
 - teacher training and **CPD**

Definition of SRE

'Sex and Relationship Education is lifelong learning about sex, sexuality, emotions, relationships and sexual health. It involves acquiring information, developing skills and forming positive beliefs, values and attitudes'¹⁸.

SRE should empower young people, build self-esteem, offer a positive and open view of sex and support sexual self-acceptance and mutual respect.

Planning for SRE also requires an understanding of young people's needs. Knowing about aspects of SRE does not, on its own, ensure a young person's personal safety and sexual health. Good SRE should help pupils to develop the personal skills they will need if they are to establish and maintain relationships and make informed choices and decisions about their health and wellbeing.

An SRE programme is likely to be particularly effective if it enables pupils to:

- communicate a point of view clearly and appropriately, and listen to the views of others
- make sensible choices about what to do in particular situations
- manage relationships with friends confidently and effectively
- act responsibly as individuals and as members of groups.¹⁹

Therefore the scope of SRE is much wider than 'just "parts, plumbing and periods"

¹⁸ Sex Education Forum (www.ncb.org.uk/sef)

¹⁹ Time for change? Personal Social and Health Education, Ofsted, London 2007 p19ff

Approaching SRE in the classroom

Identifying need	Wide ranging consultation and needs assessment Curriculum review Previous evaluation Staff skills / experience / training needs audit Policy development / review Local data and information
Responding to need	Develop curriculum in light of above Identify new resources / materials / teaching approaches Meet training needs On-going consultation
Delivering SRE	Support for those involved, including teachers, support staff, school nurse, outside visitors Monitoring and evaluation Assessment On-going consultation
Assessment of pupil learning	Self-assessment Peer assessment Teacher assessment (informal / formal)
Evaluation of teaching programme	Including peer assessment (other teachers) views of pupils view of visitors external assessment (e.g. SIP, OfSTED PSHE/SRE advisor)
Reporting and recording progress	Feedback to pupils / evidence for portfolios Feedback through reporting systems to parents HS audit / outcomes assessment Feed back in to next cycle of identifying need etc...

Each of these areas is covered below.

Aims and objectives of SRE

The specific aims of SRE within PSHE should match the age, maturity, background and experience of the children and young people involved, but underpinning all of them will be an understanding of the physical, psychological, social, emotional, legal and moral aspects of sex and sexuality. SRE should encourage and reflect the values outlined in the National Curriculum Handbook²⁰, and the school's mission statement.

The SRE curriculum will be concerned with:

- the discussion of attitudes and values
- the development of a range of appropriate personal skills, and
- the provision of factual information and the development of an understanding of it.

Good SRE forms an integral part of PSHE and returns to topics at each Key Stage for reinforcement and coverage in greater depth. SRE has three main elements (SRE guidance 0116/2000 with slight additions); some are more relevant in the secondary setting only.

Primary

Attitudes and values

- learning the importance of values and individual conscience and moral considerations
- learning the value of family life, marriage, and stable and loving relationships for the nurture of children
- learning the value of respect, love and care
- exploring, considering and understanding moral dilemmas
- and developing critical thinking as part of decision-making.

Personal and social skills

- learning to manage emotions and relationships confidently and sensitively
- developing self-respect and empathy for others
- learning to make choices based on an understanding of difference and with an absence of prejudice
- developing an appreciation of the consequences of choices made
- managing conflict
- and learning how to recognise and avoid exploitation and abuse (*in self and in others*).

20 (Aim 1: The school curriculum should aim to provide opportunities for all pupils to learn and to achieve. Aim 2: The school curriculum should aim to promote pupils' spiritual, moral, social and cultural development and prepare all pupils for the opportunities, responsibilities and experiences of life.)

Knowledge and understanding

- learning and understanding physical development at appropriate stages (*including puberty, reproduction, conception, pregnancy and giving birth*)
- understanding human sexuality, reproduction, sexual health, emotions and relationships
- learning about contraception and the range of local and national sexual health advice, contraception and support services
- learning the reasons for delaying sexual activity, and the benefits to be gained from such delay
- understanding the avoidance of unplanned pregnancy.

Secondary

Attitudes and values

- being aware of, and comfortable with, their own sexuality
- developing a positive attitude to being healthy and staying safe
- cultivating a sense of self-worth and developing aspirations for their future.

Personal and social skills

- developing communication and negotiation skills
- recognising peer and other pressure (media etc)
- and developing the ability to recognise and manage risk.

Knowledge and understanding

- understanding sexually transmitted infections, including HIV, and
- understanding abortion.

Approaching SRE in your setting

“schools should set out clearly what it is proposed pupils should have learned by the end of each key stage, how it is going to be taught and how it will be monitored and assessed”. (OfSTED 2002)

It is a clear principle of the National Healthy Schools Programme that SRE needs to be delivered within the context of PSHE and citizenship education so that pupils receive their sex education in the wider context of relationships and are prepared for the opportunities, responsibilities and experiences of adult life. Schools now have a **national PSHE framework**²¹ that outlines what is an appropriate curriculum in all four Key Stages and supports work in the area of SRE.

OfSTED has developed a model of learning outcomes for SRE for each Key Stage that outlines knowledge and understanding, values and attitudes and personal skills, (see below).

The National Curriculum Science requirements also contain elements of SRE in each Key Stage.

The important role of Social, Emotional Aspects of Learning (SEAL)

Many schools, if not most, now use the Social and Emotional Aspects of Learning (SEAL) curriculum as an important component²² of PSHE, **in both primary and secondary school**. It is our belief that SEAL provides some of the best SRE and drugs education without any direct reference to either. This is because it can help children and young people develop skills and attitudes of confidence, self-esteem, risk awareness and risk management, assertiveness and an awareness of their feelings and how to deal with them appropriately and effectively. All of these can help them make informed, strong, safe choices, including those around sex and relationships, both now and in the future.

But this comes with two very large caveats:

SEAL is not the be all and end all of the PSHE curriculum and needs to be carefully balanced within the overall PSHE framework. (See our website for ideas about how this can be achieved.)

SEAL needs to be properly used and well delivered in school; across the whole school, involving the whole school community and supported by review, reflection and staff support.

²¹ http://www.qca.org.uk/qca_7185.aspx

²² SEAL can cover a lot of the PSHE Programme of Study but by no means all – see the SEAL / PSHE map on our website, www.cornwallhealthyschools.org/

SEAL and PSHE

If SEAL is being comprehensively and effectively delivered across the school you are already doing good SRE and Drugs education because you are focusing on life-skills. Good SEAL has the potential to provide children with resilience, self-esteem, confidence, assertiveness, decision-making, risk assessment and risk management skills. SEAL is also a powerful and positive way to involve parents and carers.

As part of the SEAL support we provide we have collected together a number of resources and tools to help primary schools map and plan SEAL and PSHE. These are available on our website at www.cornwallhealthyschools.org/

SRE in primary schools

SRE starts on day one in every primary school, whether the school acknowledges it or not. I can't imagine there is a reception class in this country where the teacher isn't helping new pupils to build their confidence and self-esteem, recognise and manage their feelings, play and work cooperatively together, and understand and treat each other with respect. This work is absolutely key to helping children develop healthy relationships now and in the future.

Primary School Teacher quoted in 'Laying the Foundations'²³

Primary schools can play a vital role in establishing an effective foundation for SRE. Starting early in the primary phase is helpful. Good planning can increase the effectiveness of the SRE programme by addressing continuity and progression throughout Key Stages 1 and 2. It is essential to develop a graduated programme tailored to the age and the physical and emotional maturity of the children. It should ensure that both boys and girls know about life processes and the main stages of the human life cycle, including how a baby is born, as required in the National Curriculum Science Orders²⁴. SRE can be delivered through a topic programme (including Religious Education), in discrete PSHE or by a combination of the two.

Puberty – a must for primary school SRE

All children need to know about puberty before they experience the onset of physical changes. For example it is important that teaching about menstruation occurs before Year 6 as some girls start menstruating before this age. Arrangements will also need to be made to help girls cope with the practical aspects of menstruating such as requests for sanitary protection. It is also important to deal with boys' issues such as wet dreams and erections. Other sensitive issues for both boys and girls include masturbation and personal hygiene and the emergence of sexual feelings, which for older primary children may mean experimenting sexually in their relationships.

"One in three girls are not told about periods by their parents before they start menstruating. One in ten start their periods without receiving information from anyone at all." (See appendix, research findings).

The contribution of the primary school to helping reduce unwanted teenage pregnancy

The Social Exclusion Unit's report *Teenage pregnancy* recognises that good SRE in the primary school can contribute to choices and decisions about relationships and to the future reduction of teenage conceptions.

Primary schools should set clear parameters as to what will be taught in a whole class setting and what will be dealt with on an individual basis or in response to questions raised directly by pupils. There may be rare occasions when a primary teacher is directly approached by a primary age child who is sexually active or who is contemplating sexual activity. This should be viewed as a child protection issue and referred to the designated teacher.

²³ Laying the foundations: sex and relationships education in primary schools, Martinez, A. and Cooper, V. SEF, London 2006. (probably the single best SRE resource for teachers in primary schools – KPI).

²⁴ although there are ambiguities in definitions of exactly what should be taught.

Schools will need a clear scheme of work to show what is to be taught year on year, including Year 6. This transition year before pupils move to secondary schools is often when primary schools focus particular support for ongoing emotional and physical development. It is important to consult with parents and carers on the content of the programme and to support them in talking with their children about SRE and how to link this with what is being taught at school. See the section on parents below and information about **Speakeasy**.

Transition

The transition year before moving to secondary school is an important time for SRE which should include:

- changes in the body related to puberty, such as periods and voice breaking
- when these changes are likely to happen, what issues may cause young people anxiety, how they can deal with these, and
- how a baby is conceived and born (from Sex and Relationships, DfEE 0116/2000).

Liaison with partner primary schools is also necessary to ensure effective continuity and progression from the Key Stage 2 curriculum to Key Stage 3.

Case study: Richard Lander School and feeder primary schools

The Head of Personal Development at Richard Lander, who is an AST in PSHE, has made close contacts with all the feeder primary schools to help them review and develop their SRE. She has also written a scheme of work for the schools to choose to use, which includes work on parental engagement and involvement.

This means that the primary schools are now more confident about SRE and Richard Lander's staff have a better idea about what the pupils entering Year 7 have studied at primary school.

This close collaboration has also helped the primary schools with their work on achieving national Healthy School status.

SRE in secondary schools (11-19)

“Secondary pupils should learn to understand human sexuality, learn the reasons for delaying sexual activity and the benefits to be gained from such delay and learn about obtaining appropriate advice on sexual health” (Sex and Relationships, DfEE 0116/2000).

In secondary schools SRE will be taught in a variety of curriculum areas and through a range of curriculum contexts, but the main delivery will be within the PSHE and citizenship programme. SRE should form part of the planned PSHE curriculum for each year group so that important learning can be consolidated year on year. Reliance on occasional one-off events such as collapsed curriculum days precludes curriculum continuity and prevents the progressive development of personal skills.

Parts of SRE will be met in the requirements of the National Curriculum Science Order. In all schools religious education will contribute to SRE, but in schools of a religious character it will make a particular contribution that reflects their foundation.

There is a need to clearly identify the main elements of the SRE curriculum throughout the school and to develop a scheme of work that is organised in a way that will guarantee continuity and progression by linking inputs in PSHE with those made in science, religious education and other subjects. This will enable students to revisit and extend their learning throughout their time in school. The overall programme for SRE needs to be co-ordinated by an identified member of staff to ensure clarity, consistency, continuity and progression.

The 2002 OfSTED report *Sex and relationships* found that the most effective teaching in secondary schools was by teachers with a special interest and expertise in SRE. Nearly all the poor teaching was by form tutors in schools where all tutors, regardless of interest or confidence, were involved in providing the programme. The report concluded that SRE should be taught by teachers with interest, confidence and some expertise and that all secondary schools should establish such teams.

Young people's views of SRE in the secondary school

In 2006-07 the UK Youth Parliament²⁵ carried out research with young people throughout the country and found widespread dissatisfaction with the amount, nature and quality of SRE. 40% of young people between the ages of 11 and 18 thought their SRE in school was either poor or very poor, whilst a further 33% thought it was average. One of the most alarming findings was that the majority of young people reported never having received any information about personal relationships as part of SRE.

The best planning is not just a matter of listing the topics to be covered; it needs to ensure that students' ability to make informed choices and take responsibility for their own actions will be developed. Schools can draw on local and national guidance to develop a year by year scheme of work that clearly outlines what students are expected to learn each year. Secondary schools also need to ensure that teachers of SRE are aware of the role of effective SRE in reducing the incidence of unwanted teenage pregnancy.

²⁵ SRE: Are you getting it?, UK Youth Parliament, June 2007 (full report available to download on our website).

Students should be involved in discussions to plan and evaluate the SRE curriculum, so that the programme is relevant and matches their levels of understanding and needs. Where such discussions take place, students value them and the school gains fresh and valuable insights.

Important note for secondary schools working towards Healthy Schools validation or revalidation

A recent Sex Education Forum publication *Are you getting it right?* is an excellent tool for consulting young people on the provision of SRE in schools. **The Healthy Schools team see the use of this resource as best practice for secondary schools planning to validate, review or revalidate into the national Healthy Schools scheme.**

www.cornwallhealthyschools.org/

With the introduction of the new national curriculum in Science KS3 and two new programmes of study in PSHE (www.curriculum.qca.org.uk/) it would be a good time to use this toolkit.

National Curriculum Personal Wellbeing Programme of Study²⁶

This replaces the non-statutory framework for PSHE from September 2008

<http://curriculum.qca.org.uk/key-stages-3-and-4/subjects/pshe/index.aspx>

It is based on a number of **key concepts** (big ideas) that underpin personal wellbeing:

- Personal identities
- Healthy lifestyles
- Risk
- Relationships
- Diversity

And **key processes** (skills development) including essential skills that pupils will need to learn to make progress:

- Critical reflection
- Decision-making and managing risk
- Developing relationships and working with others

The range and content (the 'stuff' that's taught) includes:

KS3

- c. physical and emotional change and puberty
- d. sexual activity, human reproduction, contraception, pregnancy and STIs and HIV and how high-risk behaviours affect the health and wellbeing of individuals, families and communities.
- j. different types of relationships, including those within families and between older and younger people, boys and girls, and people of the same sex, including civil partnerships
- k. the nature and importance of marriage and of stable relationships for family life and bringing up children

²⁶ See the appendices for a brief discussion of how the new PoS might be taught based on an enquiry approach....

KS4

- a. the effect of diverse and conflicting values on individuals, families and communities and ways of responding to them
- b. how the media portrays young people, body image and health issues
- d. the benefits and risks of health and lifestyle choices, including choices relating to sexual activity and substance use and misuse, and the short and long-term consequences for the health and mental and emotional wellbeing of individuals, families and communities
- e. where and how to obtain health information, how to recognise and follow health and safety procedures, ways of reducing risk and minimising harm in risky situations, how to find sources of emergency help and how to use basic and emergency first aid
- f. characteristics of positive relationships, awareness of exploitation in relationships and of statutory and voluntary organisations that support relationships in crisis
- h. parenting skills and qualities and their central importance to family life
- j. the diversity of ethnic and cultural groups, the power of prejudice, bullying, discrimination and racism, and the need to take the initiative in challenging this and other offensive behaviours and in giving support to victims of abuse.

See below for a set of learning outcomes for key stages 3 and 4 linked to this PoS

Peer education

Another important element of SRE in the secondary school is peer education.

In a recent survey²⁷ carried out in some of the secondary schools in Cornwall we found that when asked the question “for a variety of problems, who or what would be the first source of help or information you would turn to” the highest response for ‘about sex and relationships’ was friends (35%), higher than family (29%) and significantly higher than teachers (2%).

This suggests that friends are an important source of information and advice. Yet, at the same time, we know that friends can be sources of myth and misinformation.

Peer education case study

Recently a secondary school in Cornwall working with the Healthy Schools programme undertook a review of PSHE provision across the school. Young people provided feedback about the timing of SRE and suggested that current content be moved from Y10 to Y9. They also felt that there was not enough work on relationships. Y11 pupils have also expressed an interest in taking part in some peer-led education for PSHE when they go into Y12.

As a consequence the school has planned a review of the content and timing of SRE and will develop the current peer mentoring scheme to include the involvement of Y12 peer mentors in some of the Y9 SRE sessions.

A useful resource for schools interested in peer education is *Involving young people in peer education*²⁸

²⁷ A Report on the Health Related Behaviour of Young People: secondary school survey report, Cornwall 2007, Schools Health Education Unit, Exeter 2007

²⁸ Involving young people in peer education: a guide to establishing sex and relationships peer education projects, Department of Health, 2002. Available to download from www.everychildmatters.gov.uk/teenagepregnancy

'Delay' education

In its delivery guidance for the teenage pregnancy strategy the Teenage Pregnancy Unit stated the key features of a good SRE programme, including *"support (for young people) to develop the skills, confidence and appropriate values framework they need to make and carry through positive choices, including a strong focus on the benefits of delaying early sex"*. There is a specific 'Delay' programme (see appendices for details) but essentially "Delay is supporting young people to make choices about sex that feel right for them and helping them to decide when they are really ready".

14-19 learning

Components of the Personal Development curriculum

At Key Stage 4 all students must be taught citizenship, religious education, SRE, careers education and physical education. Since 2004, they must also have been offered opportunities for work-related learning. Each of these curriculum areas is complemented by personal, social and health education (PSHE). These are key features of the personal development curriculum.

Outlined below are the relevant frameworks for each curriculum area.

Citizenship
PHSE
Religious education
SRE
Careers education
Work-related learning
Drugs, alcohol and tobacco
Physical education

www.qca.org.uk/14-19

Sixth forms

There is a statutory requirement to deliver an SRE curriculum in the sixth form of all 11-19 schools. At this stage of their lives young people are in a transition period preparing for their futures. They will be making more decisions independently and teachers will need to recognise that consultation with the students over the content and methodology of the SRE programme will substantially increase its effectiveness. There are good models of peer education and student-led work in sixth forms. Staff will need to revisit teaching and learning approaches to best suit this age range. In addition, the legal context changes at sixteen in that consensual sexual intercourse is no longer illegal.

In the sixth form, programmes that are effective in developing personal and social skills for caring relationships and sexual health can be delivered in a variety of ways, including separate modules, one-off events and tutorial sessions. Good practice could include all of these approaches as part of a continuing and co-ordinated programme. The necessary planning and organisation should be undertaken by the designated co-ordinator and/or head of sixth form.

SRE in Pupil Referral Units

Many vulnerable young people are likely to have missed parts of the taught SRE curriculum and teachers should aim to ensure that students who have been absent from SRE lessons are provided with other opportunities to access the information that they missed. Pupil Referral Units (PRUs) will have an important role in developing individual and group SRE programmes for young people at risk. Teachers need to be aware of the pastoral support services available in school through the school nurse, counselling services or Connexions that can provide one-to-one support on issues related to self-esteem, relationships and sexual health for those who most need it. A designated teacher will also be aware of the particular needs and services available for looked-after children.

There is new guidance on PSHE in the PRUs due from DCSF during 2008.

The National Healthy Schools Programme has recently published guidance for PRUs working towards Healthy School status which has modified the minimum evidence required to meet the criteria in the four core themes to ensure the standard is relevant to the needs of the PRU setting. A copy of the guidance can be downloaded from our website at

<http://www.cornwallhealthyschools.org/schools/secondary-schools-prus/prus/>

SRE for pupils with special educational needs and learning difficulties

Mainstream schools, special schools and PRUs all have a duty to ensure that pupils with special educational needs (SEN) and learning difficulties are properly included in SRE. These pupils may need more help than others in coping with the physical and emotional aspects of growing up; they may also need more help in learning what sorts of behaviour are and are not acceptable and in being warned and prepared against unacceptable behaviour by some adults. They will need help to develop skills to reduce the risks of being abused and exploited. SRE should enable them to make positive decisions in their lives.

Some parents and carers of children with SEN may find it difficult to accept their children's developing sexuality and the idea that their children will some day become sexually active. Teachers will need to work closely with parents to build confidence in the SRE programme.

Planning will need to be more explicit and clearly identify how work will be different in order to meet the individual needs of children with SEN or learning difficulties. It is important that pupils with SEN are not withdrawn from PSHE so that they can catch up on National Curriculum subjects. All staff in special schools may be involved in teaching some aspect of SRE so it is important that all staff develop the expertise and confidence to deliver an effective programme.

A list of useful resources and approaches is given in the resources section below.

Faith schools

Schools of a religious character will also need to refer to curriculum guidance provided at diocesan and church level nationally, for example the National Society for Promoting Religious Education (www.natsoc.org.uk) provides specific SRE guidance for Anglican schools. (<http://www.natsoc.org.uk/schools/curriculum/other/os1.html>)

We found a useful document containing sample policy guidance for the Catholic Archdiocese of Westminster
http://www.rcdow.org.uk/education/default.asp?parent_ref=229&library_ref=8&content_ref=1123

There are strong links between teaching SRE and the excellent **Here I am** PSHE resource used by many Catholic primary schools.

A list of useful resources and approaches is given in the resources section below.

Learning outcomes in SRE

The content of SRE lessons should be based on the statutory National Curriculum for science and the PSHE non-statutory framework for PSHE, see appendices for details. SRE should be embedded into the wider PSHE programme of study and should link to the SEAL programme.

Ofsted provided some ideas for learning outcomes in the 2002 report on SRE, see appendices.

There are some excellent schemes of work available²⁹, along with good resources to support them³⁰

As a starting point³¹ we include:

- **a sample outline of a scheme of work for KS1 and KS2**
- **learning outcomes for pupils in Y7 – Y11 linked to the new KS3 / KS4 PHSE Personal Wellbeing programme of study.**

²⁹ most notably Laying the Foundations: SRE in the Primary School, Martinez, A. and Cooper, V., NCB, London 2006 in KS1/KS2

³⁰ see our resources section.

³¹ We hope to develop these outlines further as part of the online version of these guidelines

Outline SRE scheme of work linked to OfSTED learning outcomes KS1 and KS2

Note: the SRE scheme should be firmly embedded in an overall programme of PSHE and SEAL that addresses core themes and builds pupils' skills and confidence. These core themes include listening skills, empathy, and understanding of feelings and emotions.

Outline scheme of work KS1

Learning Outcomes	SRE could be delivered under the following headings in KS1			
	Me and others, Growing up and changing	Friends, families and relationships	Keeping myself safe and healthy	Feelings and emotions
	By the end of Key Stage 1, pupils will be able to:			
	Recognise and compare the main external parts of the bodies of humans*	Make a friend, talk with them and share feelings	Recognise safe and unsafe situations	Identify and share their feelings with others
	Recognise similarities and differences between themselves and others and treat others with sensitivity*		Be aware that their feelings and actions have impact on others	
			Use simple rules for dealing with strangers and resisting pressure when they feel uncomfortable or at risk	
	Pupils will know and understand:			
	That animals, including humans, grow and reproduce	The needs of babies and young people	The basic rules for keeping themselves safe and healthy	
	That humans and animals can produce offspring and these grow into adults	Why families are special for caring and sharing	About safe places to play and safe people to be with	
	Ways in which they are like and different from others		That they have some control over their actions and bodies	
	That they have some control over their actions and bodies			
	The names of the main external parts of the body, including agreed names for sexual parts			
	Pupils will have considered:			
	The similarities and differences between people	Why families are special		How their feelings and actions have an impact upon other people

Outline scheme of work KS2

Learning Outcomes	SRE could be delivered under the following headings in KS2			
	Me and others, Growing up and changing	Friends, families and relationships	Keeping myself safe and healthy	Feelings and emotions
	By the end of Key Stage 2, pupils will be able to:			
	Form opinions that they can articulate to a variety of audiences	Express opinions, for example, about relationships and bullying	Identify adults they can trust and who they can ask for help	Respect other people's viewpoints and beliefs
	Recognise and challenge stereotypes, for example in relation to gender	Be self-confident in a wide range of situations, such as seeking new friends	Recognise the pressure of unwanted physical contact, and know ways of resisting it	Recognise their changing emotions with friends and family and be able to express their feelings positively
		Listen to, support their friends and manage friendship problems		Recognise their own worth and identify positive things about themselves
				Balance the stresses of life in order to promote both their mental health and wellbeing and that of others
				See things from other people's viewpoints, for example, their parents and carers
				Discuss moral questions
	Pupils will know and understand:			
	That the life processes common to humans and other animals include growth and reproduction*	The many relationships in which they are all involved	That safe routines can stop the spread of viruses, including HIV	About different forms of bullying and the feelings of bullies as well as victims
	About the main stages of the human life cycle*	Where individual families and groups can find help	About keeping themselves safe when involved in risky activities	
	About the physical changes that take place at puberty, why they happen and how to manage them	About, and accept, a wide range of different family arrangements, for example second marriages, fostering, extended families and three or more generations living together	That their actions have consequences and be able to anticipate the results of them	
	How the media impact on the forming of attitudes	The diversity of lifestyles		
	Pupils will have considered:			
Why being different can provoke bullying and why this is unacceptable	The diversity of values and customs in the school and in the community	When it is appropriate to take a risk and when to say no and seek help	Others' points of view, including their parents' or carers'	
	The need for trust and love in established relationships			

Learning outcomes for SRE at KS3 & 4

Linked to the new PSHE Personal Wellbeing programme of study

	Learning outcomes for SRE for Year 7 pupils	Link to PSHE scheme of work QCA 2007 (KS3)
	By the end of year 7 pupils will be able to:	
7.1	Look after their bodies during puberty including managing personal hygiene, menstruation and wet dreams	1.2c
7.2	Manage the range of emotional changes that take place during puberty in a positive way (including feelings of attraction to the same or opposite sex)	1.2c 1.4c
7.3	Have the ability to express emotions and empathise with others	2.1e 2.3d
7.4	Talk with and listen to peers and adults	2.3c
7.5	Make and keep friends of the same and opposite sex	2.3a 1.4a
7.6	Be assertive amongst their peer group	2.2d, 2.3b
7.7	Use strategies to resolve disagreements peacefully	2.1e
7.8	Recognise stereotyping and begin to challenge it appropriately	2.3e
7.9	Make decisions independently and resist pressure e.g. to become involved in bullying, sexual activity or smoking	2.2c
7.10	Recognise when they and others need help and access support appropriately	2.2e
	By the end of year 7 pupils will know and understand:	
7.11	How the physical and emotional changes that take place at puberty affect boys and girls and that there is a range of physical development and emotional responses which are normal	3c
7.12	The biological aspects of menstruation, conception and reproduction	3d
7.13	How to keep physically and emotionally healthy	3f
7.14	That gender does not have to be rigidly defined (there are different ways to be male and female) and that stereotyping can have a negative impact	1.5a 3m
7.15	That school policy makes it clear that discrimination including homophobia, is unacceptable	1.5b 2.2b
7.16	Where to get help including in school, family, local and national support services	3g
7.17	Young people's rights and responsibilities	2.3b
7.18	The school policy and guidance on confidentiality and making personal disclosures	
7.19	How to keep themselves safe when using the internet and chat rooms	3g
	By the end of year 7 pupils will have explored / considered:	
7.20	What makes a good friend and a positive family	1.4b
7.21	The unacceptability of bullying	3m
7.22	The fact that families are different and respect those differences	3.j 3m

These outcomes were developed by the **Healthy Schools team and their partners in East Sussex** and included in **Sex and Relationships Education: learning outcomes planning tool: Key Stages 3 and 4**, June 2007. The resource also contains some excellent ideas for teaching activities and useful updates on HIV/AIDS and Chlamydia and other helpful references. A link to the resource is available on our website.

	Learning outcomes for SRE for Year 8 pupils	Link to PSHE scheme of work QCA 2007 (KS3)
	By the end of year 8 students will be able to:	
8.1	Give and receive compliments and constructive criticism and recognise how others see them	2.1c
8.2	Challenge all kinds of prejudice and bullying behaviour amongst peers appropriately	2.3e
8.3	Empathise with others including parents or carers and people different from themselves	2.3d
8.4	Be assertive and negotiate positive peer relationships	2.3b 2.3c
8.5	Seek appropriate help and support for themselves and friends when needed	2.2e
8.6	Think critically on health-related issues to support positive decision-making	2.2a
8.7	Recognise and manage the emotions associated with the changing nature of relationships with peers and within families, including as a result of divorce and bereavement	2.2f 3i
8.8	Present their personal values and beliefs appropriately	2.1a
	By the end of year 8 pupils will know and understand:	
8.9	The names of the different parts of the sexual organs and their functions	3d
8.10	Basic information about conception, contraception, the range of safer sexual practices and the risks of early sexual activity	3d
8.11	How the media influences attitudes to health and health behaviour	2.1a
8.12	The concept of sexual orientation as a spectrum which includes homosexual, bisexual and heterosexual and that everyone will identify as being somewhere on this spectrum and that their position may change	1.5a
8.13	The importance of caring relationships and positive friendships for everybody	1.4b 3k
8.14	The age of consent for all sexual orientations and that the majority of young people do not have sex before they are 16	3d
8.15	The risks related to alcohol use	
	By the end of year 8 students will have explored / considered:	
8.16	How our physical, mental, sexual or emotional health can affect our lives	1.2b
8.17	The need for commitment, trust and love in meaningful relationships, including marriage and civil partnerships	3l 3k
8.18	What influences their own behaviour, choices and self-image	1.1a 1.1c
8.19	Issues related to gender and sexual orientation including sexism, homophobia, bi-phobia and transphobia	3d 3m
8.20	When young people may be ready for sexual activity and the benefits of delaying first sex (for all sexualities)	1.3a
8.21	Risk-taking, including the consequences of their personal choices on themselves and others	1.3a

	Learning outcomes for SRE for Year 9 pupils	Link to PSHE scheme of work QCA 2007 (KS4)
	By the end of year 9 students will be able to:	
9.1	Recognise when pressure from others threatens their personal safety and wellbeing	1.3b
9.2	Use assertive skills to resist pressure	2.2d
9.3	Recognise that actions have consequences, and when and how to make compromises	2.1f
9.4	Negotiate within all forms of relationships including the use of condoms and delaying sexual activity	2.3b
9.5	Challenge prejudice, stereotyping and discrimination including homophobia, bi-phobia and transphobia	2.3e
9.6	Access appropriate support services when needed	2.2e
9.7	Take responsibility for their own health, safety and behaviour towards others now and in the future	1.2a
	By the end of year 9 students will know and understand:	
9.8	Different methods of contraception, including emergency contraception, and where to access them	3d
9.9	How HIV and STIs, including Chlamydia are transmitted, how they can be treated and where to get tested	3d
9.10	How to use a condom correctly	3d
9.11	The facts about abortion	3d
9.12	The impact of bullying, prejudice and discrimination including homophobia, bi-phobia and transphobia	3m
9.13	The risks and effects of alcohol and illegal drug use	3e
	By the end of year 9 students will have explored / considered:	
9.14	The changing nature of, and pressure on, relationships with friends and family, including the responsibilities of having children	3l
9.15	Attitudes towards risk-taking and personal safety, including the use of the internet	1.3c 2.2c
9.16	Their own self-esteem and how they could develop it	1.1a
9.17	The importance of self-respect and what makes a respectful relationship	1.1b
9.18	Religious views on contraception	3a
9.19	Prejudice, discrimination and stigma including that faced by people living with HIV	3m
9.20	How their own personal life experiences and circumstances have impacted on and shaped their lives, and how this is different for everyone (for example growing up lesbian, gay or bisexual, being a carer)	1.1c

	Learning outcomes for SRE for Year 10 pupils	Link to PSHE scheme of work QCA 2007 (KS4)
	By the end of year 10 students will be able to:	
10.1	Talk about relationships, including sexual relationships, and feelings to a parent or carer, friend or partner, support or counselling service	2.1d 2.3e
10.2	Negotiate the relationships and friendships that they want and make them feel good (inclusive of all sexual orientations within the spectrum of sexuality)	2.3b
10.3	Manage praise and criticism in a positive way	2.1b
10.4	Challenge prejudice, bullying, homophobia, bi-phobia and transphobia effectively	1.5b 2.3d
10.5	Use assertiveness skills to resist unhelpful pressure and negotiation skills to keep themselves safe	2.2c 2.2d
10.6	Assess situations for risk	1.2a 1.3a
10.7	Seek confidential health advice from advisory and support agencies if needed	3e
10.8	Support friends in accessing the help they might need	2.2b 3e
	By the end of year 10 students will know and understand:	
10.9	The range of contraceptive choices available including longer-acting reversible contraceptives	3d
10.10	The long and short term consequences of unprotected sex and about safer choices they can make including delaying sex until they are genuinely ready	3d
10.11	The health risks of alcohol, tobacco and other drug use related to sexual activity and pregnancy	3d
10.12	How to access sexual health and support services including overcoming possible barriers to access	3e
10.13	The options available for unplanned pregnancy including abortion and the realities of life for young parents	3d
10.14	A range of methods for keeping themselves and others safe	2.2a
	By the end of year 10 students will have explored / considered:	
10.15	Their personal identity and personal assumptions about people who are different	1.1a 2.1a
10.16	The issues of coming out as a lesbian, gay, bisexual or transgendered young person	1.1b
10.17	The impact of self-esteem and self-confidence on personal relationships	1.1c
10.18	Why loving and caring are important to relationships	1.4a
10.19	The benefits of a stable marriage or partnership in bringing up children	1.4b 3h
10.20	The arguments around legal and moral issues such as abortion, contraception and the age of consent	3a
10.21	Attitudes to and possible consequences of binge-drinking	2.2c
10.22	Rights and responsibilities in sexual relationships	2.3b

	Learning outcomes for SRE for Year 11 pupils	Link to PSHE scheme of work PSHE 2007 (KS4)
	By the end of year 11 students will be able to:	
11.1	Have the skills and confidence to stand up for their beliefs and choices	1.3c
11.2	Show respect and empathy for others and advocate for those who are vulnerable	1.5b 2.3d
11.3	Identify and manage the depth of feelings within close relationships	1.4c
11.4	Make informed choices about aspects of their lifestyle which would promote wellbeing and healthy relationships including delaying or stopping sexual intercourse	2.2a
11.5	Recognise the influences and pressures, including from the media, around sexual behaviour and respond appropriately	1.3b 3b
11.6	Take responsibility for personal behaviour including seeking professional advice confidently	2.1e
11.7	Identify how the effective management of feelings and emotions supports decision-making and risk management	2.2e
	By the end of year 11 students will know and understand:	
11.8	What domestic and dating violence in all relationships means and the impact on emotional health and wellbeing and positive sexual health	1.1c 1.2b 3f
11.9	The link between eating disorders and self-image	1.2b 3c
11.10	Where to find information, advice and services such as Chlamydia screening	3e
11.11	The statutory and voluntary organisations which offer support in human relationships e.g. Relate	3f
	By the end of year 11 students will have explored / considered:	
11.12	What makes a healthy (sexual) relationship and readiness for a sexual relationship	3f
11.13	Their developing sense of sexual identity and feel confident and comfortable with it	1.1a
11.14	That people have different needs in relationships and respect these	1.5a
11.15	The consequences of close relationships including having children and how this will create family ties which impact on their lives and those of others	3g 3i
11.16	The issues relating to the use of the internet, including pornography	1.3a
11.17	Power and exploitation in personal relationships	2.3d 3i

These outcomes were developed by the **Healthy Schools team and their partners in East Sussex** and included in **Sex and Relationships Education: learning outcomes planning tool: Key Stages 3 and 4**, June 2007. The resource also contains some excellent ideas for teaching activities and useful updates on HIV/AIDS and Chlamydia and other helpful references. A link to the resource is available on our website. Used with kind permission of the authors.

Teaching and learning

High quality teaching is the key to good SRE and is most likely to meet the needs expressed by children and young people.

When asked about their experiences of SRE at school, young people often complain about the focus on the physical aspects of reproduction and the lack of any meaningful discussion about feelings, relationships and values. Schools should try to ensure that discussion of relationships is an aspect of each unit of work on SRE and make time to collect the views of children and young people about their needs and main areas of concern. In primary schools, work on feelings and changing friendships is likely to be a central component of SRE.

Skilled and confident, knowledgeable, well trained and supported teachers are more important than those with an *expert* knowledge of sex education, particularly in the primary school.

Healthy Schools whole school approach

The National Healthy School Standard whole school approach and criteria for PSHE/SRE would indicate that SRE programmes should have:

- lessons that are carefully planned with a focus on the promotion of sexual health
- attention given to shared learning outcomes that should include attitudes and values as well as knowledge and personal and social skills
- a teaching environment that is well managed, with a secure climate where children and young people feel valued and respected by teachers and peers
- classroom teaching of the highest quality with active participation and varied strategies that promote co-operation, self-assessment and consideration of risk reduction
- effective use of resources, including the use of visitors and outside agencies.

First steps

Timetabling The timetabling of PSHE and SRE, rather than their provision ad hoc, gives them status and indicates their importance to pupils. There is also some security for pupils in knowing that there is a fixed time for PSHE and for the opportunities it gives them to explore key skills and sensitive issues.

Setting the climate This can be achieved by creating a positive ethos and a safe environment, and by offering opportunities to work individually and in groups etc.

Pupil participation including opportunities to identify needs, reflect on their values, give feedback on lesson content and delivery, and evaluate their learning.

Active and interactive learning³² including opportunities for group work, paired work, individual reflection and addressing differing learning styles.

³² See the notes on active learning in PSHE in the appendices

Creating a safe learning environment³³: group agreements³⁴ and dealing with questions

PSHE and SRE offer opportunities to explore feelings and deal with emotional content, therefore safety is key to good SRE.

The negotiation and setting of a group agreement creates a positive and safe climate so that children and young people are able to discuss relevant issues appropriately and feel valued and respected by teachers and peers. Teachers will also be less anxious about unexpected questions or comments. The use of a group agreement, particularly in SRE, promotes good practice and should include agreements about acceptable and unacceptable language and behaviour, equalities and inclusiveness, the right to personal privacy and appropriate confidentiality.

Children and young people will want to ask questions and teachers may prepare for this by using a 'question box' and other techniques to allow for delaying responses until there has been time for further reflection or consultation.

Teachers also need to be prepared for dealing with unexpected or inappropriate questions that may be too personal, too difficult to answer or outside the teacher's expertise, too explicit or inappropriate for the whole class or may raise issues about the risk of child abuse.

Answering questions should be identified as a key training need. It is important that teachers do not air their own opinions or prejudices when teaching and answering questions about issues such as contraception or abortion. Links should be made with the school's science and religious education curriculum and responses should be in line with the SRE policy.

Sample group agreement

We will respect each other and listen to each other
We will not laugh at each other's questions or contributions
We won't ask or answer personal questions
We won't say confidential things
It's OK to pass / opt out if we don't feel comfortable
We'll review this agreement regularly

³³ A small number of children may have experienced sexual abuse or age-inappropriate knowledge of sex and may find aspects of SRE difficult. They may pose difficult questions or make inappropriate comments. In some cases these children or young people may be known to the school and consultation with the designated teacher and discussions with the child or young person prior to the teaching should take place, along with the additional pastoral support. However the school will not always know individual cases, so best practice in the use of group agreement and creating safe learning environments is crucial.

³⁴ The term 'group agreement' is used in preference to 'ground rules' to help underline the idea that this is something created with the group rather possibly something imposed on the group.

Talk Cards

an idea from our colleagues in Dorset Healthy Schools

We have introduced **'Talk Cards'** into some of our classes. These are prompt cards which the children can use to initiate a private conversation with their teacher when they need to. Each school has introduced the use of them in a slightly different way, but the method is consistent throughout. Children can write their name or problem on the 'Talk Card' then place the card in a designated box. The teacher can then retrieve the card from the box and speak to the child discreetly at an appropriate time. This allows the children to talk about problems and concerns without having to worry about how to start the conversation.

This flexible method means that if there is a consistent problem arising, further action could be taken. A whole class discussion or follow-up meetings with other teachers may be needed.

The children are initially given a blank template for a card and this allows them to decorate their own card, adding personality and ownership.

The cards are laminated and this means they can go up through the school with them to other teachers. This also has benefits for transition between primary and secondary schools as they could remain with the children. This has recently been done with local schools with great success.

Laminating the cards also allows them to be used time and time again, thus being environmentally friendly. The children enjoy being able to rub off the problem from their card at the end of their discussion because... "it is like all my worries have disappeared" (Boy, age 10)

However, the cards are not just restricted to use in school. Some schools have begun to send cards home as a tool for children to talk to parents as well.

This simple method of leaving the cards in a special place to initiate discussions works well at home as well as at school.

From www.chesilparent.co.uk/ (the South Dorset website for parents about SRE)

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Taking it further

Another sentence stem could be added **"I would like to know about..."**

They don't have to be used exclusively for SRE but could be used for other areas as well e.g. They could be useful during transition, introduced in Year 5 or 6 and carried on into Year 7...

There is also a powerful link between the talk cards and Protective Behaviours (Theme 2 "there is nothing so awful or small we can't talk about it to someone...") contact us for more information.

Child protection, safeguarding and confidentiality

For the latest information and guidance from Cornwall County Council see: <http://www.cornwall.gov.uk/cyfp/index.cfm?articleid=15980> which includes model child protection and safeguarding policies and other key documents.

As part of the Healthy Schools process there needs to be a clear statement on child protection and confidentiality in **all** SRE policies. Children, young people, teachers, school staff, and visitors to PSHE lessons need to be familiar with the confidentiality statement and work within it. Parents and carers should also be made aware of the school's confidentiality policy and how it works in practice. It is important that all pupils and students are constantly reminded in language appropriate to their age and maturity that teachers and other adults in a classroom setting cannot offer or guarantee absolute confidentiality. This can be done through discussions about group agreements.

It is important that pupils and students learn that it is not appropriate to make very personal disclosures during a lesson. As an integral part of PSHE, pupils and students should be made aware of confidential sources of information. These confidential sources of help could include helplines such as Childline, the school nurse, the school counsellor or a local young people's advice service or local sexual health service.

Schools should establish clear lines of communication and the principle of personal information being shared on a 'need to know' basis and in the best interests of the child. It may be important to share appropriate information with a teacher of SRE. It is important that all school staff respect information given to them in confidence. Information about a pupil should not become a matter for general discussion among staff.

Teachers and support staff need to be aware that good SRE, which brings an understanding about what is and is not acceptable in a relationship, can lead to pupil or student disclosure. If a member of a school's staff suspects that a child or young person is a victim of abuse or they have reason to believe that he or she is at risk of abuse then they should follow the recommendations in *What to do if you are worried a child is being abused* (DfES, 2006), and *Safeguarding children and safer recruitment in education* (DfES, 2006). School procedures include passing information to the designated teacher for child protection and safeguarding.

Pupils and students should be reassured that if confidentiality has to be broken, they will be informed first and then supported as appropriate. There may be rare occasions when a primary age child who is sexually active or contemplating sexual activity directly approaches a primary school teacher. This should immediately be viewed as a child protection issue.

At secondary level, good SRE should enable and encourage young people to talk to a trusted adult, possibly a parent or carer, if they are having sex or contemplating doing so. Students should also be reminded that the age of consent for heterosexuals and same sex relationships is 16. Schools should ensure that information about local sexual health and support services in the wider community is accurate, available and accessible in private and public ways, including to those under 16.

There may be cases where a member of staff learns that an under 16 year-old is having or contemplating having sex. Decisions to follow child protection procedures should be made,

depending on the age or maturity of the student, if it is not clear whether the young person consented to any sexual activity or if there is a large age gap between the young person and their partner. There may be some grey areas here, and it is important that members of staff have had time to discuss these issues with the designated child protection / safeguarding lead. Methods of addressing these issues should be established and lines of communication and decision-making clarified and reflected in the policy. If it is decided that it is not a child protection issue then the best interests of the young person should be carefully considered. Attempts should be made to persuade the young person to talk to parents, a carer or an older family member.

See also the section on contraception below for guidance on teaching about contraception and providing pupils with information and access to it.

Sexual Offences Act 2003

Some were concerned that this law could mean teachers and others could not provide advice and support. It is important to note that this is not the case.

“The Act aims to clarify what constitutes a crime of a sexual nature against children, young people and adults. **The Act does not limit children’s right to SRE and sexual health support and advice.** The law ensures that those providing information and support with the purpose of protecting a young person from pregnancy, STIs, protecting their physical safety or promoting their wellbeing, will not be guilty of an offence”.

From SEF briefing June 2004 which can be downloaded from

http://www.ncb.org.uk/dotpdf/open_access_2/sef_briefing_soa_2007.pdf

There is more information about legislation relevant to SRE in schools in the appendices.

Working with visitors

Visitors, such as health professionals and agencies, have much to contribute to the SRE programme and should be part of planned provision. They should work within the school SRE policy and schools should ensure that they fit in with the school values and ethos.

Using visitors and developing visitor guidelines

The **Education Act 1996** aims to ensure that children are not presented with just one side of a political or controversial issue by their teachers. Therefore, it is important that teachers "ensure that pupils have access to balanced information and differing views on which they can clarify their own opinions and views, including contributions made by visitors to the classroom..." *Citizenship at Key Stages 3 and 4, initial guidance for schools*, QCA 2000.

Visitors to SRE lessons are appreciated by young people and teachers because they can:

- form a link to the community and make a service more accessible (a visitor from a sexual health service can provide a friendly face and reassurances about confidentiality)
- offer specialist knowledge, experience and resources (a parent and baby can offer primary school children insight into the needs of newborns)
- build relationships between services and young people (such as between the youth service and young people)
- help young people to learn from the experiences of others (for example Peer Education³⁵)
- provide curriculum enrichment (for example Theatre in Education).

Visitors should always complement the current programme and should never substitute or replace teacher-led education. It is the responsibility of the PSHE co-ordinator and teacher to ensure that any visitor session is part of a planned programme with adequate preparation and follow-up. Teachers need to be clear about the content of a visitor's presentation, checking its accuracy, value base and fit with the overall curriculum.

It is good practice for the teacher to remain in the classroom for a visitor session. Prior to the session, the respective roles of the teacher, teaching assistants and visitor should be negotiated and clear decisions made about delivery and discipline. The visitor may feel able and willing to lead the whole lesson with the teacher either participating or remaining silent. Alternatively the lesson may be delivered jointly with the visitor providing the specialist information.

Visitors should work within existing school policies such as the school SRE policy, confidentiality, safeguarding and equal opportunities policies, as appropriate, and the values of the school. They should also work within the limits of teacher confidentiality and the school confidentiality policy. The SRE Guidance (DfES) states that 'in line with best practice guidance ... [visitors] will seek to protect privacy and prevent inappropriate personal disclosures in a classroom setting'.

³⁵ See notes on Peer education in SRE in the classroom

Some visitors, such as those from a local youth advice service, may be able to offer confidentiality within their service and so can remind pupils and students when and how these and other appropriate services can be accessed. In some cases, particularly when a sensitive issue such as contraception or abortion has been discussed, the visitor may be able to offer some one-to-one support to students after the lesson. Confidentiality and child protection issues for this would need to be explored with the PSHE co-ordinator and/or a member of staff with responsibility for pastoral issues before this additional service is offered to the students.

It is the school's responsibility to ensure that, where appropriate, visitors in school have been subject to a police check. An **enhanced Criminal Records Bureau (CRB) check** should always be made where there is a substantial likelihood of a visitor undertaking one-to-one work with a student.

In a pastoral setting, some visitors can:

- offer young people confidential support and advice through drop-in sessions
- support teachers, staff, parents and carers with information and advice, for example by attending parents' meetings
- offer targeted small group work.

School nurses, doctors, personal advisors and youth workers can be used on site to provide a confidential one-to-one opportunity for young people to discuss issues that may be of concern. These drop-ins can provide information and the opportunity to talk, and can signpost young people to other appropriate services. Outside of teaching, health professionals and other visitors are bound by their own codes of conduct. For example, when a school nurse is in a consultation with an individual student, he or she will follow his or her own guidance on confidentiality. Parents and carers should be informed of the confidentiality policy.

Parents and carers should be informed about the use of visitors in schools.

The success of any visit depends upon careful planning and liaison between the visitor and the school. Pupils can be involved in planning the visit and preparing for it by considering how to make the visitor welcome, and by thinking about the purpose of the visit and what they might expect to get from the session, as well as preparing questions. Pupils, teachers and visitors should all evaluate the visit(s) and evaluation should be linked to the learning outcomes for the session.

The role of external contributors in SRE: a checklist

Contributions from visitors could include

- assisting in programme planning
- supporting schools and working alongside teachers
- supporting staff through training or team teaching
- providing support for both parents and carers
- providing classroom input
- supporting pupils at the school who may need support, guidance or specialist help.

Good Practice	YES	NO
Non CRB checked visitors should always work alongside the teachers and NOT be left alone with groups or individual pupils (although these days very few will not have CRB checks (i.e. mother bringing in baby, teenage parents?))		
As a general rule teachers should always be present in the classroom when there are visitors and be engaged in the session (even if not active) rather than marking or doing other things		
Visitors, if likely to be working unsupervised or working regularly in the school, have had an enhanced Criminal Records Bureau check		
All visitors need to be clear about the school policies on Confidentiality and disclosure Child protection procedures The school's values and approach to SRE Any other relevant policies such as PSHE or Drug Education		
The visitor's input and involvement are integrated into the school's programme and are not just an ad hoc event		
Visitors are provided with information about the session and how it fits into the overall programme and are clear about the required learning outcomes for their session		
Visitors should be clear about their roles and responsibilities and boundaries when working Within the curriculum On a one-to-one basis Supporting teachers in following up disclosures Supporting teachers and the school community		
The approach is pupil-centred The messages are consistent with the overall aims of the programme The input meets the needs of the pupils		
The visitors, where necessary, are competent educators and facilitators and do not provide input outside their remit and expertise		
Where possible pupils are given a voice and are involved at the outset of the programme (for example by writing invitations) and with follow-up work (for example by writing thank you letters)		
Pupils should be given the opportunity to evaluate the content and method of the presentation.		
Visitors are given feedback from staff and pupils.		

Monitoring, evaluation and assessment in SRE³⁶

Monitoring, evaluation and assessment are essential in good SRE and are an important part of gaining Healthy Schools status:

1.2 Monitors and evaluates PSHE provision to ensure the quality of teaching and learning

1.3 Assesses children/young people's progress and achievement in line with QCA guidance³⁷

Criteria for Core Theme 1 (PSHE)

Monitoring: overseeing the planning and delivery of PSHE and SRE including reflective monitoring by individuals and lesson observations by the PSHE / SRE coordinator.

Evaluation: judgements about the effectiveness of the teaching process and the activities and materials/resources used, in achieving the specific learning outcomes of the programme.

Assessment: judgements about an individual's learning and development.

Learning is most effective when we:

- establish what children and young people already know and set relevant goals with them
- ensure that children and young people can actively participate in the learning process, and work with them to confirm they have learnt what we intended and what they wanted to learn
- identify any unexpected learning
- clarify future learning needs
- celebrate progress and achievement
- continually identify and reflect upon the effectiveness of our practice and how to improve it³⁸.

³⁶ Much of this section is based on the excellent Assessment, Evaluation and SRE: A Practical Toolkit for Education, Health and Community Settings, Blake, S. and Muttock, S. NCB, London 2004.

David Hampshire, County Adviser for RE and PSHE/C has written an excellent leaflet Assessing PSHE in Secondary Education. Contact David for more information

³⁷ See appendices for details of the QCA end of key stage statements

³⁸ From Blake and Muttock, introduction

Assessment

- Assessment **for** learning³⁹, for example **baseline assessment** to find out what is already known and to identify learning needs, and **formative assessment** to assess progress against agreed learning outcomes and to identify the next teaching steps (using an active learning cycle model).
- Assessment **of** learning, for example **summative assessment** to ascertain whether the learner achieved the desired learning outcomes.

Assessment in SRE involves **knowledge and understanding** but also **skills development** and the **ability to explore values and attitudes**.

There are different approaches to assessment⁴⁰:

	Assessment for Learning	
Private reflection		E.g. regular entries in personal reflective diary / workbooks etc. or time to think as part of a lesson activity
Self-assessment		Directed consideration of diary entries, group work activities
Peer assessment (within group)		Exchange of views between peers within a group or class
Peer assessment (with other groups)		Assessment takes place through exchanging views with another group, other classes, older pupils etc.
Structured informal assessment by teacher		Ongoing observation, questioning, feedback to pupils
Structured formal assessment by teacher		Quizzes, questionnaires, marked work and portfolios
External examinations / assessments		Assessment of Learning

The school should have an established process to monitor student achievement in PSHE, citizenship and SRE as part of this. This should:

- be planned as an integral element of teaching and learning
- be active and participatory and include pupils' views
- discuss learning outcomes to build a shared understanding
- agree criteria to indicate progress
- set personal goals and agree strategies to reach them.

³⁹ See the QCA website for guidance on Assessment for Learning: http://www.qca.org.uk/qca_4336.aspx

<http://www.ncaction.org.uk/subjects/pshe/index.htm>

⁴⁰ Blake and Mutton, p 16

Against this, assessment of progress and recording of achievement can take place. Factual knowledge about sexual health and its application, and agreed personal and social skills can be assessed. The OfSTED report *Sex and Relationships* (2002) recommends that schools look for a wide variety of evidence recognising that SRE contributes to pupils' moral and emotional development and to their personal skills. Examples of assessment opportunities include:

- giving a talk or presentation
- demonstrating skills through role play or simulation
- devising a quiz or board game or resource for younger pupils
- preparing a display, video or website.

Pupil profiles and records of achievement can provide a summative picture about pupil development in PSHE and SRE. Ongoing evidence can be recorded and collected using diaries or logbooks.

Reporting to parents should include PSHE and SRE.

Primary and special schools will seek to make their assessment of PSHE/SRE both creative and manageable using some of the above along with selecting significant pieces of work or other evidence of achievement to show progress and the development of skills.

Evaluation

Evaluation in SRE is concerned with both impact and process.

Impact evaluation This focuses on long-term aims and outcomes to gauge the impact of a piece of work.

Process evaluation This focuses on how a programme or particular piece of work has been delivered. Most evaluation falls into this category, quite simply because impact evaluation is so difficult within realistic timescales or at all.

Evaluating the process could involve:

- reflecting on whether everyone was able to participate and achieve at their own level
- considering how activities were organised and delivered
- considering whether resources were fit for purpose and
- identifying what went well and what could be done differently next time.

When done well, process evaluation encourages children, young people and adults to develop:

- self-awareness
- communication skills and an ability to offer constructive feedback
- an ability to reflect on events and action
- a sense of responsibility for their own learning
- an awareness of what they liked and disliked, and the ability to express this.

Simple before and after evaluation ⁴¹		
	Before	After
I feel...		
I think...		
I want...		
The most interesting thing I learnt was...		

⁴¹ from Blake and Muttock p26.

Continuous professional development

The OfSTED report *Sex and relationships* (2002) states that SRE should be taught by teachers who have the **necessary** knowledge and teaching expertise and **who want to participate** in this demanding aspect of provision. The most significant weaknesses observed were:

- unclear expectations about what pupils should learn, especially at Key Stages 1 and 2;
- an inability to establish a classroom climate;
- too few opportunities for reflection and
- lack of assessment.

Training in teaching and learning in PSHE and SRE is a key issue in developing the confidence of teachers and in raising the quality of the taught curriculum. At secondary level, schools should consider the advantages of delivering SRE and other aspects of PSHE through a specialist team. In all schools PSHE teachers should have time to reassess their training needs and feed into the Department or School Development plan.

Continuing professional development (CPD) is also about talking to colleagues, taking opportunities to reflect on one's own attitudes about sexual health and relationships, and updating and considering new resources.

The national CPD programme for PSHE

The national CPD programme provides teachers with the opportunity to gain recognition and accreditation of their experience in teaching personal, social and health education (PSHE) and to develop their knowledge, understanding and teaching and learning skills in the delivery of PSHE in schools and other settings. More information is available from <http://www.pshe-cpd.com/>

In Cornwall, David Hampshire, County Adviser for RE and PSHE/C, is the lead for PSHE accreditation and he can provide more information about the programme and how to sign up. David also provides PSHE and SRE training courses throughout the school year.

For school nurses, Sharon Hindley, the Teenage Pregnancy coordinator for Cornwall and the Isles of Scilly and Kate Pordage CHSP Coordinator are the contacts for the PSHE CPD programme.

Sharon Hindley 01872 326951

Kate Pordage 01209 310061

Notes on some sensitive issues

The law states that there is no prohibition on the teaching of sensitive issues in schools

Abortion⁴²

In the primary school, teaching about abortion will not be delivered as part of the planned PSHE curriculum but could come up as a response to a child's question. Whether to respond to a question in front of the whole class or to speak to the individual will depend on the age of the pupil asking the questions and the school sex and relationship education policy.

The purpose of sex and relationship education is in preparing students 'for the responsibilities and challenges of adult life' and abortion is an aspect of this. For example, over 50% of teenage pregnancies ended in abortion in 2005. It is important, therefore, that as one aspect of a secondary sex and relationship education programme young people are aware of the choices that would be available in the event of an unplanned pregnancy, with abortion discussed as one of these choices.

The programme should:

- provide factual information about abortion and the law as it relates to abortion
- provide information about what someone should do if they suspected they were pregnant
- develop an understanding of abortion and the reasons why someone would chose to have an abortion
- provide an opportunity for young people to explore the choices around unplanned pregnancy in a safe, nonjudgmental environment e.g. adoption, abortion or bringing-up the child
- develop communication skills to discuss sexual health issues, such as abortion with parents, carers and health professionals
- explore the differing religious, cultural and moral attitudes towards abortion

It is important that sex and relationship education policies and programmes recognise and respect that there are strongly held beliefs about abortion. Some of these beliefs are probably discussed in Religious Education (RE) and liaison with the RE department on this is essential.

When speaking about abortion in a classroom setting it is important to remember that there may be members of the class who have some personal experience of abortion. For example, a young person may have had an abortion herself or may know of a family member or friend who has had an abortion. Miscarriage is often called a spontaneous abortion. Therefore, it is important to point out the differences between the two and to make the point that many pregnancies end in miscarriages.

42 A good resource is Education for Choice, Best practice toolkit: abortion education, 2007 (link on our website)

Contraception

Britain has the highest rate of teenage pregnancy in western Europe. A major part of the Government's strategy to reduce unintended teenage pregnancy is to teach teenagers, through the SRE curriculum, about the different types of contraception and give them knowledge of where to access it; this is equally relevant to boys and girls. The average age of first sex is 16, but teachers need to be aware that some students younger than 16 will be sexually active.

According to the BMA, in the Netherlands, assurance of confidentiality in all contraceptive services has been a key factor in reducing the teenage pregnancy rate to the lowest of all developed countries⁴³.

Primary schools may want to consider introducing teaching about contraception towards the end of Key Stage 2. This may include a definition of contraception and some reference to the condom and the pill. Primary school teachers need to be prepared to answer questions about contraception.

In secondary schools, teaching about contraception should include:

- raising awareness of the importance of contraceptive use in reducing the risk of unintended pregnancy and sexually transmitted infections
- information about the different types of contraception, including emergency contraception
- the reasons for and benefits of abstaining from or delaying sexual activity
- information about the law as it relates to accessing contraception, where contraception can be accessed locally and the confidential nature of these services
- information about where and to whom to go to for confidential advice about contraception (including helplines and websites)
- consideration of the advantages and disadvantages of the various types of contraception in terms of their effectiveness and the prevention of STIs
- discussion of combining different contraceptives, for example using the combined pill to prevent pregnancy and condoms to prevent STIs
- acknowledgement and discussion of the different religious views on contraception
- practising condom skills
- developing communication and negotiation skills, and
- awareness of the impact of drinking and/or drug use on safe contraception.

Faith schools may have a particular perspective on contraception and this will be addressed in the SRE policy. However, it is good practice for all teachers to acknowledge the different religious perspectives on contraception including emergency contraception.

⁴³ Confidentiality and people under 16, BMA, 1994

What does the law say about teaching contraception in schools?

Under the National Curriculum 1999, teaching about hormonal contraception formed part of the National Curriculum Science at Key Stage 4, which required that 'Pupils should be taught the way in which hormonal control occurs, including the effects of sex hormones, and some medical uses of hormones, including the control and promotion of fertility'. The teaching of contraception is therefore compulsory for all pupils in maintained secondary schools and parents do not have the right to withdraw their children.

It is less clearly stated in the new National Curriculum for science but appears in KS3:

Range and content

3.3 Organisms, behaviour and health

b. the human reproductive cycle includes adolescence, fertilisation and foetal development

c. conception, growth, development, behaviour and health can be affected by diet, drugs and disease.

Therefore it is again statutory. It is also complemented by the new PHSE non-statutory scheme of work for KS3 which covers contraception.

The *DfES Guidance* states that schools ought also to ensure that the young person 'has been adequately counselled and informed about contraception, including precise information about where young people can access contraception and advice services'. If the young person asks to visit a sexual health service during school time then the school needs consider this carefully and follow its own policy and procedures, which have been agreed by governors⁴⁴.

Referrals can also be made to the school nurse. The school nurse code of conduct will then be invoked. Health professionals, such as school nurses, are bound by their professional codes of conduct in a one-to-one situation with individual pupils or students, but it is important that this code of conduct has been discussed with key members of school staff to ensure there is clarity about what the health professional can offer pupils or students. A school's SRE policy must make this different type of confidentiality clear to parents.

Health professionals, providing they follow the *Fraser Guidelines*⁴⁵, are able to give confidential advice and prescribe contraception to under-sixteens. Health professionals including the school nurse can support lessons on contraception and accessing services.

⁴⁴ Some schools run a Green Card scheme which enables a young person to leave the school premises during the day to attend a health centre etc. An increasing number of schools are providing services on site through health drop-ins and the Condom Card (C-Card) Scheme for 13-19 year olds is currently being rolled out across Cornwall. (See local services in the appendices for more information.)

⁴⁵ The Fraser Guidelines. In 1985, Lord Fraser said, in judgement of the Gillick case, that a doctor can give contraceptive advice or treatment to a person under the age of 16 without parental consent providing the doctor is satisfied that:

- the young person understands the health professional's advice;
- the health professional cannot persuade the young person to inform his or her parent or allow the doctor to inform the parents that he or she is seeking contraceptive advice;
- the young person is very likely to begin or continue having intercourse with or without contraceptive treatment;
- unless he or she receives contraceptive advice or treatment, the young person's physical or mental health or both are likely to suffer;

The British Medical Association's ethics department, together with the other interested bodies, has issued *Confidentiality and people under 16*, guidelines which state the legal position and give general advice for GPs but also cover immature patients, exceptional circumstances and breach of confidentiality.

The DfES SRE Guidance 2000 states that trained teachers can also give pupils – individually and as a class – additional information and guidance on where they can obtain confidential advice, counselling and, where necessary, treatment.

It is essential for teachers to work within the values stated in their school policy; they should not air their own opinions or prejudices about certain contraceptives. It is also important for them to be up to date on recent developments related to contraception, particularly emergency contraception, and aware of local services. This information is available from the Cornwall and Isles of Scilly Primary Care Trust, school nurses may be able to help and the Sexual Health Outreach worker at the Health Promotion Service has produced a series of useful guides to services by district. The eefo website www.eefo.net/ is also an excellent source of information about services for young people (and a good reference for the rest of us!).

-
- the young person's best interests require the health professional to give contraceptive advice, treatment or both without parental consent.

Family life and cultural diversity

The SRE programme in schools needs to recognise the wide range of family backgrounds and cultural diversity present in both local and wider communities. The images in the resources for the programme should reflect this. A group agreement should be established and used, for example, to challenge racist or homophobic comments. Teachers will need to consider how they will manage difference in, for example, beliefs and culture, by presenting balanced material in accordance with the school's SRE policy and promoting a recognition and acceptance of diversity.

The importance of marriage and family life is stressed in the DfES SRE Guidance 2000. Pupils should be taught about the nature and importance of marriage for family life and bringing up children. However, the guidance recognises that there are strong and mutually supportive relationships outside marriage and that 'teaching needs to be sensitive so as not to stigmatise children on the basis of their home circumstances'.

It is important for schools to understand the broad range of experiences that children and young people have of family life, to be sensitive to them and to ensure that they are reflected in displays and teaching activities. For example, an activity about the family and who we look like in our family may be very difficult for an adopted child. A happy and caring family life can happen in a wide variety of settings. Equally any form of 'family' can be a source of oppression. The broad range of experiences that children and young people have of family life may include one or more of the following:

- living in nuclear or extended family groupings;
- living in single parent families;
- living with an adoptive family;
- living with lesbian, gay or bisexual parents/carers;
- living as refugees;
- living in poverty and deprivation;
- living in a family in which they are the main carer;
- living with siblings or relatives other than parents;
- living between two homes;
- living in foster homes;
- living in residential homes;
- living in a home where there is domestic violence
- living with parents/carers/relatives/siblings who for example, are abusive, have mental illness or have learning difficulties.

It is important that pupils and students understand the responsibilities and commitment involved in child-rearing and the impact that parents and carers have on child development. This awareness can begin in primary schools with a parent bringing a new baby into the classroom and the children being given an opportunity to discuss what this baby may need. The OfSTED report *Sex and relationships* recommended that more attention should be given in secondary schools to education about parenthood. Teaching about family life could include:

- learning the value of family life, marriage, stable and loving relationships for the nurture of children
- opportunities to explore and value the range of families in society
- discussion about the roles and feelings of parents and carers
- teaching about the role and responsibilities of a parent and the qualities of good parenting
- opportunities to explore the impact of separation, divorce, step-families, bereavement and illness on families and how to adapt to changing circumstances
- information about where families can get support
- encouraging pupils to seek support from family members.

Gender issues

Research has shown that boys receive less information and support at home from parents and carers about SRE⁴⁶.

“SRE is all about girls”⁴⁷

The broad programme should be developed, taught and organised in mixed gender groups so that SRE is not isolated within the whole curriculum. It is important that boys and girls are encouraged to communicate with each other and so develop understanding and empathy for alternative points of view including the preference to delay or not have sex at all. Research tells us that poor communication within relationships is a major hindrance to the adoption of safer sexual practices.

However, it is necessary to create opportunities for single gender group work to address the different needs of girls and young women and boys and young men. It may also be important to give them space to explore issues that may be difficult in mixed groups. Research and young people themselves tell us that there are gender differences in attitudes, beliefs, feelings and peer pressure around sexuality and early sexual experiences.

SRE programmes should focus as much on boys as girls at primary level as well as secondary. Teachers need to plan a variety of activities and other pastoral strategies that will help to engage boys as well as girls. These include matching boys' learning styles and giving attention to boys' development during puberty; friendship issues especially around transition to secondary school; self-esteem, identity and stereotyping and its links with homophobia and the difficulty boys have in seeking help. Teaching methods that work particularly well with boys include the use of distancing techniques and those that deal more directly with the boys' agenda and show awareness of their particular concerns.

The underpinning issues for girls are self-esteem and the low aspirations of some girls and young women. Girls can experience more problems related to depression and anxiety than boys and some feel they have less power than boys to determine sexual practice or whether to have sex at all. Girls can be under pressure from the media and friends to develop a perfect body image, which can be highly sexualised. Teachers need to include activities that develop positive friendships between girls, interrupt patterns of low self-esteem and offer supportive strategies and links with health services around the issues of menstruation, body image and contraception.

⁴⁶ From Boys own, Blake, S. and Brown, R., 2005.

⁴⁷ Y8 pupil (boy) speaking about PSHE at HS National Conference November

HIV/AIDS, sexually transmitted infections and sexual health

Some background

Sexually transmitted infections (STIs), including HIV, remain one of the most important causes of illness due to infectious disease among young people. STIs can cause long-term fertility problems, long-term illness or even death.

The age group most at risk of being diagnosed with an STI are young people aged 16-24. They accounted for 65% of all Chlamydia, 50% of genital warts and 50% of gonorrhoea infections diagnosed at Genito Urinary Medicine (GUM) clinics in 2007⁶⁶.

Recent trends have been for substantial increases, for example between 1997 and 2006 the largest increases were for Chlamydia (166%), gonorrhoea (46%) and syphilis (1607%)⁶⁷. The rises were steepest in 16-19 year-olds.

Increases can be attributed to several factors including increased transmission, but also increased awareness, increased levels of testing and better testing.

(There is a very good Chlamydia Screening Service in Cornwall & IOS which works in schools, colleges and the wider community. They organise testing, treating and information on chlamydia screening and other STIs. 01209 881 727 <http://www.cornwall.nhs.uk/chlamydia>)

Teaching about STIs in SRE

Primary school science lessons will explore the transmission of illnesses and diseases. There is also reference to teaching about hygiene and infection transmission and control in the PSHE non-statutory guidelines. This will include reminding even very young children not to touch someone else's blood as this could make them ill. In Key Stage 2, pupils may be told that infections and diseases can be passed from one person to another through sexual contact and that condoms can be used to protect from these infections. Teachers may be asked questions about HIV or go on to provide definitions of HIV and AIDS and the methods of transmission.

There are HIV infected children and young people attending school and schools need to recognise that there is no legal obligation for them to be told of the HIV status of any of their pupils or students. Consequently, schools need to have good health and safety procedures securely in place.

Young people need to be aware of the risks of contracting an STI and how to prevent it. Although the emphasis in SRE should be on preventing infection by abstaining from or delaying sexual activity and on teaching the reasons for safer sex, students also need to know about the diagnosis and treatment of STIs.

⁶⁶ Source Sexually transmitted infections and young people in the United Kingdom: 2008 report, Health Protection Agency, London 2008

⁶⁷ Sexually transmitted infections, Factsheet, fpa, London, August 2008

The OfSTED report *Sex and relationships* states that teaching about HIV/AIDS is receiving less attention than in the past despite the fact that it remains a significant health problem and it recommends that the coverage of HIV/AIDS is enhanced. Teaching about HIV/AIDS and STIs at **secondary** school level should include:

- an examination of young people's attitudes, values and their responsibility towards self and others
- providing information about the routes of transmission, symptoms and treatment for STIs and HIV/AIDS
- an understanding of which behaviour is risky and which is not
- developing student skills to avoid being pressured into unwanted or unprotected sex
- practice and development of condom skills and knowledge about where to access condoms
- developing student awareness of the impact of drinking and/or drug use on safer sexual practice
- provision of information about local services which provide diagnoses and treatment for STIs and
- opportunities to explore and challenge some of the ignorance, myths and prejudices about HIV and AIDS.

Secondary SRE could also provide knowledge and information about other health issues related to the sexual and reproductive organs such as:

- providing knowledge about other infections that affect the sexual organs, but are not necessarily sexually transmitted such as Candida (thrush) and cystitis
- discussing the importance of self-examination for early detection of breast and testicular cancer
- discussing the possible link between early sexual activity in young women and cervical cancer
- discussion of the need for women to have smear tests, starting in their early twenties
- and discussion of issues around infertility, miscarriage and impotence.

Sexuality

“It is up to schools to make sure that the needs of all pupils are met in their programmes, young people, whatever their developing sexuality, need to feel that SRE is relevant to them and sensitive to their needs...teachers should be able to deal honestly and sensitively with sexual orientation, answer appropriate questions and offer support⁵⁰. There should be no direct promotion of sexual orientation.” The DfES SRE guidance 0116/2000

Schools are ideally placed to teach pupils about sexual orientation and how to challenge homophobia, as they make a significant contribution to the development of values and attitudes in young children that are likely to be resistant to change in adulthood. SRE teaches young people to understand human sexuality and to respect the sexual orientation of others.

Including sexuality in the SRE programme

The content of SRE should be inclusive, so that all young people’s needs are met, whether they are heterosexual, homosexual or bisexual. Assumptions should not be made that all young people are or will be heterosexual or that they come from families with heterosexual parents. Specific lessons should be concerned with exploring and challenging prejudice and homophobia. At secondary school level reference should be made in SRE policies as to how SRE will address the needs of lesbian, gay, bisexual and unsure young people and challenge homophobia. In addressing issues related to sexuality in the policy, sensitive consultation with governors, parents/carers, and staff is a prerequisite.

“There are no, and never have been any, legal barriers to teachers and staff discussing issues around sexual orientation in the classroom and responding to, and preventing homophobic bullying” *Homophobic bullying: safe to learn*, DCSF, 2007

At primary level

The focus in the SRE programme is on building self-esteem and respect for self, valuing caring, loving and healthy relationships and avoiding prejudice and discrimination. Different families will be discussed, including those with same sex parents, and the fact that some people form same sex relationships will be acknowledged.

New guidelines (see below) mean that schools must be open to discuss same sex relationships with children when required. This does NOT mean ‘promoting’ homosexuality; it means that discussion takes place *when needed*, at a level appropriate for the child.

⁵⁰ Teaching about sexuality can cause anxiety for teachers, parents and carers. Some of this anxiety has come about from the infamous Section 28 of the Local Government Act 1988, repealed in November 2003. Although Section 28 never applied to schools, it still casts a shadow and many have been confused as to what they can and cannot say about sexuality. Schools also felt hampered in their ability to tackle homophobic bullying. As the SRE Guidance makes clear, teachers are free to discuss sexuality and homophobia with their students in the classroom.

Secondary SRE should include

- discussions about sexual identity and orientation
- developing an understanding that sexuality is an important part of an individual's personality, but not necessarily a defining part
- opportunities to begin to gain an understanding of the nature of sexuality, particularly during a period when they themselves are unsure about their own developing sexual identity
- information about the age of consent for heterosexual and homosexual intercourse
- discussion of issues related to 'coming out'
- developing tolerance and empathy towards people who are different
- opportunities to challenge prejudice and discrimination
- and reference to local and national services that can support young lesbians, gays and bisexuals.

Homophobia

A recent study by Stonewall (*The School Report: the experiences of young gay people in Britain's schools*, Stonewall, London, 2007) found that 80% of secondary school teachers were aware of verbal homophobic bullying and 25% were aware of physical homophobic bullying in their schools. Just 6% of schools have fully inclusive anti-bullying policies which address homophobic bullying.

Homophobic bullying makes schools unsafe for those teachers and pupils who are lesbian and gay; it also supports a value system that is based upon injustice and oppression.

Both primary and secondary schools need to be able to deal effectively with homophobic bullying *including the apparently 'trivial' "that's gay" or "you're gay"* and homophobia and homosexuality should be addressed in the whole school bullying and equal opportunities policies.

Since April 2007 all schools in England have been legally required to teach pupils about how to deal with homophobic bullying as part of the curriculum.

The DCSF has recently produced *Homophobic bullying: safe to learn*, guidance which provides school governors, heads, teachers and other staff with information about how to prevent and respond to homophobic bullying. It gives comprehensive advice and information about policy work and practical advice for school staff.

The Equality Act (Sexual Orientation) Regulations 2007: Discrimination on Grounds of Sexual Orientation came into force in April 2007. For details on how the legislation affects schools, visit www.teachernet.gov.uk/wholeschool/equality/sexualorientation/regulations2007.

No Outsiders Project

The No Outsiders research project aims to challenge homophobia and create more inclusive primary school environments through the positive uses of stories, books, drama and the visual arts. The project is also developing supportive guidance for schools and offers materials to assist with policy development.

For more information about the project and the very good stories being used visit the No Outsiders website www.nooutsiders.sunderland.ac.uk/

The project website also has a very good list of FAQs entitled “Why address homophobia in primary schools?”.

Anti Bullying Cornwall

ABC is now called **Cornwall Anti-Bullying Harassment Services Consortium** (CABHSC) and now provides support for dealing with racial and homophobic bullying in schools, including managing incidents and providing training or workshops.

Tel: 01209 202680

email: abc@vscornwall.co.uk

Over three quarters of primary age children identify the use of the word ‘gay’ as a way of attacking or making fun of someone. (NSPCC / Childline)

Lesbian, gay, bisexual and transgender-(lgbt)-young-people

For more information about the specific needs of pupils in these groups see:

<http://www.cypf.csip.org.uk/social-inclusion/social-inclusion/lesbian-gay-bisexual-and-transgender-lgbt-young-people.html>

Unwanted teenage pregnancy

First of all let's accentuate the positive ... more than two thirds of under 16s do not have sex, less than 1% get pregnant and most teenage girls reach their twenties without getting pregnant.

This is an important message to get across when recent research by Brook found that 95% of people, and especially young people, wildly overestimate the rates of teenage pregnancy. This is important because this fuels a sense that 'everybody's doing it' and sex and teenage pregnancy is the 'norm'.

However despite excellent progress in recent years:

The UK has the highest teenage birth and abortion rates in Western Europe⁵¹

Since 1998 when the government set up the Teenage Pregnancy Unit⁵² there has been an overall decrease for under 18s in England of 13.3% and 13% decrease for girls under 16 (based on 2008 provisional figures). In Cornwall and the Isles of Scilly rates are down by 18.4% (based on 2006 figures)⁵³.

Teenage pregnancy is often both a consequence of social exclusion and a cause of it. Teenage parents tend to have poor antenatal health, lower birth weight babies and higher infant mortality rates. They tend to remain poor.

Groups who are more vulnerable to becoming teenage parents include those

- who are living in poverty
- who are in care or leaving care
- who have truanted or been excluded from school
- whose mother was a teenage mother
- who are underachieving at school
- who have low aspirations
- who have not been in education, training or work post 16
- who suffered sexual abuse in childhood
- who have been involved in crime or antisocial behaviour
- or who have mental health problems.

Young women living in socially deprived areas are less likely to opt for an abortion if they get pregnant.

⁵¹ Teenage pregnancy, factsheet, fpa, December 2007

⁵² The Government's strategic work to prevent unintended teenage pregnancy now falls under the Every Child Matters agenda www.everychildmatters.gov.uk/teenagepregnancy/

⁵³ source ONS and Teenage Pregnancy Unit, February 2008

What works in preventing unwanted teenage pregnancy?

- The existence of a discrete, credible, highly visible, young-people-friendly sexual health and contraceptive advice service, with a focus on health promotion as well as reactive services
- ***Strong delivery of SRE/PSHE by schools***
- Targeted work with at-risk groups of young people, particularly looked-after children
- Workforce training on sex and relationship issues within mainstream partner agencies
- A well resourced Youth Service, with a clear remit to tackle big social issues, such as young people's sexual health
- Support to teenage parents to avoid unwanted second pregnancies

Deep Dive Survey (Teenage Pregnancy Unit)

Schools, **both primary and secondary**, have an important role to play in helping to tackle unwanted teenage pregnancy and in supporting young people who have children, including teenage fathers, to overcome the difficulties they face, especially in trying to help them stay in education and achieve to their full potential.

The Teenage Pregnancy Unit and others with a strong interest in reducing unwanted teenage pregnancy have put the Healthy Schools Programme at the heart of delivering better SRE and PSHE.

A high priority should be given to PSHE in schools, with support from the local authority to develop comprehensive programmes of SRE in all schools.

Improving PSHE

"We ... want all young people – both boys and girls – to have access to high quality information about sex and relationships and support to develop the skills, confidence and appropriate values framework they need to make and carry through positive choices, including a strong focus on the benefits of delaying early sex. Evidence from practice suggests that strong PSHE, active citizenship and pastoral care can improve engagement with learning through building self-esteem, emotional development, reducing bullying and improving behaviour – as well as helping to tackle key health issues such as teenage pregnancy and substance misuse. We have signalled the importance of PSHE through its inclusion in the mandatory requirements of the Healthy Schools Programme. ... All schools will either be a healthy school or working towards Healthy School Status by 2009"⁵⁴.

The Teenage Pregnancy Independent Advisory Unit⁵⁵ (TPIAG) continues to call for PSHE to be made statutory and recognises the important role Healthy Schools have to play in delivering high quality PSHE and SRE.

⁵⁴ From Teenage pregnancy: accelerating the strategy to 2010, DfES, London 2006

⁵⁵ Annual Report 2007/08, TPIAG, c/o The Teenage Pregnancy Unit, London 2008

In the Cornwall Healthy Schools Programme we are working to and exceeding all the guidance currently set out for healthy schools TPU and TPIAG, including, for example, the inclusion of the *Are You Getting it Right?* toolkit⁵⁶ as part of our audit, the introduction of the **Speakeasy** programme for parents and an increased focus within the review and revalidation process on the needs of children in care. Our innovative work on Healthy Schools Plus will focus on teenage pregnancy and SRE as one of its key areas.

“The way forward is through the National Healthy Schools Programme, which reflects practice proven to be effective in four inextricably linked themes: PSHE, Healthy Eating, Physical Activity and EHWP”⁵⁷.

⁵⁶ see resources section

⁵⁷ Teenage pregnancy and reproductive health, Royal College of Obstetricians and Gynaecologists, RCOG Press, London, 2007

Resources

Introduction

It is important that the resources used are appropriate for the school's SRE programme, ethos and context.

A checklist (see below) should be used to support the selection of resources and the following format is based on one originally developed by the Health Education Authority.

Some example resources

Here is a selection of resources. This list contains resources that have been well received by schools. They contain many activities recommended as good practice, however, no resource could ever be recommended in its entirety for all schools. It is important therefore that schools note the more explicit nature of some material and select resources and activities within them that are appropriate to the needs of particular pupils and are consistent with the SRE programme and policy.

This list of resources will be expanded and kept up to date in the online interactive version on our website.

There is an excellent list of resources available to download from the National Children's Bureau's Sex Education Forum website at www.ncb.org.uk/sef

Checklist for selecting resources for SRE

Good practice principles	Yes/No
Are the underpinning values and beliefs clearly stated and are they consistent with your agreed policy, course aims and objectives and values framework?	<input type="checkbox"/>
Does it conform to the legal requirements for SRE?	<input type="checkbox"/>
Is it factually correct and up to date?	<input type="checkbox"/>
Is it appropriate to the needs of your pupils in terms of language, images, attitude, maturity and understanding and the knowledge required?	<input type="checkbox"/>
Do activities cover a range of teaching and learning styles?	<input type="checkbox"/>
Is there guidance on evaluating activities?	<input type="checkbox"/>
Does it avoid racism, sexism, gender and homophobic stereotyping? Does it exclude any young people on the basis of home circumstance, gender, race, literacy, culture, faith and religion?	<input type="checkbox"/>
Do the materials take account of religious, cultural, physical diversity and special educational needs?	<input type="checkbox"/>
Does the material suggest ways of involving parents in SRE?	<input type="checkbox"/>
Has the material been developed in consultation with pupils and teachers and has the effectiveness been evaluated?	<input type="checkbox"/>
If you have used this resource before, what formal or informal feedback did you receive from young people about it?	<input type="checkbox"/>
Does the material include guidance on the knowledge and skills needed for effective delivery and help build teacher confidence?	<input type="checkbox"/>
Teaching and learning	
Does the material outline processes for establishing a safe learning environment?	<input type="checkbox"/>
Is active learning promoted?	<input type="checkbox"/>
Are discussion and reflection encouraged?	<input type="checkbox"/>
Do the activities cover the development of knowledge, skills and attitudes?	<input type="checkbox"/>
Is the content differentiated and can it be adapted for use with particular groups of pupils?	<input type="checkbox"/>
Is the content factually accurate and balanced?	<input type="checkbox"/>
Are there instructions on how to use the resource? Are they clear? Is the information for pupils distinguishable from that for teachers? Are there any photocopiable handouts which can be used to reinforce the learning?	<input type="checkbox"/>
Are learning outcomes clearly stated?	<input type="checkbox"/>
Are learning outcomes sufficiently challenging?	<input type="checkbox"/>
Is guidance given on assessing learning outcomes?	<input type="checkbox"/>
Is the content appropriate to the needs of pupils in terms of language, images, attitude, maturity, understanding and knowledge required?	<input type="checkbox"/>
Does it avoid racial, sexist, and gender stereotyping?	<input type="checkbox"/>
Does it include positive images of a range of people and will the imagery and language appeal to pupils?	<input type="checkbox"/>
Curriculum issues	
Does it contribute to broad and balanced PSHE and citizenship provision?	<input type="checkbox"/>
Does the material say how it covers statutory and non-statutory learning outcomes?	<input type="checkbox"/>
Does the resource support continuity and progression across Key Stages and curriculum subjects?	<input type="checkbox"/>
Can the material be adapted to differing curriculum models and school timetables?	<input type="checkbox"/>

General resources, key guidance and background documents

The majority of these resources are linked to our website www.cornwallhealthyschools.org or available to download from it.

An audit tool for SRE, Waddington, M., Lancs CC A good simple starting point for assessing SRE against the whole school approach (using slightly different headings)

Education for all: tackling homophobia in schools, Hunt, R. and Jensen, J., Stonewall, London 2008. Further to the findings of *The School Report* this is a short guide to what schools can do to help tackle homophobic bullying. It includes ten things that schools can do to create an inclusive culture.

Homophobic bullying: safe to learn: embedding anti-bullying work in schools, DCSF, London, 2007. This guidance provides school governors, heads, teachers and other staff with information about how to prevent and respond to homophobic bullying.

Positive guidance on aspects of PSHE, Da Silva, S and Blake, S. National Children's Bureau 2006. A superb guide to positive PSHE and active learning methods including role play and drama.

Self evaluation for PSHE, Waddington, M., Lancs CC. A good simple starting point for assessing PSHE against the whole school approach (using slightly different headings)

Sex and relationship education guidance, DfEE 0116/ 2000

Sex and relationships, Office for Standards in Education, 2002

Stand up for us: challenging homophobia in schools, National Healthy Schools Programme, DfES/DH, London 2004. This is a superb resource to help schools challenge homophobia using the Healthy Schools whole school approach to develop a safer environment.

The School Report: the experiences of young gay people in Britain's schools, Hunt, R. and Jensen, J. Stonewall, London 2008. This report gives the disturbing findings of research into the daily realities of homophobic bullying in schools.

Teaching and learning about HIV: a resource for Key Stage 1 to 4, Blake, Simon and Power, Paula, National Children's Bureau with the Sex Education Forum, London, 2003.

The Body Board and Emotions Pack. Key Stage 2, 3, 4 & Special Needs. This resource contains two linked boards, pens and lesson plans. The Emotions Pack includes a large selection of stunning add-on illustrations that are colourful and fun to use. Facial expressions, an assortment of male and female hair and thought bubbles with metaphors are just some of these. The resource helps teachers facilitate class discussion about sensitive issues, such as bullying, transition, puberty and many more. It encourages pupils to identify and explore a range of emotions and it is of particular benefit to pupils who may find it difficult to express themselves verbally. It can be used with additional packs e.g. the Sex Education Pack (Key Stage 2, 3 & Special Needs) and helps you and your pupils explore male and female puberty and body changes. It also includes activities on sexual behaviour, appropriate and inappropriate touch. <http://www.headonltd.co.uk/index.htm>

Time for change? Personal, social and health education, Office for Standards in Education, 2007

We want more! What YP want from SRE, A Charter for Change, SEF, London, 2008

The National Healthy Schools Programme Support Material ring binder contains all the booklets published by the programme. Listed here are those with relevance to this guidance. All the booklets are also available as Adobe Acrobat files downloadable from the national Healthy Schools website, or from our website www.cornwallhealthyschools.org

Anti-bullying: guidance for schools, National Healthy Schools Programme, 2008

Engaging parents and carers: guidance for schools, National Healthy Schools Programme, 2008

Guidance for schools on developing emotional health and wellbeing, National Healthy Schools Programme, 2007

Outcomes, National Healthy Schools Programme, 2007

PRUs achieving National Healthy Schools Status, National Healthy Schools Programme, 2008

Whole school approach to the National Healthy Schools Programme, National Healthy Schools Programme, 2007

Values Pyramid: SRE, an activity pack to encourage exploration of values-based issues. Suitable for adults and young people. Could be a good activity for staff INSET, work with governors or parents and carers.

Primary resources

Check out the bare facts: boys

Check out the bare facts: girls

These puberty leaflets aimed at upper KS2 are for use in supporting sex education lessons. They cover body changes, spots, periods, erections, etc.

QCA PSHE key stages 1 and 2 SRE scheme of work

http://www.qca.org.uk/qca_7203.aspx

Unit 1 Special people

Unit 4 Support networks

Unit 5 How the body works and changes in puberty

Birth, care and growth, BBC Educational Publishing, 1999, ISBN: 0563465077. This video has three programmes for KS1 pupils that explore what it means to grow up. There is an accompanying forty-page teacher book with activity sheets and posters.

Growing up, BBC Educational Publishing, 1999, ISBN: 0563465484. This video for upper primary children looks at physical changes and emotions during puberty and changing relationships with family, friends and peers. There is an accompanying resource pack.

It's different for me: a resource for Key Stage 2 Sex and Relationships Education supporting the literacy hour Classroom texts, teacher's guide, CD and website

www.itsdifferentforme.org The guide provides over 50 ideas for literacy work and includes SRE issues for discussion.

Laying the Foundations: SRE in primary schools, Martinez, Anna and Cooper, Vanessa, NCB, 2006.

This is the **best resource available to support primary SRE**; it covers every area you'll need to know about. Highly recommended.

Living and Growing, Channel 4 Learning, 1999, ISBN: 1862155151, 186215516X, 1862156824.

This series of three videos with accompanying workbooks provides the basis for an SRE programme for key stage 1 and key stage 2. The videos use a mixture of animation, child presenters and 'experts' in an accessible and entertaining way to cover the biological aspects of primary SRE education as well as providing opportunities to build self-esteem, to value difference, and to develop positive relationships and discuss key issues. The videos are explicit in places and opportunities should be provided for teacher training about the issues raised. The workbooks provide useful support materials that can be adapted as appropriate. There is also a video for teachers, parents, and carers called Primary Sex Education. As usual, parents should be involved in discussions about the programme including use of this video.

Personal, social, health and economic education, primary phase: scheme of work, Lancashire County Council, Learning Excellence, 2008

R Time to support SEAL, Sampson, Greg. Contains 168 R Time and extension activities matched to the seven SEAL themes, for all ages from nursery to Year 6. Available through www.rtime.info

Rollercoaster: a game exploring the ups and downs of puberty, Centre for HIV and Sexual Health, Sheffield, 2001. Resource pack offering a fun series of exercises looking at the issues around puberty for Years 5 to 8.

Sex and relationship education, BBC Whiteboard Active series, BBC, 2008. This resource uses BBC video along with pictures, audio clips, discussion prompts and interactivity to help children learn, think and talk about sex and relationships.

Sex and relationships education: a step-by-step guide for teachers, Blake, S. 2002. Draws together the best available practice to support teachers in developing policy and classroom practice.

Something else, Cave, K. and Riddle, C., Puffin Books, 1995. Can be used in primary PSHE to look at differences and friendships.

Talking with children about illness and HIV, Children With AIDS Charity. Explains clearly and sensitively why talking with children about HIV and illness is important and provides examples of questions children and young people have, together with ways of answering them.

PSHE strategies and skills, (Series editor Hilary Dixon) A series of books for teachers containing guidance and a range of activities. Includes "Active Learning"; "Body Image"; "Family, Friends and Relationships", Me and Us Limited, 2007

Good As You. Supporting schools to tackle homophobic bullying and gay issues An INSET package on CD Rom to support schools wishing to address gay issues, tackle name calling and homophobic bullying. Lancashire County Council.

All Change Girls / All Change Boys – simple leaflet about puberty from the Centre for HIV and sexual health.

Growing up and Keeping Safe. A Sense interactive CD for Key Stage 2

Designed to promote development of effective work in PSHE under the 5 headings of the Every Child Matters outcomes. Lots to do and explore and will provide much material for PSHE lessons over the key stage including work on SRE.

The Christopher Winter Project

The Christopher Winter Project (CWP) is a training and consultancy company. Established in 1995, CWP has extensive experience of providing excellent quality sex and relationships education (SRE) for young people in schools, colleges and informal settings.

In-class training – improving SRE, increasing teacher confidence

The CWP empowers teachers to deliver high quality sex and relationships education. We model teaching approaches in the classroom and provide teachers with:

- planning support
- team-teaching
- coaching
- schemes of work
- model lesson plans
- innovative resources
- evaluation and assessment

Our aim is to improve the quality of SRE by increasing teacher confidence in planning, delivery and assessment.

CHSP have heard good things about and are very interested in this project. We would like to explore how we could perhaps offer this support for schools taking part in the Healthy Schools Plus programme - contact us for more information

TCWP have also produced some really good resources

Modelling SRE. In-class training for teachers.

A DVD explaining the TCWP approach and following the experiences of 3 teachers going through the training.

Teaching SRE with Confidence CD Rom

A compilation of lessons, resources and whiteboard materials for Years 2 - 6 on a CD-ROM: Teaching SRE with Confidence. All the materials are mapped against National Curriculum framework for [PSHE](#) and National Curriculum [Science](#).

The resource contains:

- schemes of work for each year
- assessment ideas and activities
- whiteboard resources
- guidance on teaching SRE

More information at www.tcwp.co.uk/

Books for the school library, to read with primary pupils or to loan to parents

This is just a small selection of the titles available. Large bookshops often have a good range and these can be chosen to suit the needs of the pupils and parents at individual schools.

Billy and the baby, Bradman, T. and Breeze, L., Harper Collins, 1997. A good book to use to look at family changes when a new sibling appears and as an introduction to where babies come from.

Hair in funny places, Cole, Babette, 2001. A wise teddy bear called Ted provides information to a girl who wants to know when she will be grown up. In picture book format this book crosses the divide between a book for the young and informative light relief for the older child. Suitable for age 6 and over.

How did I begin? Manning, M. and Granstrom, B., Franklin Watts, 1997, ISBN: 0749624213. This is a warm friendly introduction to the facts of life for young children.

Let's talk about where babies come from, Harris H. R. and Emberley, M., Walker Books, 1999, ISBN: 0744540844. Approved by the fpa, this book answers the many questions most children have about babies, bodies, love, sex and reproduction. Suitable for ages 8 to 12.

[Let's grow with Nisha and Joe](#), fpa 2008. *Let's grow with Nisha and Joe* is a new, colourful 12-page comic which introduces 6–7 year-olds to the idea of identity, and physical and emotional development. It is designed to help teachers and parents/carers talk with children about growing up, and to help them understand the differences between girls' and boys' bodies in a relaxed and fun way. Topics covered include naming the main parts of the body, the differences between boys' and girls' bodies, the importance of family and friends, caring for each other and keeping safe.

Let's talk about sex: growing up, changing bodies, sex and sexual health, Harris, Robie H. and Emberley, Michael, Walker Books, 2004, ISBN: 9781844281749. Approved by the fpa, this book is illustrated throughout with witty but always accurate cartoons. It tells pre-teens what they need to know about sex. Suitable for ages 10 to 14.

Mummy Laid an Egg! Cole, B., Random House, Red Fox Edition, 1998, ISBN: 099299119. An amusing tale with children explaining the facts of life to their parents.

Where did I come from? A first look at sex education, Llewellyn, C. and Gordon, M., Wayland Publishers, 1998, ISBN: 0750223332. This book tells young children how they were made and how parents prepare for and look after a newborn baby.

Where Willy went: the big story of a little sperm, Allan, N., Hutchinson, 2004, ISBN: 9780091892951. Willy is a sperm. He lives inside Mr. Brown. The trouble is, Willy is one of 300 million sperm and they all want the same prize: an egg. The egg is inside Mrs Brown; to get it, he must win a race against the other 299 million sperm. Join Willy on his quest for the ultimate prize and find out where he went. Funny, warm, endearing and totally non-threatening, this small masterpiece from Nicholas Allan presents the facts of life to young children in a unique but totally accessible way. It is a godsend for any parent faced with awkward questions.

Wise guides: periods Owen, C., Hodder Children's Books, 1995 ISBN: 0340636041. This guide is informative and easy to read. Other titles in the *Wise guides series* include *Drugs* and *Sex*.

www.sresources.co.uk/ Some resources on this list are more up to date than others...

Secondary resources

QCA Sex and Relationships Units of Work

http://www.qca.org.uk/qca_7203.aspx

Unit 8 Bullying

Unit 9 Healthy friendships and relationships

Unit 11 Relationships: making healthy choices

Unit 12 Sexuality

National Curriculum 2007

Science Programme of Study for KS3 and attainment targets

Science Programme of Study for KS4 and attainment targets

www.qca.org.uk/curriculum

A practical approach to strengthen a school's anti-bullying programme: tackling diversity and sexuality KS3 and 4: new resource to reduce homophobic bullying in schools, Northamptonshire County Council. The pack contains a guide to delivery, guide sheets for staff and parents, 250 student leaflets, a teaching pack and a DVD.

Sex and Relationships Education a Sense interactive CD Rom for Young People aged 14-16. The CD-Rom responds to explicit demands of YP and parents and those who work with them by offering clear, honest information and practical advice and support on aspects of SRE.

Abortion: whose choice? Education for Choice, 1999. This provides ten factsheets on a range of topics relating to abortion as well as a booklet for teachers containing classroom exercises and guidance. There is also a 20 minute video for 14-18 year-olds which deals with the law in Britain, the situation in Britain prior to legalisation, religious views, public opinion and legal restrictions.

Girlpower: how far does it go? Adams J., Sheffield Centre for HIV and Sexual Health, 1997, ISBN: 0953189805. This is an excellent resource with activities aimed at building self-esteem in young women. Some activities could also be used in mixed groups or adapted to suit work with young men.

Go girls! Supporting girls' emotional development and building self-esteem Adams J., Sheffield Centre for HIV and Sexual Health, 2002. This handbook of practical approaches for supporting girls' emotional development and building self-esteem develops the work of *Girlpower* and is an important contribution to the theory and practice of girls' emotional development and how to support their sense of positive self-worth.

Boys Own, supporting self-esteem and emotional resourcefulness. A training pack for those working with boys and young men, Blake, S. and Brown, R. CHIV, 2005, ISBN: 0-9531898-3-X

Teentalk: parents and young people communicating about sex and relationships: training for those who work with parents, carers and young people, fpa, 2002, ISBN: 1899194428. This publication is based on the fpa's two-day Teentalk Roadshow. It gives an outline of how

the roadshow was developed and delivered and provides practical information for those seeking to develop similar workshops.

The weird and wonderful world of Billy Ballgreedy, Crozier, M., fpa, 2000, ISBN: 1899194223. Video and training manual that aims to help young men explore issues around sexual health and sexuality.

Drunk in charge of a body? Fraser, J., Brook Publications, 2000, ISBN: 0946168164. Aimed at young people aged 13 and over. Supports work on personal relationships, sexual health, risk-taking, drugs and dependency.

Understanding contraception: a teaching pack on contraception and relationships, Went, D., Brook Publications, 1998, ISBN: 0946168148. Aimed at 14-16 year-olds and supports work on contraception, fertility and accessing services.

Infection protection: teaching about sexually transmitted infections, White, S., Brook Publications, 1997, ISBN: 094616813X. Aimed at 13-16 year-olds and supports work on sexually transmitted infections, relationships, fertility and services.

4boys 4girls – talking with young people about sex and relationships, fpa / Comic Company, 2001, ISBN: 1 899194274. This manual develops the themes and ideas of fpa's range of leaflets for young people. It uses a variety of techniques including drama, quizzes and cartoons, to explore issues around puberty, sex and relationships, contraception, abortion and sexually transmitted infections.

Zoom in! Marie Stopes International, 2008, (CD Rom and booklet). This education pack covers PSHE, Citizenship and Philosophy and Ethics within RE. It is a creative photographic project for young people to explore love, sex, and relationships wherever they live in the world. Young people throughout the world were encouraged to explore sexual health issues and express their concerns through photographs. It is an impressive well-planned resource with excellent support materials.

Other resources

Contraceptive display kit
fpa, 2001 Includes samples of contraceptives, training manual, leaflets and a condom demonstrator.

Safex condom demonstrators
fpa sales

Fpa recommended leaflets

4Boys: a below the belt guide to the male body,
4Girls: a below the bra guide to the female body,
Abortion: just so you know,
Is everybody doing it? Your guide to contraception,
Love S.T.I.N.G.S: A beginners guide to sexually transmitted infections,
Periods: what you need to know
Is this love? Designed to help young people identify, and protect against, abusive behaviour.

Special School resources

Teachers in special schools will be aware that given the particular needs and abilities of their students, many resources recommended here will be more explicit than those for mainstream schools. This will be particularly true for those with severe learning difficulties who may have little or no literacy and little understanding of boundaries of appropriate or inappropriate behaviour.

The National Children's Bureau, Sex Education Forum, have produced an excellent factsheet (no. 32) entitled *SRE for children and young people with learning difficulties*, SEF, London 2004, www.ncb.org.uk/sef

Jiwsy: a pick 'n' mix of sex and relationships education activities, Mel Gadd and Jo Hinchliffe, fpa 2007. Jiwsy is an fpa community education project delivering sexual health and relationships education to groups of vulnerable young people in community settings throughout North Wales. It has been running since 2002. Jiwsy works with a wide variety of vulnerable young people, frequently adapting existing exercises and creating new activities to meet their varied needs. This book collates a selection of SRE exercises based on Jiwsy work.

"How it is", NSPCC, <http://www.howitis.org.uk/>

"How it is" is an image vocabulary for children about feelings, rights and safety, personal care and sexuality, developed to help them communicate about a range of important issues. "How it is" was developed by Triangle and funded and supported by the NSPCC.

ASDAN offers a wide range of awards for young people of all abilities to recognise and reward their skills as they complete 'Personal Challenges' in such areas as sports, healthy living, community involvement, work experience, expressive arts, relationships, citizenship, personal finance and enterprise. The awards can be achieved in a variety of educational, training, employment, youth and community situations. They are:

- flexible, activity-based programmes
- supported by a framework of assessment for personal and social skills.

ASDAN Sex and Relationships Education award

The ASDAN Sex and Relationships Education award has been produced in partnership with the NCB Sex Education Forum. It accredits thirty hours of activity aimed at increasing young people's awareness of, and confidence to deal with, relationships and sexual health.

Offering a flexible, multi-level programme aimed primarily at 13-19 year-olds, this award provides a standalone certificate of achievement as well as progression into nationally recognised awards and qualifications.

There are several useful case studies about the use of the ASDAN unit on the teachernet site www.teachernet.gov.uk/pshe

SHARE Special. Dixon, H. Me and Us Ltd 2008 ISBN 978-1-905801-12-1 SHARE Special provides curriculum materials on Sex and Relationships Education for young people with moderate or severe learning difficulties and/or autistic spectrum disorder (ASD) in educational settings. SHARE Special includes 40 lessons for young people aged 11–14, 14–16, and 16 upwards. Suitability and adaptation options of each lesson are shown for young people with ASD, SLD, MLD and PMLD

Picture yourself: social and sex education for people with learning difficulties Dixon, H. and Craft, A., Me and Us Publication www.me-and-us.com 192 picture cards with teaching notes on CD-ROM (this is also available as part of SHARE Special)

EQUALS PSHE schemes of work

EQUALS is committed to improving the lives of children and young people with learning difficulties and disabilities through supporting high quality education.

These schemes of work have been written by teachers who have expertise in special education. They are currently teaching pupils who are working with the full range of the P Scales and the early levels of the National Curriculum.

Schemes of work are available for EYFS, Key Stages 1 - 4 and 16 - 19 pupils.

For more information www.equals.co.uk/

Resources for faith schools

Twelve baskets (www.twelvebaskets.co.uk/) has a range of useful resources linked to SEAL including the popular series "A teacher's dozen" assembly ideas.

Values for life: teaching Christian values in primary schools. Gloucester Diocesan Education Board. A resource to teach twelve carefully selected values over a two-year rolling programme.

Each unit includes:

- whole school rationale for teaching values
- collective worship plans
- practical classroom activities
- Bible stories and stories from different religions
- cross-curricular links
- suggested literacy texts
- some links to SEAL resources.

A journey in love: a developmental programme for children in the primary years, by Groden, J. and O'Donnell, McCrimmon Publishing, 2006. For this new resource the authors have collaborated with teachers and advisors and produced a resource for primary schools on SRE. It is intended that it will support teachers and parents in Catholic schools to enable the holistic growth of children.

The resource includes:

- A section entitled *The exploration of the mystery of love*
- five units that connect every aspect of growth: physical, emotional, intellectual, social and spiritual
- relevant diagrams for lessons
- scriptural texts
- and a glossary of definitions for teachers.

A secondary school version was released in summer 2008.

All that I am, Diocesan Department of Religious Education, Birmingham Roman Catholic Diocese. This resource focuses on personal, social and spiritual education within schools. It provides a curriculum in SRE that is authentic to the Roman Catholic Church's teaching. From Key Stage 2 to Sixth Form. <http://www.all-that-i-am.co.uk/>

Faith, values and SRE, SEF factsheet 2005
http://www.ncb.org.uk/dotpdf/open%20access%20-%20phase%201%20only/ff_faith02_sef_2005.pdf

Educating children and young people in school about marriage: a resource for teachers and governors. The National Society for a Christian Voice in Education, 2002
<http://www.natsoc.org.uk/>

Resources for parents and carers

SRE and parents

Leaflet produced by the then DfEE, written for parents and carers, particularly those who may have worries about SRE at school, and for those who want to find out more. Copies can be downloaded from our website.

Talk to your children about sex and relationships: support for parents, Sex Education Forum Factsheet number 31, 2003.

Talking to your child about sex

fpa, 1998 A leaflet packed with support and advice for parents and carers of young children on how to comfortably respond to 'awkward' questions.

Talking to your kids about sex

fpa, 2000. A humorous video that aims to help the parents and carers of children aged 8-14 overcome their embarrassment of talking about sex.

Sex, storks and gooseberry bushes: talking to children about sex

fpa, 2000 This video aims to encourage positive communication about sex between parents and their children.

Talking together ... about growing up: a workbook for parents of children with disabilities

fpa, 1999 Scott L and Kerr Edwards L. This workbook is full of simple activities covering key themes such as body parts, keeping safe and growing up.

Picture yourself: social and sex education for people with learning difficulties Dixon, H. and Craft, A., Me and Us Publication www.me-and-us.com 192 picture cards with teaching notes on CD-ROM

Speakeasy: talking with your children about growing up New! Autumn 2008. An invaluable book for parents and carers who want to talk with their children about growing up, sex and relationships. The questions that children most frequently ask about puberty, contraception, reproduction, sexually transmitted infections and relationships are all answered in a clear straightforward and informative way. There are also tips on how to talk with children of all ages. It will help parents and carers understand why it is important to talk with their children about sex and relationships. The reassuring style will also give them the knowledge and skills to do so in an open and honest way. This book draws on the unique experience of the highly successful fpa Speakeasy courses. For use by parents and carers of children of all ages who want to talk with their children about sex and relationships.

Let's talk... about SRE! A booklet for parents on listening to and talking with your children about SRE, CHIV includes 10 top tips for parents (postcard) written by children themselves.

Let's talk some more! (a guide for those wanting to work with parents and carers about SRE). CHIV, www.sexualhealthsheffield.nhs.uk/

See www.fpa.org.uk/ for more information

Support services for young people and useful websites⁷⁶

TheSite.org

www.thesite.org/ run by the charity Youth Net TheSite.org aims to be the first place all young adults turn to when they need support and guidance through life including about SRE.

Brook

0800 0185 023 www.brook.org.uk

Free, confidential advice on sex and relationships.

Teenagehealthfreak

www.teenagehealthfreak.org/

Interactive website which includes facts, quizzes, questions and answers on teenage health concerns

Great Ormond Street Hospital

Children first for health www.childrenfirst.nhs.uk

The website provides much helpful information and practical advice about children's illnesses and health. It has sections on infants, children, teenagers and the family.

Family Planning Association

0845 122 8690 (9am to 6pm, Mon to Fri) www.fpa.org.uk

Sexual health information and guide to local contraceptive services (including where to get emergency contraception).

British Pregnancy Advisory Service

Action Line 08457 304030

Offers support, information, and counselling to women facing unplanned pregnancy and termination of pregnancy.

Marie Stopes UK

www.mariestopes.org.uk/

Information and advice line 0845 300 8090 including specific help for young people and a live, confidential chatroom to ask questions / get immediate advice.

www.likeitits.org.uk/

Part of Marie Stopes UK, *likeitits* gives young people access to information about all aspects of sex education and teenage life. Topics on the *likeitits* site include teenage pregnancy, help and advice, periods, lovebugs (sexually transmitted infections), sex, peer pressure, sexuality, contraception, emergency contraception and puberty.

Find out about contraception and emergency contraception; how using condoms will help you protect yourself from sexually transmitted infections (lovebugs); what actually happens during sex; teenage pregnancy: what your options are; how to cope with puberty, peer

⁷⁶ These can be found on our website where they will be kept updated and added to.

pressure and bullying; finding out more about your sexuality; information about periods. Our help and advice section also gives you links to other information out there.

What *likeitis* does is give young people a chance to get sexual health information exactly like it is.

ruthinking

www.ruthinking.co.uk/

An independent **Teenage Pregnancy Unit funded** website full of advice and information about sex and relationships. Helpline for free confidential advice, 0800 282930.

Lesbian and Gay Switchboard

020 7837 7324

Information and support service providing a first point of contact for lesbians and gay men for information, advice and support.

EACH

<http://www.eachaction.org.uk/>

EACH is the award-winning charity for young people and adults affected by homophobia. It is also a not-for-profit training agency for employers and organisations committed to realising an equal and safe working environment for all regardless of age, sex, ability, ethnicity, faith or sexuality.

The Outsiders Trust

www.outsiders.org.uk

Advice on issues around sex and disability.

Avert

www.avert.org/

HIV/AIDS info for young people.

National AIDS Helpline

0800 567123

For information and advice about HIV/AIDS and sexually transmitted infections.

Rape Crisis

020 7837 1600

For girls and women who have been raped or assaulted recently or in the past.

Survivors UK

0845 122 1201

For boys and young men who have been raped or assaulted.

Childline

0800 1111 A 24-hour freephone service for children in trouble, needing advice or someone to listen to them.

FFLAG

www.fflag.org.uk

Families and Friends of Lesbians and Gays, FFLAG is dedicated to supporting parents and their gay, lesbian and bisexual sons and daughters.

Cornwall helpline: 0845 652 0325

We will update this list as part of the version on our website

www.cornwallhealthyschools.org/

Local services and support

AIDS Helpline in Cornwall

01872 242520

Cornwall Brook

01209 710088

Cornwall NHS Contraceptive Service

01872 354393

County wide, self referral service for all methods of contraception including implants and IUD and referral to Unplanned pregnancy service.

Cornwall Share

Free advice and counselling to young people

<http://www.share.youthcornwall.org.uk/>

Confidential helpline number 0800 181033

SHARE centres can be found in: Bodmin 01208 79252; Camborne 01209 711500; St. Austell 01726 69144; Truro Zebs- SHARE c/o 01209 613782

GU Clinic

01872 256063

NHS Direct

0845 4647

Speakeasy

Speakeasy helps parents to talk to children about sex, relationships and growing up
The Speakeasy Development Worker for Cornwall is Mandy Lancaster, 01209 313419.

Health Promotion Service

Sexual Health team 01209 313419

Information about the C-Card Scheme, policy support, sexual health training, the Teenage Pregnancy strategy, Healthy Gay Cornwall etc.

Teenage Pregnancy Coordinator

Sharon Hindley is the TP coordinator for Cornwall and IOS. Contact Sharon for information about TP data / information.

Tic Tac, School Based Integrated Health Centres, drop ins, local practice

The Teenage Pregnancy Strategy supports the development of sexual health services in schools as being highly effective (in combination with good SRE) in helping reduce unwanted Teenage Pregnancy. Some schools in Cornwall already have an on-site service, such as a Tic-Tac Centre and several others are taking part in a pilot project to build and run School

Based Integrated Health Centres. These will combine a selection of health / support services for young people and the wider community.

Other schools are considering introducing their own on-site services provided school nurses and /or other providers. There are also some (sadly relatively few in our geographically challenging county) schools that already have good access to a local service but should an individual school decide that it would like to develop this type of service then best practice would be to proceed thoughtfully and consider similar projects that have taken place locally and nationally.

A key guidance document is [Secondary schools and sexual health services: forging the links](#) Thistle, Sarah Sex Education Forum, London, (2003) another useful document is [National mapping of on-site sexual health services in education settings](#) Emmerson, Lucy Sex Education Forum, London, (2008)

It is crucial that parents, governors, SMT, teachers, young people and health professionals are all involved in discussion about this project and that the whole school community is in general agreement before proceeding. The process must not be rushed and if agreed it is recommended that such a drop-in should start as a generic advice service. As a minimum the following must be negotiated before a drop-in service is established:

- allocation of appropriate space and time for the sessions to take place
- what the service will offer
- boundaries of confidentiality and systems for dealing with child protection issues
- how young people will be involved in the development of the drop-in
- referral systems to the drop-in
- clarification of professional codes of practice.

Condom card (C-card) scheme

What is the C-card Scheme?

The C-Card scheme is a free and confidential condom distribution scheme for Young People aged 13-21 in Cornwall and the Isles of Scilly. Any Young Person under the age of 16 wishing to register for the scheme will be assessed using **Fraser Guidelines** (see p66) The aim of the scheme is to provide easy access to free condoms and sexual health information, advice and guidance at Young People friendly outlets. Once they have registered they can use their card at any C-Card distribution point. The C-Card can be used up to 10 times before re-registration is required. There are two kinds of C-Card sites: Registration and Distribution.

Green card scheme

Some schools run a Green Card scheme which enables a young person to leave the school premises during the day to attend a local health centre etc.

Accessing resources

The Cornwall Healthy Schools Programme aims to support schools looking to audit, review and develop their SRE as part of their work to achieve national Healthy School status. We have copies of most of the resources listed above and we are happy to loan them, or in some instances give them to schools. Contact us for more details.

Some resources and leaflets are available from the Health Promotion Cornwall and Isles of Scilly Information and Resource Library http://www.healthpromcornwall.org/index_VL.asp

Health Promotion Cornwall and Isles of Scilly
Kernow Building, Wilson Way, Redruth, TR15 3QE
Tel: 01209 313218 Fax: 01209 314491
Email: info@healthpromcornwall.org

Resources can be purchased or accessed online from the publishers below:

fpa
www.fpa.org.uk/

Brook
www.brook.org.uk/

National Children's Bureau, Sex Education Forum
<http://www.ncb.org.uk/>

Healthwise
<http://www.hit.org.uk/publicationsBySubject.asp?subject=Healthwise-Publications&sub=38>

Incentive Plus
<http://www.incentiveplus.co.uk/>

CHIV Sheffield
<http://www.sexualhealthsheffield.nhs.uk/>

ruthinking
<http://www.ruthinking.co.uk/>

Funded by the national Teenage Pregnancy Unit this site also contains very good information / resources for teachers and practitioners as well as excellent advice / guidance for young people.

Parents and carers

The Sex and Relationship Education Guidance (DfEE 2000) states that *“schools should always seek to work in partnership with parents. This is essential to effective sex and relationship education”*.

Parents and carers are crucial to the success of SRE in your school

The involvement of parents and carers is essential to the whole school approach to Healthy Schools and an area we are keen to develop in the Cornwall Healthy Schools Programme.

Parents and carers are the key people in educating their children about sex and relationships. This includes helping their children cope with the emotional and physical aspects of growing up and in preparing them for the challenges and responsibilities that sexual maturity brings. And children and young people want to talk to their parents⁵⁹.

There is broad support from both parents and young people for formal school-based SRE: in a 2005 survey 86% of all adults agreed that every young person should receive SRE in school as a compulsory part of the National Curriculum, and 94% of parents in a Health Education Authority survey stated that they were in favour of schools providing at least part of their children’s SRE⁶⁰.

Many parents and carers find it difficult to talk to their children about sex and relationships⁶¹ and say they would appreciate support in this role. We also have evidence that some parents hope that schools will be ‘doing’ SRE so they don’t have to.

The teaching offered by schools should complement and support the role of parents.

Schools should work in partnership with parents to review and develop the SRE policy and programme. Particular attention should be paid to the views of parents from religious and minority ethnic groups to ensure equality of opportunity in the consultation process.

Some parents and carers may need to be reassured that the personal beliefs and attitudes of teachers will not influence their teaching of SRE, which needs to be delivered within an agreed values framework that is outlined in the policy.

Parents may need to have time to discuss the school’s SRE programme with the teachers and to view teaching materials.

⁵⁹ A recent survey (Populus June 2008) found that 75% of 11-14 year-olds want to, but find it difficult, to talk about SRE with their parents

⁶⁰ Quoted in Sex and relationship education, fpa factsheet, August 2008

⁶¹ The same survey (Populus June 2008) found 55% of parents are embarrassed and don’t know how to start

Schools can also run workshops for parents (see section on **Speakeasy** below), in order to help them to talk with their children about feelings and relationships and to help them answer questions about growing up. More advice, including access to useful books and other materials, should be made available to parents to enable them to talk constructively with their children about sex and relationships.

Right to withdraw

Parents and carers have the right to withdraw their children from any SRE taught outside the statutory National Curriculum.

This applies to all young people attending schools, including those over compulsory school age, although one would hope the young person's wishes would be taken into account.

Parents are not able to withdraw pupils from SRE that arises incidentally as part of any curriculum area, provided that such discussion is relatively limited.

Pupils also have a right to access confidential advice at school through the school nurse or counsellor, even if their parents have exercised their right of withdrawal from the formal SRE programme.

Schools need to ensure that parents and carers understand the right of withdrawal and how to exercise it. Although parents' right of withdrawal is absolute, it is helpful for schools to invite parents to indicate their reasons so that any misunderstandings may be resolved. The more parents are consulted and informed about the school's SRE programme, the less likely they will be to want to withdraw their children. It may also be useful to offer parents materials to help them talk to their children at home (see **Resources** section for ideas).

Parents and carers can be informed of their right to withdraw in the school prospectus, in newsletters or as part of a specific letter about the delivery of SRE. **It is not necessary to seek permission from parents and carers every time a module on SRE is being delivered. However, many parents state that they would like to know when SRE is taking place so that they can follow up issues with their children at home.**

The vast majority of parents want, and *expect*, schools to deliver SRE

Working with parents and carers: Speakeasy

It's all very well talking about the importance of parents, but how do you get them into school or interested in SRE the first place? How many of us have been to SRE meetings involving three parents and a dog.... (if we're lucky)?

We think **Speakeasy** is a great way of doing it!

The Cornwall Healthy Schools Team introduced the **fpa Speakeasy** programme in Cornwall in 2007 after hearing about its accessibility for parents and its effectiveness elsewhere in the UK.

Speakeasy for parents is a fun and relaxed course that helps parents and carers become more confident in talking to their children about sex, relationships and growing up. The parents learn together, building on what they already know, as well as gaining new information and ideas for how to talk to their children.

We have been training facilitators to support **Speakeasy** courses throughout Cornwall and have recently appointed a **Speakeasy Support Worker** to develop the training and the programme.

Once of the best things about **Speakeasy** is that parents and carers who attend the course can become facilitators themselves, thereby building capacity and sustainability for the school.

Speakeasy can also be delivered in different ways to meet the differing needs of parents or carers. One really good way is to run a **taster session** as part of a policy consultation session, or on its own. This can stand alone or be an introduction to a full **Speakeasy** course running over several sessions.

Quotes

*'I thoroughly recommend the **Speakeasy** programme to all schools and their parents/carers. The team are friendly, professional, and entirely approachable. They provide a service long needed to hard-pressed parents/carers who might want to know how to talk to their children, and understand more clearly, about complex growing-up issues, or need to overcome a natural reluctance, maybe face up to a few understandable inhibitions. This is a real opportunity for our wider school community to learn together with us in schools. I thank the **Speakeasy** team for their time, energy, and commitment.'*

A R Fielder B.Ed, ASTA Headteacher, Sandy Hill School

"Speakeasy is a fun and relaxed course which complements the school curriculum. It also helps us to include family learning in the community in a really positive way"

Carol Breakwell, Headteacher, Devoran School

And from parents who attended a course ...

"The Speakeasy course was fantastic for breaking down barriers and giving us as a family the confidence to start talking openly about the subject"

"If you could can all the laughter and give it to people no parent would be afraid of coming"

Case study: Pencoys School

This brief case study highlights the impact that a **Speakeasy** course can have, not only on parents, carers and children, but also on wider SRE provision in school.

Pencoys School is situated in the Illogan South ward which is one of the most deprived wards in Cornwall for child poverty and also has one of the highest teenage pregnancy rates in Cornwall.

In 2007 we asked Pencoys to be a pilot school for us in the introduction of **Speakeasy** because the school is keen to offer a wide range of opportunities for parents and carers and we had also worked with them on their very successful healthy eating workshop for parents and carers.

We facilitated two **Speakeasy** courses for parents during 2007, at the same time as the school was working on Healthy School validation and reviewing areas such as SRE policy and practice.

In all our **Speakeasy** courses parents are surprised at the relatively little SRE that schools are required to deliver and are usually much keener on SRE as a result of being on the course.

The parents on the second course included governors who were keen to support the school's Healthy School work and to examine the SRE policy and the way SRE is taught.

The Headteacher and staff immediately responded positively to this interest and set up a session for parents to come along and help review and write the policy. A good number of parents were interested, attended the session and made some really good contributions. The session was so positive that a second drafting and review session was organised and more parents attended. This session also included a review of resources such as the Channel 4 *Living and Growing* DVD.

During that session many more parents expressed an interest in taking part in **Speakeasy**. This session will be led by a parent who is also a member of the school support staff; she attended one of the school **Speakeasy** courses and has subsequently gone onto to train as a **Speakeasy** Facilitator.

At the time of writing the policy work continues and parents are keenly following the progress of the SRE lessons being delivered in school alongside SEAL. They are also taking home the *Living and Growing* DVD and other resources to review themselves.

The school has created a loanable set of resources for parents and carers to help them talk to their children about sex and relationships.

The work at Pencoys was cited as best practice in the government's review of SRE which was published in October 2008.

Comment from Pencoys School

"I have to say that the sex in our school is brilliant! We have had such a positive response from the parents, it's amazing. It's like blockbuster video rentals! We actually have waiting lists for parents who want to view the DVDs. (They all come back with smiles on their faces!) The children have also been amazing - but aren't they always - it's us with the hang-ups".

We also think that Speakeasy can offer some good training for teachers to develop both their knowledge and confidence in teaching SRE and proficiency in talking about sex and relationships. Contact us for information about how we can support the staff in your school.

Inviting parents and carers to meetings on SRE

Schools often attempt to involve parents and carers by holding a meeting, but suffer disappointment when few parents or carers attend. The following ideas may help schools plan a meeting and guarantee more involvement.

Checklist

- Set the aims and objectives of the meeting, for example consultation, information-giving or support
- decide what time allocation is appropriate, for example a one-off session or one of a series
- ensure equal access to the programme for all parents including access for the disabled, interpreters for translation or translated questionnaires
- consider how to access hard-to-reach parents including fathers and male carers
- schedule the meeting at a time to suit parents' availability
- consider ways of creating a comfortable physical environment (don't forget the importance of tea and cakes!) and can you provide a crèche?
- create an atmosphere in which parents and teachers are able to express their views and feelings openly and safely
- consider ways to provide opportunities for all parents to offer positive contributions towards the programme, for example separate meetings for some religious or minority groups for whom public meetings about SRE would be unacceptable
- decide who is to deliver the sessions: school staff, Cornwall Healthy Schools Programme, other professionals or a combination
- and plan the resources needed for session(s), for example leaflets, books.

Possible outline for the meeting

Welcome and introductions

Head teacher or member of SMT to introduce the session by discussing the importance of PSHE and SRE and placing them firmly in the context of the school's ethos and values.

Introductory activity

How happy were you with the sex and relationship education you got when you were growing up? What information (or misinformation) did you get:

- From your parents?
- From school lessons?
- From your friends?
- From magazines or elsewhere?

What did you think about that, then? And now?

The national and local context

Some key facts about teenage pregnancy and sexually transmitted infections, what children would like to know about SRE and a brief overview of national and local guidance documents.

Attitudes to sex and relationship education

The following ideas from the **Speakeasy** programme may be useful

1. Timeline activity

Parents and carers could be asked to consider when children should be told about or discuss a variety of issues or subjects relating to sex, relationships and growing up and place them on a simple timeline (under 5, under 10, 15 and older). This creates a lot of discussion and debate and gets people thinking. There are no wrong or right answers...

Full list	Edited list
Periods	Periods
Vagina	Vagina
Penis	Penis
Foreplay	Sexual intercourse
Oral sex	Where babies come from
Civil partnership	Marriage
Sexual intercourse	Contraception
Anal sex	Gay relationships
Where babies come from	Sexually transmitted infections
Marriage	Pubic hair
Masturbation	Wet dreams
Contraception	Puberty
Gay relationships	Sanitary products
Clitoris	Erections
Sexually transmitted infections	Pregnancy
Pubic hair	Personal hygiene
Abortion	Keeping safe from harm
Wet dreams	
Puberty	
Sanitary products	
Erections	
Orgasms	
Foreskin	
Sexual abuse	
Pregnancy	
Personal hygiene	
Keeping safe from harm	
HIV and AIDS	

(NB. We often use the edited list in taster and general sessions where the activity is relatively short to get people talking and thinking without risking controversy or creating possible discomfort).

2. The ABC of SRE

Another good exercise to use is the **ABC of SRE** (contact us for more details) which is designed to help parents see where current guidance places SRE in the different key stages, both statutory and non-statutory. We find that parents and carers are taken aback by how little is statutory or in which Key Stage the guidance places such information; they are usually bemused that it is so late.

3. Policy review, if appropriate

Parents can be invited to review draft policy and discuss. Time to feed back at a later date may give parents time to reflect and to respond privately.

4. SRE at school

A chance to look in more detail at the scheme of work and classroom materials. (Include the opportunity for parents to look at materials at their leisure e.g. over coffee).

5. Talking to your children about sex and relationships: tips for parents and carers

Presentation of ideas from fpa (including the books and leaflets available for parents and for parents to share with children and young people). Introduction to the **Speakeasy** programme where appropriate.

6. A good resource to hand out at the session

Talking to your child about sex and relationships (fpa)

The booklet is packed with support for parents and carers of children of all ages who want to talk comfortably with their children about sex and relationships. It covers issues such as how to start talking about sex and relationships and what schools teach. It also includes details of helpful books, leaflets and websites.

Contact us for copies

Appendices

- **SRE: A quick guide to current legislation and guidance**
- **SRE and the national curriculum science**
- **The national curriculum framework for PSHE and Citizenship**
- **An enquiry approach to SRE using the new KS3 / KS4 programme of study for PSHE (personal wellbeing)**
- **Ofsted learning outcomes for SRE**
- **Key teaching and learning methodologies in PSHE**
- **Active learning methods (primary) ideas**
- **QCA PSHE end of key stage statements**
- **Protective behaviours**
- **Delay: an introduction**
- **How to explain the facts of life (an article for parents)**
- **A quality standard for good SRE in HS in Cornwall**
- **Some research findings**

SRE: a quick guide to current legislation and guidance

These guidelines have been written to take account of, and in accordance with, legal and curriculum requirements and national guidance documents⁶².

In school settings the law relating to SRE is contained in the 1996 Education Act and the 2000 Learning and Skills Act. Every local education authority, head teacher and governing body has a statutory responsibility to take account of this guidance, which requires that SRE be provided. Furthermore, a written SRE policy must be in place, available for OfSTED and parents to inspect, and should be available to anybody planning or delivering SRE. The government's *Sex and relationship education guidance* 0116/2000 builds on these legal requirements and emphasises best practice by recommending that SRE is planned and delivered as part of Personal, Social, Health and Education.

Section 78 of the Education Act 2002⁶³

Section 78 requires governing bodies for all maintained schools to provide a curriculum that “promotes the spiritual, moral, cultural, mental and physical development of pupils at the school and of society, and prepare pupils at the school for the opportunities, responsibilities and experiences of later life”.

The 1996 Education Act

This Act consolidated all previous legislation and:

- made mandatory the SRE elements in the National Curriculum Science Order across all Key Stages
- stated that school governors must provide an up-to-date policy describing the content and organisation of SRE provided outside the National Curriculum Science Order
- required primary schools to have a policy statement describing the SRE provided **or** give a statement of the decision not to provide SRE outside that within the Science Order
- required secondary schools to provide an SRE programme to include, as a minimum, information about sexually transmitted infections (STIs) and HIV/AIDS.

⁶² A full list is contained in the section on legislation / bibliography

⁶³ First seen in Section 1 of the Education Reform Act 1988 (or possibly goes back in some form to the 1944 Education Act)

Education and Inspections Act 2006

Section 38 (1) of the Education & Inspections Act 2006 states that:

“The governing body of a maintained school shall, in discharging their functions relating to the conduct of the school –

- promote the wellbeing of pupils at the school, and
- promote community cohesion.

Education and Inspections Act 2006

The governing body of a maintained school shall, in discharging those functions...

- have regard to any relevant children and young people’s plan.
- have regard to any views expressed by parents of registered pupils.

In this section “wellbeing” in relation to pupils at a school in England, means “their wellbeing so far relating to the matters mentioned in section 10 (2) of the Children Act 2004.”

The Children Act 2004

Section 10 (2) of the Children Act 2004 defines wellbeing, for an individual, as made up of:

- physical and mental health and emotional wellbeing
- protection from harm and neglect
- education, training and recreation
- the contribution made by him to society
- social and economic wellbeing.

In other words ... “Every Child Matters”

The Learning and Skills Act 2000 requires that young people

- learn about the nature of marriage and its importance for family life and the bringing up of children
- and are protected from teaching and materials which are inappropriate having regard to the age and the religious and cultural background of the pupils concerned.

Significant aspects of SRE remain part of the **National Curriculum Science** in all four Key Stages. These must be taught to all pupils; parents and carers cannot withdraw pupils from such lessons.

The National Curriculum for key stages 3 and 4 is changing. SRE remains an important part of the Science curriculum, with changes to science and the introduction of a new PSHE non-statutory programme of study, **Personal Wellbeing**, which includes the requirements for SRE and drugs education. The new programmes of study are being introduced from September 2008 for Year 7 pupils, who will be the first cohort to follow them.

The Equality Act (Sexual Orientation) Regulations 2007: Discrimination on Grounds of Sexual Orientation

This legislation, preventing discrimination on grounds of sexual orientation, came into force on 30 April 2007. It made provision for the introduction of regulations to extend the protection already in place against discrimination on grounds of religion or belief to sexual orientation. The regulations make discrimination in the area of goods, facilities and services on grounds of sexual orientation unlawful.

For schools this applies to admissions, benefits and services for pupils and treatment of pupils. For local authorities the provisions extend to the exercise of their functions.

More information:

<http://www.teachernet.gov.uk/wholeschool/equality/sexualorientation/regulations2007/>

SRE and the national curriculum for science: extracts from national curriculum 2000 / QCA schemes of work

Programme of study: science

Key Stage 1 Sc2 life processes and living things

Pupils should be taught:

1. b that animals including humans, move, feed, grow, use their senses and reproduce
2. a to recognise and compare the main external parts of the bodies of humans and other animals f that humans and animals can produce offspring and that these offspring grow into adults
4. a to recognise similarities and differences between themselves and others and treat others with sensitivity

Key Stage 2 Sc2 life processes and living things

Pupils should be taught:

1. a that the life processes common to humans and other animals include nutrition, growth and reproduction
2. f about the main stages of the human life cycle

Science Key Stage 3 Sc2 Life processes and living things

Pupils should be taught:

- 1. d that fertilisation in humans is the fusion of a male and a female cell
- 2. f about the physical and emotional changes that take place during adolescence
- g about the human reproductive system, including the menstrual cycle and fertilisation
- h how the foetus develops in the uterus, including the role of the placenta
- n how the growth and reproduction of bacteria and the replication of viruses can affect health.

New Programme of Study for Science, KS3, National Curriculum 2007

As of September 2008 the new curriculum came into force. It includes a new programme of study for science in KS3 (the one for KS4 was first used in 2006).

Essentially the same ground is being covered, it seems to be the way that it is phrased that has changed.

KS3 range and content

3.3 Organisms, behaviour and health

- (b) the human reproductive cycle includes adolescence, fertilisation and foetal development
- (c) conception, growth, development, behaviour and health can be affected by diet, drugs and disease.

Science Key Stage 4 Sc2 life processes and living things

Pupils should be taught:

- 2f the way in which hormonal control occurs, including the effects of sex hormones
- 2g some medical uses of hormones, including the control and promotion of fertility
- 2i the defence mechanisms of the body, including the role of the skin and blood
- 3d how sex is determined in humans

(New) Programme of Study for Science, KS4, National Curriculum 2006

breadth of study

5 Organisms and Health

- c the ways in which organisms function are related to the genes in their cells
- e human health is affected by a range of environmental and inherited factors, by the use and misuse of drugs and by medical treatments.

The national curriculum framework for PSHE and citizenship

Key stage 1

During key stage 1, pupils learn about themselves as developing individuals and as members of their communities, building on their own experiences and on the early learning goals for personal, social and emotional development. They learn the basic rules and skills for keeping themselves healthy and safe and for behaving well. They have opportunities to show that they can take some responsibility for themselves and their environment. They begin to learn about their own and other people's feelings and become aware of the views, needs and rights of other children and older people. As members of a class and school community they learn social skills, such as how to share, take turns, play, help others, resolve simple arguments and resist bullying. They begin to take an active part in the life of their school and its neighbourhood.

Knowledge, skills and understanding

Developing confidence and responsibility and making the most of their abilities

1. Pupils should be taught:
 - a) to recognise what they like and dislike, what is fair and unfair, and what is right and wrong
 - b) to share their opinions on things that matter to them and explain their views
 - c) to recognise, name and deal with their feelings in a positive way
 - d) to think about themselves, learn from their experiences and recognise what they are good at
 - e) how to set simple goals.

Preparing to play an active role as citizens

2. Pupils should be taught:
 - a) to take part in discussions with one other person and the whole class
 - b) to take part in a simple debate about topical issues
 - c) to recognise choices they can make, and recognise the difference between right and wrong
 - d) to agree and follow rules for their group and classroom, and understand how rules help them
 - e) to realise that people and other living things have needs, and that they have responsibilities to meet them
 - f) that they belong to various groups and communities, such as family and school
 - g) what improves and harms their local, natural and built environments and about some of the ways people look after them
 - h) to contribute to the life of the class and school
 - i) to realise that money comes from different sources and can be used for different purposes.

Developing a healthy, safer lifestyle

3. Pupils should be taught:
- a) how to make simple choices that improve their health and wellbeing
 - b) to maintain personal hygiene
 - c) how some diseases spread and can be controlled
 - d) about the process of growing from young to old and how people's needs change
 - e) the names of the main parts of the body
 - f) that all household products, including medicines, can be harmful if not used properly
 - g) rules for, and ways of, keeping safe, including basic road safety, and about people who can help them to stay safe.

Developing good relationships and respecting the differences between people

4. Pupils should be taught:
- a) to recognise how their behaviour affects other people
 - b) to listen to other people, and play and work cooperatively
 - c) to identify and respect the differences and similarities between people
 - d) that family and friends should care for each other
 - e) that there are different types of teasing and bullying, that bullying is wrong, and how to get help to deal with bullying.

During the key stage, pupils should be taught the knowledge, skills and understanding through opportunities to:

- a) take and share responsibility [for example, for their own behaviour; by helping to make classroom rules and following them; by looking after pets well]
- b) feel positive about themselves [for example, by having their achievements recognised and by being given positive feedback about themselves]
- c) take part in discussions [for example, talking about topics of school, local, national, European, Commonwealth and global concern, such as 'where our food and raw materials for industry come from']
- d) make real choices [for example, between healthy options in school meals, what to watch on television, what games to play, how to spend and save money sensibly]
- e) meet and talk with people [for example, with outside visitors such as religious leaders, police officers, the school nurse]
- f) develop relationships through work and play [for example, by sharing equipment with other pupils or their friends in a group task]
- g) consider social and moral dilemmas that they come across in everyday life [for example, aggressive behaviour, questions of fairness, right and wrong, simple political issues, use of money, simple environmental issues]
- h) ask for help [for example, from family and friends, midday supervisors, older pupils, the police].

The national curriculum framework for PSHE and citizenship

Key stage 2

During key stage 2 pupils learn about themselves as growing and changing individuals with their own experiences and ideas, and as members of their communities. They become more mature, independent and self-confident. They learn about the wider world and the interdependence of communities within it. They develop their sense of social justice and moral responsibility and begin to understand that their own choices and behaviour can affect local, national or global issues and political and social institutions. They learn how to take part more fully in school and community activities. As they begin to develop into young adults, they face the changes of puberty and transfer to secondary school with support and encouragement from their school. They learn how to make more confident and informed choices about their health and environment; to take more responsibility, individually and as a group, for their own learning; and to resist bullying.

Knowledge, skills and understanding

Developing confidence and responsibility and making the most of their abilities

1. Pupils should be taught:
 - a) to talk and write about their opinions, and explain their views, on issues that affect themselves and society
 - b) to recognise their worth as individuals by identifying positive things about themselves and their achievements, seeing their mistakes, making amends and setting personal goals
 - c) to face new challenges positively by collecting information, looking for help, making responsible choices, and taking action
 - d) to recognise, as they approach puberty, how people's emotions change at that time and how to deal with their feelings towards themselves, their family and others in a positive way
 - e) about the range of jobs carried out by people they know, and to understand how they can develop skills to make their own contribution in the future
 - f) to look after their money and realise that future wants and needs may be met through saving.

Preparing to play an active role as citizens

2. Pupils should be taught:
 - a) to research, discuss and debate topical issues, problems and events
 - b) why and how rules and laws are made and enforced, why different rules are needed in different situations and how to take part in making and changing rules
 - c) to realise the consequences of anti-social and aggressive behaviours, such as bullying and racism, on individuals and communities
 - d) that there are different kinds of responsibilities, rights and duties at home, at school and in the community, and that these can sometimes conflict with each other
 - e) to reflect on spiritual, moral, social, and cultural issues, using imagination to understand other people's experiences

- f) to resolve differences by looking at alternatives, making decisions and explaining choices
- g) what democracy is, and about the basic institutions that support it locally and nationally
- h) to recognise the role of voluntary, community and pressure groups
- i) to appreciate the range of national, regional, religious and ethnic identities in the United Kingdom
- j) that resources can be allocated in different ways and that these economic choices affect individuals, communities and the sustainability of the environment
- k) to explore how the media present information.

Developing a healthy, safer lifestyle

- 3. Pupils should be taught:
 - a) what makes a healthy lifestyle, including the benefits of exercise and healthy eating, what affects mental health, and how to make informed choices
 - b) that bacteria and viruses can affect health and that following simple, safe routines can reduce their spread
 - c) about how the body changes as they approach puberty
 - d) which commonly available substances and drugs are legal and illegal, their effects and risks
 - e) to recognise the different risks in different situations and then decide how to behave responsibly, including sensible road use, and judging what kind of physical contact is acceptable or unacceptable
 - f) that pressure to behave in an unacceptable or risky way can come from a variety of sources, including people they know, and how to ask for help and use basic techniques for resisting pressure to do wrong
 - g) school rules about health and safety, basic emergency aid procedures and where to get help.

Developing good relationships and respecting the differences between people

- 4. Pupils should be taught:
 - a) that their actions affect themselves and others, to care about other people's feelings and to try to see things from their points of view
 - b) to think about the lives of people living in other places and times, and people with different values and customs
 - c) to be aware of different types of relationship, including marriage and those between friends and families, and to develop the skills to be effective in relationships
 - d) to realise the nature and consequences of racism, teasing, bullying and aggressive behaviours, and how to respond to them and ask for help
 - e) to recognise and challenge stereotypes
 - f) that differences and similarities between people arise from a number of factors, including cultural, ethnic, racial and religious diversity, gender and disability
 - g) where individuals, families and groups can get help and support.

During the key stage, pupils should be taught the Knowledge, skills and understanding through opportunities to:

- a) take responsibility [for example, for planning and looking after the school environment; for the needs of others, such as by acting as a peer supporter, as a befriender, or as a playground mediator for younger pupils; for looking after animals properly; for identifying safe, healthy and sustainable means of travel when planning their journey to school]
- b) feel positive about themselves [for example, by producing personal diaries, profiles and portfolios of achievements; by having opportunities to show what they can do and how much responsibility they can take]
- c) participate [for example, in the school's decision-making process, relating it to democratic structures and processes such as councils, parliaments, government and voting]
- d) make real choices and decisions [for example, about issues affecting their health and wellbeing such as smoking; on the use of scarce resources; how to spend money, including pocket money and contributions to charities]
- e) meet and talk with people [for example, people who contribute to society through environmental pressure groups or international aid organisations; people who work in the school and the neighbourhood, such as religious leaders, community police officers]
- f) develop relationships through work and play [for example, taking part in activities with groups that have particular needs, such as children with special needs and the elderly; communicating with children in other countries by satellite, e-mail or letters]
- g) consider social and moral dilemmas that they come across in life [for example, encouraging respect and understanding between different races and dealing with harassment]
- h) find information and advice [for example, through helplines; by understanding about welfare systems in society]
- i) prepare for change [for example, transferring to secondary school].

An enquiry approach to SRE using the new KS3 / KS4 programme of study for PSHE (personal wellbeing)

National Curriculum Personal Wellbeing Programme of Study

replaces the non-statutory framework for PSHE from September 2008

<http://curriculum.qca.org.uk/key-stages-3-and-4/subjects/pshe/index.aspx>

The new PoS offers an excellent opportunity to get away from the 'rag bag' of topics approach to PSHE and the 'doom and gloom' approach of "don'ts..." that many young people associate with PSHE.

It is based on a number of **key concepts** (big ideas) that underpin personal wellbeing:

- Personal identities
- Healthy lifestyles
- Risk
- Relationships
- Diversity

And **key processes** (skills development) including essential skills that pupils will need to learn to make progress:

- Critical reflection
- Decision-making and managing risk
- Developing relationships and working with others

The range and content (the 'stuff' that's taught) includes:

KS3

- c. physical and emotional change and puberty
- d. sexual activity, human reproduction, contraception, pregnancy and STIs and HIV and how high-risk behaviours affect the health and wellbeing of individuals, families and communities.
- j. different types of relationships, including those within families and between older and younger people, boys and girls, and people of the same sex, including civil partnerships
- k. the nature and importance of marriage and of stable relationships for family life and bringing up children

KS4

- a. the effect of diverse and conflicting values on individuals, families and communities and ways of responding to them
- b. how the media portrays young people, body image and health issues
- d. the benefits and risks of health and lifestyle choices, including choices relating to sexual activity and substance use and misuse, and the short and long-term consequences for the health and mental and emotional wellbeing of individuals, families and communities

- e. where and how to obtain health information, how to recognise and follow health and safety procedures, ways of reducing risk and minimising harm in risky situations, how to find sources of emergency help and how to use basic and emergency first aid
- f. characteristics of positive relationships, awareness of exploitation in relationships and of statutory and voluntary organisations that support relationships in crisis
- h. parenting skills and qualities and their central importance to family life
- j. the diversity of ethnic and cultural groups, the power of prejudice, bullying, discrimination and racism, and the need to take the initiative in challenging this and other offensive behaviours and in giving support to victims of abuse.

Is there scope for using the Concepts, Processes, Range and Scope in creating an “enquiry approach” (as sometimes used in history or citizenship) to teach PSHE in an engaging, coherent and relevant way?

This was a question posed during the national healthy schools conference on PSHE by PSHE consultant working with the national PSHE association (www.pshe-association.org.uk/)

The key points of using an enquiry approach is that it is:

- Student centred
- Still closely planned by the teacher
- Teacher guides the learning (to ensure breadth and depth)
- Involves negotiation

How does the approach work?

Take a **concept** – e.g. **relationships**

Find a **‘big question’** to guide the enquiry, e.g.

“What kind of relationships might I form in the next few years?”

Consider what skills/ **processes** of the PoS e.g.:

“Developing relationships and working with others”

“Decision-making and managing risk”

The big question might be too big so you might want to introduce some smaller, **organising questions** to explore the concept.

- What are the different relationships I have now?
- What kind of relationships do I want as I grow older?
- How do I feel when I meet new people
- Is it different if they are younger or older, same or different sex, if they have the same or different backgrounds to me?

Decide which activities are most appropriate: e.g.

- Divide the organising questions among the group to research
- Offer case studies /scenarios to consider that can help structure thinking and provide challenge
- Undertake thought showers...

“My class could discuss and produce thought showers about types of relationships – friends, family, teachers, people in the community etc. We could explore case studies or scenarios that promote exploration of both positive and negative aspects of meeting new people”

Check learning outcomes (use the **range and content**) e.g.:

- j. different types of relationships, including those within families and between older and younger people, boys and girls, and people of the same sex, including civil partnerships
- k. the nature and importance of marriage and of stable relationships for family life and bringing up children.

This is a work in progress and Jan Campbell (the workshop leader) invited us to express an interest in working together to take this forward.

This original idea and others based on some of the key concepts are going to be posted on the PSHE Association website and we are keen in the Cornwall HS team to work with interested secondary schools to explore this further. **Possibly as part of HS Plus?**

Contact us if you are interested. Healthy.schools@ciospct.cornwall.nhs.uk or 01209 – 310061

Learning outcomes

from *Sex and Relationships, OfSTED, 2002*

The following statements are offered as illustrations of learning outcomes for SRE for each key stage. They can help schools plan work to develop knowledge and understanding, values and attitudes and personal skills in SRE.

They draw on DfES and other guidance on SRE and reflect the elements of the non-statutory framework for PSHE. They complement and support the PSHE Curriculum Framework, the Key Stages 1 and 2 PSHE Schemes of Work and the Key Stages 3 and 4 Schemes of Work. Those statements marked with an asterisk are part of the National Curriculum science requirements⁶⁴.

By the end of Key Stage 1

Pupils will be able to:

Recognise and compare the main external parts of the bodies of humans*
Recognise similarities and differences between themselves and others and treat others with sensitivity*
Identify and share their feelings with others
Recognise safe and unsafe situations
Be aware that their feelings and actions have impact on others
Make a friend, talk with them and share feelings
Use simple rules for dealing with strangers and resisting pressure when they feel uncomfortable or at risk

Pupils will know and understand:

That animals, including humans, grow and reproduce*
That humans and animals can produce offspring and these grow into adults*
The basic rules for keeping themselves safe and healthy
About safe places to play and safe people to be with
The needs of babies and young people
Ways in which they are similar or different from others
That they have some control over their actions and bodies
The names of the main external parts of the body including agreed names for sexual parts
Why families are special for caring and sharing

Pupils will have considered:

Why families are special
The similarities and differences between people
How their feelings and actions have an impact on other people

⁶⁴ Since these outcomes were developed in 2002 there have been changes to the KS3/4 PSHE guidance and the Science National Curriculum. There is sufficient overlap between the new guidance and these learning outcomes to suggest that these outcomes provide a good starting point for planning SRE.

By the end of Key Stage 2

Pupils will be able to:

Express opinions, for example, about relationships and bullying
Respect other people's viewpoints and beliefs
Recognise their changing emotions with friends and family and be able to express their feelings positively
Identify adults they can trust and who they can ask for help
Be self-confident in a wide range of situations, such as seeking new friends
Form opinions that they can articulate to a variety of audiences
Recognise their own worth and identify positive things about themselves
Balance the stresses of life in order to promote their own mental health and wellbeing and that of others
See things from other people's viewpoints, for example, their parents and carers
Discuss moral questions
Listen to their friends, support them and manage friendship problems
Recognise and challenge stereotypes, for example in relation to gender
Recognise the pressure of unwanted physical contact, and know ways of resisting it

Pupils will know and understand:

That the life processes common to humans and other animals include growth and reproduction*
About the main stages of the human life cycle*
That safe routines can stop the spread of viruses including HIV
About the physical changes that take place at puberty, why they happen and how to manage them
The many relationships in which they are all involved
Where individual families and groups can find help
How the media impact on the forming of attitudes
About keeping themselves safe when involved with risky activities
That their actions have consequences and be able to anticipate the results of them
About different forms of bullying people and their feelings of both bullies and victims
Why being different can provoke bullying and why this is unacceptable
About, and accept, a wide range of different family arrangements, for example second marriages, fostering, extended families and three or more generations living together

Pupils will have considered:

The diversity of lifestyles
Others' points of view, including their parents' or carers
Why being different can provoke bullying and why this is unacceptable
When it is appropriate to take a risk and when to say no and seek help
The diversity of values and customs in the school and in the community
The need for trust and love in established relationships

By the end of Key Stage 3 (see note below about new Science Programme of Study)

Pupils will be able to:

Manage changing relationships
Recognise risk of personal safety in sexual behaviour and be able to make safe decisions
Ask for help and support
Explain the relationship between their self-esteem and how they see themselves
Develop skills of assertiveness in order to resist peer pressure and stereotyping
See the complexity of moral, social and cultural issues and be able to form a view of their own
Develop good interpersonal skills to sustain existing relationships as they grow and change and to help them make new relationships
Be tolerant of the diversity of personal, social and sexual preference in relationships
Develop empathy with the core values of family life in all its variety of forms
Recognise the need for commitment, trust and love in meaningful relationships which may manifest themselves in a variety of forms, including marriage
Recognise the stage of emotions in relation to loss and change caused by divorce, separation and new family members and how to manage their feelings positively

Pupils will know and understand:

That fertilisation in humans is the fusion of the female cell*
The physical and emotional changes that take place during adolescence*
About the human reproductive system, including the menstrual cycle and fertilisation*
How the foetus develops in the uterus*
How the growth and reproduction of bacteria and the replication of viruses can affect health*
How the media influence understanding and attitudes towards sexual health
How good relationships can promote mental wellbeing
The law relating to sexual behaviour of young people
The sources of advice and support
About when and where to get help, such as genito-urinary medicine clinics

Pupils will have considered:

The benefits of sexual behaviour within a committed relationship
How they see themselves affects their self-confidence and behaviour
The importance of respecting differences in relation to gender and sexuality
How it feels to be different and be discriminated against
Issues such as the costs of early sexual activity
The unacceptability of prejudice and homophobic bullying
What rights and responsibilities mean in relationships

By the end of Key Stage 4

Pupils will be able to:

Recognise the influences and pressures around sexual behaviour and respond appropriately and confidently seek professional health advice
Manage emotions associated with changing relationships with parents and friends
See both sides of an argument and express and justify a personal opinion
Have the determination to stand up for their beliefs and values
Make informed choices about the pattern of their lifestyle which promote wellbeing
Have the confidence to assert themselves and challenge offending behaviour
Develop qualities of empathy and sympathy and the ability to respond emotionally to the range and depth of feelings within close relationships
Work co-operatively with a range of people who are different from themselves

Pupils will know and understand:

The way in which hormonal control occurs, including the effects of the sex hormones*
Some medical uses of hormones including the control and promotion of fertility*
The defence mechanisms of the body*
How sex is determined in humans*
How HIV and other sexually transmitted infections affect the body
The risks of early sexual activity and the link with the use of alcohol
The link between eating disorders and self-image and sexual identity
How the different forms of contraception work and where to get advice
The role of statutory and voluntary organisations
The law in relation to sexual activity for young people and adults
How their own identity is influenced by their personal values, those of their family and of society
How to respond appropriately within a range of social relationships
The qualities of good parenting and its value to family life
How to access the statutory and voluntary agencies which support relationships in crisis
The benefits of marriage or a stable partnership in bringing up children
The way different forms of relationship including marriage depend for their success on maturity and commitment

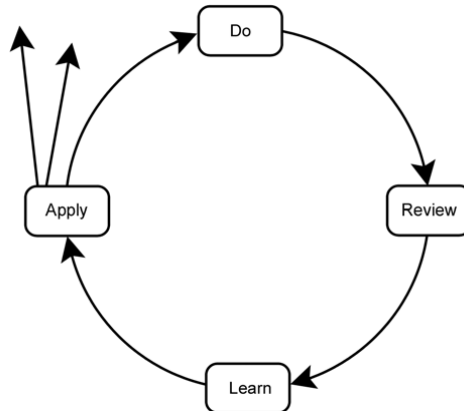
Pupils will have considered:

Their developing sense of sexual identity and feel confident and comfortable with it
How personal, family and social values influence behaviour
The arguments around moral issues such as abortion, contraception and the age of consent
The individual contributions made by partners in a sustained relationship and how these can be of joy or benefit to both
The consequences of close relationships, including having children and how this will create family ties which impact on their lives and those of others.

Key teaching and learning methodologies in PSHE⁶⁵

Active Learning

Teaching and learning in PSHE is done within a model of Active Learning supported by evidence that this is the best approach.



The Active Learning model, taken from
Personal and social development for all, McLaughlin and Byers, 2001

This model reflects many of the processes of personal-social learning in young people. Initially the young person does something and then gets feedback of some sort. On the basis of hearing that feedback they consider and review a strategy and, from their learning, then plan future actions. The cycle can be entered at any point.

In PSHE, you need to consider the **do** phase of this cycle as a planned learning activity. This could include:

- reading something
- looking at something
- doing a collaborative exercise
- taking part in a simulation
- an activity outside the classroom.

You then need to move to a **review** element in which there is reflection and review of the activity in order to identify what was learnt. This process needs to be explicitly structured and sequenced and you will draw out points through discussion or other reflection activities. By identifying these points of learning, the 'learn' phase enables the pupil not only to identify what they know now but also what they may want or need to know in the future.

The **apply** phase is where the transfer of learning takes place. Pupils again need a structure and sequence to enable them to apply what they have learned to other contexts and to plan future action or set goals.

⁶⁵ From PSHE in practice: resource pack for teachers in primary schools DfES, 2004 (there is a similar resource for secondary schools). Both are excellent resources using DVD case studies to explore good practice in PSHE.

Within the active learning model teachers will encourage pupils to engage with a variety of learning styles to meet their needs and to allow for differentiation. This will ensure that they have the opportunity to work in a number of different ways.

Lesson planning needs to include active learning and opportunities for pupils to apply and reflect on learning

Groups

Independent work gives pupils a chance to reflect on their personal progress, needs and goals, but good group work is an essential element of good SRE, to allow for a range of opportunities for active learning. At its best group work may:

- Recognise and enhance the social processes which support learning
- Become supportive places, including for learning
- Be used to simulate social processes which occur elsewhere
- Provide a context for reflecting on our own individual performance
- Provide opportunities for individuals to give and receive personal feedback
- Become safe contexts for supporting growth and experimentation⁶⁶

Agenda setting – activities should be used to find out what pupils already know and have strong feelings or opinions about. This should make an impact on lesson and programme content and delivery, making clear links with the worlds of children and young people outside the school. Activities could include writing ideas and responses on displayed graffiti sheets, quizzes, paired interviews, rounds, question boxes or human bingo.

Distancing techniques – all pupils need help to discuss sensitive issues and develop their decision-making skills in a safe environment. Techniques to depersonalise discussion can avoid embarrassment and polarized debate while protecting privacy. They include role-play, use of the third person, case studies with invented characters and the use of stories, magazines, photographs and videos.

Values clarification – a critical objective of SRE is to help pupils develop their values and their attitudes to relationships within a moral framework. A number of methods enable pupils to compare their views with others and to appreciate the spread of opinion in a group. Misunderstandings and assumptions will need attention and challenging. Pupils can form an attitude continuum to show how strongly they hold a view, visual images can be discussed, and cards with beliefs or opinions written on them can be sorted into agree/disagree or important/not important piles for discussion and comparison with other groups.

Problem solving – problem solving about relationships and situations associated with sexual health is a key and complex skill that is an essential component of an SRE programme. Activities should give opportunities to practice personal and social skills to include clarifying the problem, generating different solutions and evaluating and selecting the best way forward. Methods could include using problem page activities, conflict resolution strategies and a carousel or fish bowl arrangement to encourage lively paired work with a rehearsal of a specific solution or skill, such as saying no to unwanted sexual pressure.

⁶⁶ Quoted in PSHE in Practice: Resource Book for Teachers in Secondary Schools, DfES, 2004.

Encouraging reflection – learning from experience necessarily involves reflection and is crucial as it encourages pupils to consolidate what they have learned and form new understanding, skills and attitudes. Time should be set aside during and at the end of a session for the group to discuss what has happened, based on the following questions:

What happened?

How did I feel?

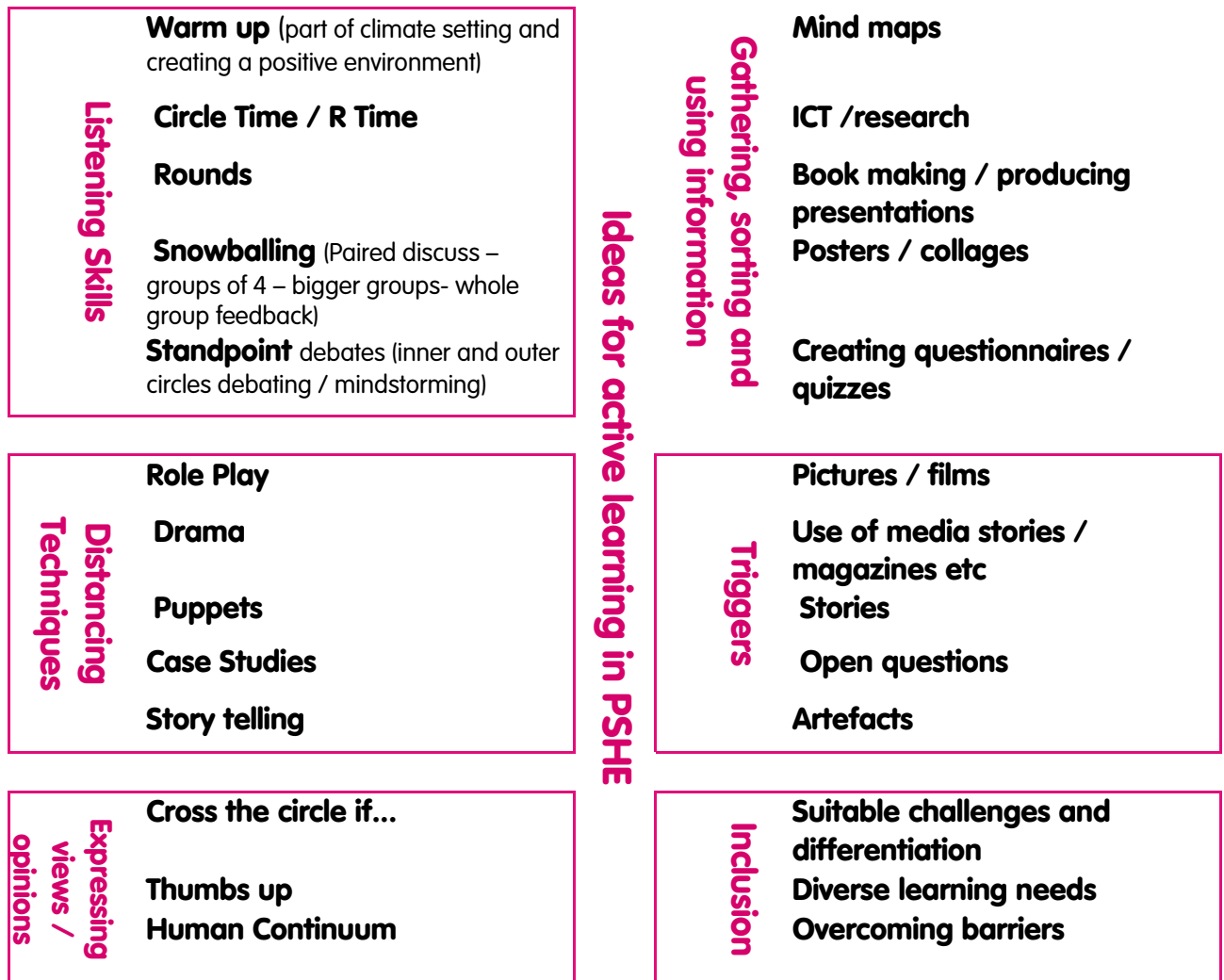
What information / skills did I learn?

How can I apply what I have learned?

What else would I like to know about?

Assessment and evaluation – self and group and by teacher, and record keeping.

Active Learning Methods (primary): ideas⁶⁷

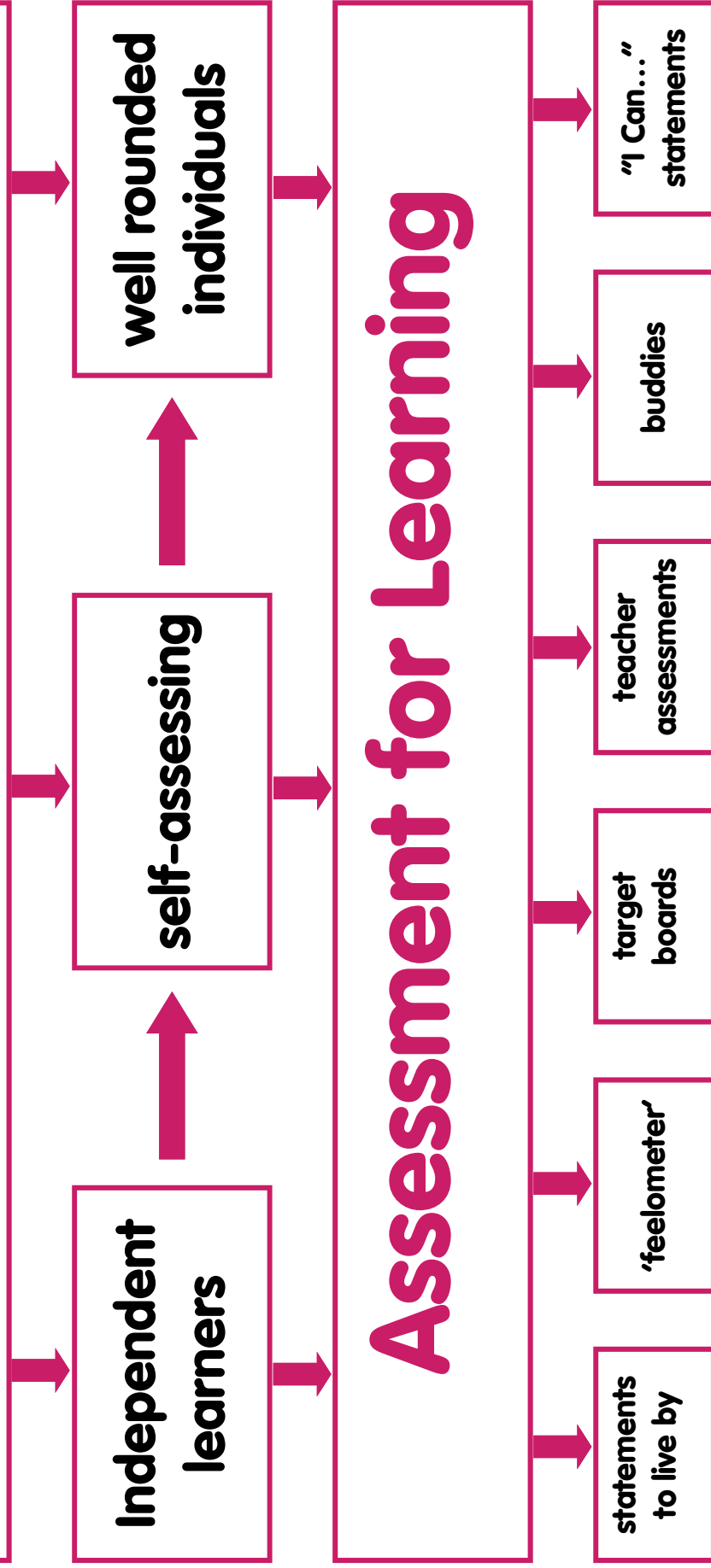


- Supported by group agreements that have been negotiated, are explicit, shared and are revisited
- Opportunities to ask questions (including by anonymous methods)
- Opportunities to reflect and/or assess
- Ways of involving parents and carers at key points

⁶⁷ See also the excellent Positive guidance on aspects of PSHE, De Silva, S and Blake, S. National Children's Bureau 2006. A superb guide to positive PSHE and active learning methods including role play and drama. An excellent resource is Active Learning, Anderson, M and De Silva, S. (me and us ltd – see resources)

Encouraging Children to be Independent Learners in PSHE.

PSHE is an area of the curriculum, where children have the opportunity to develop important life skills. Therefore, it is key for them to be able to understand where they are in their own personal development so they can move forward. Using AFL strategies allows them to do this and become independent learners, developing into well rounded individuals.



QCA PSHE end of key stage statements

These are a key reference and starting point for schools wanting to assess PSHE across all key stages

PSHE at key stages 1–4: Guidance on assessment, recording and reporting, QCA October 2005, (QCA/05/2183) http://www.qca.org.uk/qca_7187.aspx

There are some suggested activities / tools to help teachers assess pupil progress against these statements on our website at www.cornwallhealthyschools.org/

PSHE key stages 1 and 2 end of key stage statements

Key stage 1

Children can identify and name some feelings (*for example through interpreting facial expressions*) and express some of their positive qualities. They can demonstrate that they can manage some feelings in a positive and effective way. They begin to share their views and opinions (*for example talking about fairness*). They can set themselves simple goals (*for example sharing toys*).

Children can make simple choices about some aspects of their health and wellbeing (*for example by choosing between different foods and between physical activities, knowing that they need sun protection*) and know what keeps them healthy (*for example exercise and rest*). They can explain ways of keeping clean (*for example by washing their hands and keeping their hair tidy*) and they can name the main parts of the body. Children can talk about the harmful aspects of some household products and medicines, and describe ways of keeping safe in familiar situations (*for example knowing how and where to cross the road safely*). They can explain that people grow from young to old.

Children can recognise that bullying is wrong and can list some ways to get help in dealing with it. They can recognise the effect of their behaviour on other people, and can cooperate with others (*for example by playing and working with friends or classmates*). They can identify and respect differences and similarities between people, and can explain different ways that family and friends should care for one another (*for example telling a friend that they like them, showing concern for a family member who is unwell*).

Key stage 2

Children can demonstrate that they recognise their own worth and that of others (*for example by making positive comments about themselves and classmates*). They can express their views confidently and listen to and show respect for the views of others.

They can identify positive ways to face new challenges (*for example the transition to secondary school*). They can discuss some of the bodily and emotional changes at puberty, and can demonstrate some ways of dealing with these in a positive way. They can talk about a range of jobs, and explain how they will develop skills to work in the future. They can demonstrate how to look after and save money.

Children can make choices about how to develop healthy lifestyles (*for example by knowing the importance of a healthy diet and regular exercise*). They can identify some factors that affect emotional health and wellbeing (*for example exercise or dealing with emotions*). They can make judgements and decisions and can list some ways of resisting negative peer pressure around issues affecting their health and wellbeing. They can list the commonly available substances and drugs that are legal and illegal, and can describe some of the effects and risks of these. They can identify and explain how to manage the risks in different familiar situations (*for example discussing issues connected to personal safety*).

Children can explain how their actions have consequences for themselves and others. They can describe the nature and consequences of bullying, and can express ways of responding to it. They can identify different types of relationship (*for example marriage or friendships*), and can show ways to maintain good relationships (*for example listening, supporting, caring*). They can respond to, or challenge, negative behaviours such as stereotyping and aggression. They can describe some of the different beliefs and values in society, and can demonstrate respect and tolerance towards people different from themselves.

Key stage 3

Pupils can reflect on and evaluate their achievements and strengths in all areas of their lives and recognise their own worth. They demonstrate respect for differences between people. They can recognise some strong emotions and identify ways of managing these emotions positively (*for example talking with a friend or teacher about their feelings on divorce or falling in love*). They can plan realistic targets for key stage 4, and start relating career plans to qualifications and skills (*for example in their choice of course options*). They can demonstrate competency in managing their personal finances (*for example by joining a school saving scheme*).

Pupils can explain how to stay physically and mentally healthy. They can make informed choices to maintain their health and wellbeing, and can explain reasons for these choices (*for example by being well informed in relation to sexually transmitted infections*). They can assess the element of risk attached to making choices about healthy lifestyles, travel, personal safety and personal finances. They can state the basic facts and laws about alcohol, tobacco and legal and illegal drugs. They can demonstrate effective ways of resisting negative pressure, including from their peers (*for example knowing where to get help, knowing that there is an option to delay, showing resilience*).

Pupils can recognise difference and diversity (*for example in culture, lifestyles, sexuality or relationships*), and can demonstrate understanding and empathy towards others who live their lives in different ways. They can assertively challenge prejudice and discrimination (for example that related to gender, race, disability, etc). They can recognise and discuss the importance of relationships to sexual activity (*for example in terms of human reproduction, using contraception and sexually transmitted infections including HIV*), and to marriage, parenthood and family life. They can discuss ways that relationships change over time, and how to negotiate within relationships (*for example agreeing a curfew time with a parent or carer*).

Key stage 4

Pupils can assess their personal qualities, skills and achievements and use them to set future goals (*for example in public performance, in challenging physical activities*). They can present themselves confidently and use praise and criticism effectively. They can identify the range of post-16 options available to them and can use careers advice and support networks to plan and negotiate their career pathways, setting realistic targets. They can use some of the financial tools and services available to them to manage their personal finances (*for example using bank machines, identifying different types of bank and savings accounts*). Pupils can describe the short- and long-term consequences of personal health choices, and can make decisions based on this knowledge. They can identify some of the causes, symptoms and treatments of mental and emotional health disorders such as stress and depression, including the link between eating disorders and self-image, and can identify strategies for preventing and addressing these. They can assess the risks and benefits associated with lifestyle choices such as sexual activity or using alcohol, tobacco and illegal drugs, and can make safer choices based on this assessment. They can state where to find professional health advice and are confident in seeking it (*for example from their GP or other support services*).

Protective Behaviours

Protective Behaviours is a simple and effective process to use in helping children to keep safe and manage risk; it can be a powerful and effective addition to a PSHE SRE programme of study.

Protective Behaviours:

- helps to raise self-esteem and personal confidence
- improves communication skills
- develops problem-solving skills
- empowers people to make appropriate behavioural choices
- enables people to feel safe and keep themselves safe
- enables children to identify and deal with any situation in which they do not feel safe
- and encourages young people to make their own decisions and take responsibility for these choices.

Kate Pordage is a Protective Behaviours trainer and can advise schools about suitable resources and support available. The Cornwall Healthy Schools team has a resource containing printed examples of the slides and handouts that accompanied the *Train the trainers protective behaviours process* course that Kate did. See also <http://www.protectivebehaviours.co.uk/> and www.devon-cornwall.police.uk/probe/professional.html

Delay: an introduction

Helping young people resist pressure to have early sex has always been a key part of the Teenage Pregnancy Strategy. **“Delay”** is intended to strengthen the skills of professionals and others working with young people to enable them to facilitate discussion of these pressures in a way that helps young people to think through the issues and make their own choices. It is not intended to replace the current evidence-based approach to giving young people the knowledge and skills they need to make informed choices in relation to sex and relationships. It is also important to note that **it is entirely different to abstinence programmes⁶⁸** that promote no sex until marriage...⁶⁹

The Delay Programme⁷⁰

Copyright: Jo Adams

Delay is...

- Supporting young people to make choices about sex that feel right for them and helping them to decide when they are really ready
- Giving them the skills to say ‘no’ to pressure they come under to have sex, e.g. from peers, boy/girlfriends, the media and cultural assumptions
- Ensuring all young people have access to excellent SRE offering the space to grow in emotional awareness, in understanding of themselves and others, in self-esteem as well as teaching about the more ‘mechanical’ issues such as contraception, how to use condoms properly and how to access services and support
- Giving young people friendship skills so they can meet many of their social and emotional needs through friends rather than looking to sex to deliver this
- Balancing the message that it’s fine to delay sex until it’s a positive decision with good, accurate information and the skills to negotiate sex when they do choose to take this step
- Discussing with young people what makes a good relationship and how to explore non-sexual ways of being intimate and close to someone
- Understanding that many young people we work with won’t be having sex – in fact the majority under 16 won’t – and some won’t be happy with the sex they are having, and making this clear in how we work with them
- Being clear that this is relevant to all young people – heterosexual, gay, lesbian, bisexual and questioning
- Giving the message that sex isn’t a treadmill – you can get off and just because you’ve already had sex doesn’t mean you have to go on – you can take time for yourself and stop for a while till you know you’re ready
- AND ...alongside all of this providing excellent high-quality sexual health services and support which enable young people to access condoms, contraception,

⁶⁸ A 2007 US government-funded study of four abstinence programmes showed no evidence of impact on behaviour or other sexual health outcome. (<http://www.mathematica-mpr.com/abstincereport.asp>) There is more information about abstinence education on our website. Abstinence is matter of a personal choice but it cannot be a substitute for a SRE programme.

⁶⁹ Sawtell, M., and Strange, V. An evaluation of Let’s Leave it Till Later training for youth workers, SSRU, IOE, University of London, 2007

⁷⁰ Also known as Let’s Leave it Till Later or RU Ready or No Rush/No Regrets. It was developed by Jo Adams a leading authority on SRE and reducing unwanted teenage pregnancy. The notes here are based on material available on Jo’s website at <http://www.appleloft.com/>

emergency contraception, abortion and support for choices about sexuality – as well as a place to talk about relationships, sex and sexuality – as well as their right to say 'no'.

Why does early sex happen?

- Young people over-estimating how many of their peers are sexual
- In the hope of it delivering other things
- Low self-esteem
- Cultural pressures and assumptions
- Lack of excellent SRE from an early age

...but high levels of regret

Regret is a major issue for young people:

- 67% young men
- 84% young women
- who had sex aged 13 and 14 wished they had waited

RU Ready? Checklist

- Do you feel you could say no if you wanted to but still want to do it?
- Can you have fun together without anything sexual involved?
- Do you each want it for yourself, not for the other person or to fit in with friends or others' expectations of you?
- Are you certain nobody's forcing you, pressuring you or coercing you?
- Have you and your partner discussed using condoms and contraception, agreed what happens next and whether or not to tell your friends afterwards and talked about the implications if you become pregnant?
- You aren't really ready for sex until you can tick all of these boxes.
- But remember – even if you are, it still doesn't mean you have to.
- It's your choice and no-one else's.

Ten practical strategies to help young people delay sex

- Address and build strong friendship skills
- Build a sense of rights, self-esteem and aspirations
- Offer drama, excitement and alternatives to sex
- Address gender issues and do boys' work
- Develop assertiveness skills, strategies for dealing with pressure and lines to say "No"
- Ensure excellent SRE and peer education including condoms, contraception, how to access services and lots of work on relationships
-

Work imaginatively with parents

- Give young people 'trigger' thoughts
- Work on sensuality and the senses
- Give young people the whole picture

Can we do it? - yes we can!

Some ways in which we can integrate Delay Messages into all our work.....

- "I'm just wondering where you are in all of this?"
- Share the handout of "lines we can take as workers" with our teams and colleagues
- Always mention the right to say no in sexual health services publicity materials, e.g. via the Condom Card Scheme etc.
- Roll out the "RU READY?" checklist
- "I'm very precious and very special"
- Ensure any staff training on SRE or sexual health services or related issues includes work on integrating delay messages into practice

These approaches can be taken in many work areas including PSHE sessions, sexual health services, youth and community work and care settings.

Whatever we do we should not see Delay as just attendance at a Delay Training course (although they are excellent) but how we go about creating a whole school ethos that has these messages embedded in its fabric.

How to explain the facts of life

Advice for parents and carers, from an article in the *Times*

Kids may be bombarded with sexual images, but when it comes to understanding sex, they need information and guidance.

Dr Jane Collins

With David Kesterton, Project Manager, **Speakeasy** (fpa's course for parents on talking to children about sex and relationships).

A lot has changed over a couple of generations. Children are more sophisticated and often more aware of the latest music and fashions than we parents, and certainly their grandparents were, as children. From the early years they're surrounded with sexual images (usually bare flesh rather than relationships), particularly through the media, advertising and, for older children, the internet. These are impossible to avoid.

But when it comes to what they actually understand about sex, it's a very different matter. It's easy to think they know more than they actually do. Children are more than ever in need of accurate information and guidance. This will give them the confidence to make the right choices at the right times as they grow up. They, in turn, will feel more able to discuss these issues with any children of their own.

Don't children learn about sex at school?

All children will receive some sex education both at primary and secondary school. The biological aspects of reproduction are a mandatory element of science in the national curriculum, and are taught from Key Stage 1 onwards.

But teaching on other issues including relationships and making choices is not compulsory. Some schools cover these areas really well but others barely scratch the surface. An OfSTED report two months ago found there had been limited improvement in sex education generally in schools over the last five years.

So parents have a key role to play. Studies show that most children say they would like to hear about sex and relationships from their parents as well as at school. Questions are more likely to arise at home in response to something a child may have heard or seen. And we know our children best.

Will knowing about sex encourage children to try it out earlier themselves? No. Very strong evidence from studies around the world proves the opposite. Having this information is more likely to make children feel they don't need to experiment at an early age in order to learn.

While parents' views of sex and sex education might vary according to religious and cultural backgrounds, learning about these issues is important for every child.

What's the best approach?

Being open and honest is important from the earliest age. Don't bother with tales of gooseberry bushes or storks. They might be convenient explanations but when your child finds out what does happen he or she is less likely to trust you for reliable information if you have spun a yarn in the past.

Also avoid a formal 'sex talk'. It's better to let your child take the lead. Your attitude is as important as your answer. The way you respond to questions from your child, even when they're as young as two or three, will set a pattern. Try to keep the atmosphere receptive, warm and relaxed and you'll create an environment where these issues can be talked about openly.

What's the best age to start talking about this?

There isn't a 'magic age'. Most parents find the time comes naturally when the child starts asking. As soon as children can talk, they're likely to start asking questions about their bodies and noticing differences between themselves and other people's bodies.

It may be useful to have some responses ready. These need to be age-appropriate, for instance, a five year-old will probably be satisfied by hearing a baby is made by a mummy and a daddy and grows in mummy's tummy. You don't need to go into detailed biological explanations.

If a question comes at a tricky moment, for instance when you're in the supermarket, you could say 'That's a good question! Let's talk about it later'. Remember to discuss it as soon as you can, perhaps on the journey home.

Sometimes, starting school is the point at which children come home with new words and questions - they might have heard things in the playground. If you feel shocked by words or expressions your child is trying out, try not to show it. Stay calm and use it as an opportunity for a discussion.

If your child hasn't asked questions by the age of eight or nine, you could try investing in a book or getting hold of some leaflets that explain the facts of life in simple terms. Leave them around in the hope that your child will open them and you can use this as a springboard for discussion. Talking about how you learned yourself is also often a good starting point with older children.

What happens when you've imparted the information?

For many parents, the next stage is more difficult. Teenagers in particular often like to appear as though they know everything. In reality they may know the facts, but often do not understand relationship issues and how to resist pressure from peers or partners. So talking about these issues should be an ongoing process. As children grow, girls tend to be more knowledgeable than boys. Girls' magazines are often good sources of information and tackle some of these issues head on. But they can be dominated by fashion and celebrity, sending out messages that can affect children's body image and self-esteem in a negative way. Boosting your children's confidence and getting them to feel good about themselves is really important.

Storylines in soaps can also often be useful. You could use them to initiate discussions around: 'What did you think of that person's behaviour? How is the other person feeling?'

How much freedom should I give my child?

The area of exercising control is tricky too. Asking questions about where they are going, who they will be with, what they are doing, when they will be back and how you can get in touch can often get a frosty reception from teenagers. Sometimes, and most difficult of all, you will have to say no. In fact teenagers do usually like boundaries and need them. They'll also get the message that you care about their welfare and this has been shown to reduce high risk behaviour.

Peer pressure is powerful at this age and a key part of parenting is helping your child to realise this, and to have the confidence and self-esteem to resist it at the right times.

In summary

Don't rely on sex education lessons at school; parents have a key role to play in advising and guiding children on sex and relationships through childhood and into the teenage years.

(From the *Times* online, downloaded 19th September 2008)

Further information

To find out more about **Speakeasy**, talk to Mandy Lancaster, Speakeasy Development Worker, 01209 313419 or see our website www.cornwallhealthyschools.org.

For a copy of fpa's *Talking to your child about sex and relationships* call 0845 122 8690 or contact the CHSP team.

A quality standard for good SRE in healthy schools in Cornwall

Together with the above-listed criteria we've taken the underpinning ethos of the Healthy Schools programme, the **whole school approach**, to develop the following standard that we think can provide the foundation of good SRE in Healthy Schools in Cornwall.

Whole school ethos

The school ethos and curriculum aim to build the confidence and self-esteem of the whole school community in their ability to learn and achieve, recognising individuality and diversity.

The roles and responsibilities of the whole school community are clearly defined with respect to the personal development of pupils and SRE.

There are established mechanisms for consulting with the whole school community, including pupils, parents or carers and governors. There are mechanisms in place to ensure that feedback about the results of consultations is given to the school community.

Policy

The school has an agreed written SRE policy which:

- is meaningful to the school, meets the needs of the school community and is reflected in the day to day practice of the school
- has established mechanisms for involving the whole school community in its development, implementation and review
- meets statutory requirements, those of guidance DfEE/0116/2000 and of other guidance documents
- makes links with other relevant policies in school such as safeguarding children, confidentiality, equal opportunities, anti-bullying and drugs education
- makes links to other relevant policies and programmes e.g. the Teenage Pregnancy Strategy, the Healthy Schools programme, Local Area Agreements and the Cornwall Children and Young People's Plan
- supports and reflects the school's aims, values and ethos
- has clear, agreed procedures
- is reflected in the school prospectus
- offers planned opportunities for outside visitors to contribute to the implementation of policy
- makes reference to National Curriculum requirements in Science but clearly defines SRE as having a broader focus with three main aims:
 - attitudes and values
 - personal skills, and
 - knowledge.

Where appropriate, the policy also takes account of church or diocesan guidance.

The Governing Body has a named lead Governor for SRE.

There is a section on SRE in the school prospectus clearly stating the school's approach.

Curriculum and teaching

Inclusion is seen as fundamental to planning and delivery in both the formal and the informal curriculum.

The planned SRE programme directly reflects the aims and ethos of the policy.

The curriculum is matched to pupils' age and maturity, with due regard to SEN requirements.

Schemes of work are developed according to pupils' needs, taking account of national and local priorities, and identifying pupils' learning outcomes. They are planned to enable progression and continuity of learning.

Curriculum resources are up to date, age-appropriate and meet the needs of pupils of different ability, ethnicity and cultural and social background.

Progression and continuity are addressed in the resources used. (The SEF resource checklist or its equivalent may be used to assess resources.)

The school pays particular attention to transition across key stages ensuring delivery of a spiral curriculum.

The school identifies opportunities for SRE by:

- offering a discrete programme
- making links with other National Curriculum subjects, and
- providing enrichment opportunities.

SRE addresses:

- knowledge
- attitudes and values
- skills.

These are linked to clear learning outcomes, in particular those identified by OfSTED.

Use of SEAL in both primary and secondary schools is recognised as highly relevant to the delivery of good SRE and of benefit in helping pupils to develop the skills and attitudes that will help them avoid risky behaviours.

Methods of delivery are largely active and interactive. Use is made of distancing techniques to de-personalise situations.

Teachers feel confident and competent in using a wide range of teaching and learning strategies according to content and pupils' needs.

Timetable planning takes account of the sensitivity needed to deliver effective SRE with regard to:

- the availability of suitable staff
- grouping of pupils
- the gender mix of staff and pupils
- equal opportunities
- time of day and time allocation, and
- the availability of classrooms suited to a range of teaching strategies.

Monitoring, evaluation and assessment

The SRE policy and programme is reviewed on a planned and regular basis (every two years for policy review; we recommend at least every two years).

The school includes the use of the QCA end of key stage statements to evaluate learning in SRE.

The outcome of monitoring, evaluating and assessment of the curriculum helps teachers to plan future teaching and learning. Monitoring, evaluating and assessment are informed by pupils' views (for example through Assessment for Learning).

The school keeps records of pupils' academic progress and their personal and social development. Pupils' annual school reports include a comment on personal and social learning, negotiated between teacher and learner where appropriate.

Environment

There are opportunities for all individuals in the school community to be listened to, treated with respect, have their views considered and contributions valued.

The school environment is welcoming, clean, cared for and respected by pupils and staff.

Group agreements are negotiated and SRE is delivered within a supportive environment.

Consideration is given to classroom layout in order to help create a positive learning environment.

The school has clean and accessible toilets providing privacy for all pupils. Sanitary towels, tampons and disposal facilities are provided in all toilets.

Staff are consulted on their training and support needs for SRE through a regular review process. The School Development Plan supports staff in having access to relevant professional development. This ensures that staff delivering PSHE, Citizenship and Healthy Schools activities have secure, accurate and up to date knowledge.

Teachers feel confident and competent in using a wide range of teaching and learning strategies.

Teaching staff, learning support assistants and adults other than teachers are deployed to support effective learning for all pupils.

All staff are aware of their own and others' roles and responsibilities.

Key staff are aware of children's rights, child protection procedures and legal issues relating to SRE.

Outside visitors and agencies

Outside visitors are not used as a replacement for teaching within school.

External agencies and outside visitors are used effectively to support the development of SRE provision.

The school has clear procedures for working with visitors and outside agencies that

- are shared and understood by all
- outline clear roles and responsibilities
- clarify issues of sensitivity and confidentiality, and
- monitor and evaluate their input (including canvassing pupils' views).

Relevant aspects related to SRE and any on-site health provision such as School Nurse drop-in sessions⁷¹ are conducted within legal and statutory guidelines and written into school policies. The services are explained within school and in the school prospectus. All members of the school community understand the function of these services in school.

Such services are held in the most appropriate place available in school, which provides a confidential environment, is child-centred and strives to ensure privacy of access. The sessions are promoted using a variety of methods in school.

Celebrating achievement

A key part of good SRE is the emotional health and wellbeing of pupils and their confidence and self-esteem: a school providing opportunities for all pupils to attain their potential and be celebrated for their achievements, in whatever sphere, is a school that is delivering a powerful foundation for effective SRE.

In such a school all members have time to reflect on successes and achievements across a wide range of experiences. These are explicit, celebrated and promoted. Pupils' achievements and successes are regularly celebrated in the school. Schools may use their own reward systems or externally recognised ones (e.g. Records of Achievement, Progress files, Active Mark, Sports Mark, First Aid Certificates, Safer Routes to School, Key Skills, Reading Partnership, and the Duke of Edinburgh Scheme), and are consistent in their use.

School and classroom displays are interactive and celebrate pupils' Healthy Schools work. They are used to support lessons.

⁷¹ Either primary ones for parents or secondary ones for pupils

Sensitive issues, information and support

The school has a written policy about confidentiality boundaries within school. This policy is publicised and clearly explained to parents and carers, pupils and staff. Training and updates are regularly provided to meet legal and statutory obligations.

All staff have sound knowledge about the limits of confidentiality offered to pupils and are aware of the lines of referral with regard to issues of confidentiality.

Child protection issues are addressed using the latest national and local guidance⁷².

The school has a named Child Protection Officer and all staff are able to refer appropriately should an incident arise.

Teachers are offered realistic support and guidance in dealing with and teaching sensitive issues.

The school promotes local and national information about SRE in appropriate ways to all pupils. This information is inclusive of gender, race, sexuality and ability.

A variety of methods are used to share information, such as a Health Information Board, posters, information in class, and leaflets in resource areas.

The level of information provided is evaluated with pupils and parents are informed about the kinds of information available.

The guidance below is intended to provide schools with some further information and useful tools to help audit the current position in school and provide help to develop this standard.

⁷² See guidance on Cornwall County Council's website <http://www.cornwall.gov.uk/CYPF/index.cfm?articleid=15980>

Some research findings

Good, comprehensive SRE which starts before the onset of sexual activity does not make young people more likely to have sex. In fact it helps them to delay starting sex and makes them more likely to use contraception when they do⁷³.

Young people need and want good SRE (that is high quality and relevant to their needs)⁷⁴

Vast majority of parents want, and expect, schools to deliver SRE⁷⁵

Comprehensive SRE with links to accessible sexual health services reduces TP rates⁷⁶.

40% of young people report getting little or no information /advice from parents - especially boys⁷⁷

Young people repeatedly tell researchers that they believe the sex education they receive is too little, too late and too biological. They report too little discussion of social and emotional issues and that what little information they are given about sexually transmitted infections is not placed in the context of young people's lives.

The vast majority of parents are in favour of sex education in schools. A 1998 study found that 96% of parents want schools to provide SRE. Parents also believe that discussions of contraception and visits to local services should start at an earlier age than they do currently⁷⁸.

One in three girls are not told about periods by their parents before they start menstruating. One in ten start their periods without receiving information from anyone at all⁷⁹.

Over a quarter of 14-15 year-olds surveyed in 1999 thought the pill protected against sexually transmitted infections⁸⁰.

Until recently friends were as likely as schools to be young people's main source of information about sex⁸¹. However, the second National Survey of Sexual Attitudes and Lifestyles found for the first time that young people age 16-19 reported school-based lessons as their main source of information about sex⁸².

73 NHS Centre for Reviews and Dissemination (CRD). Effective Healthcare Bulletin 3 (1) Preventing and reducing the adverse effects of unintended teenage pregnancies, University of York, 1997

74 United Kingdom Youth Parliament, SRE are you getting it? (a report by the UK Youth Parliament), London, June 2007 www.ukyouthparliament.org.uk/

75 quoted in presentation by Lesley de Meza, SRE consultant, November 2008

76 *ibid*

77 United Kingdom Youth Parliament, SRE are you getting it? (a report by the UK Youth Parliament), London, June 2007 www.ukyouthparliament.org.uk/

78 C Carrerra, R Ingham, N Stone, Exploration of the factors that affect the delivery of sex and sexuality education and support in and out of schools, CSHR, University of Southampton, 1998

79 S Prendergast, This is the time to grow up: girls' experience of menstruation in school, Health Promotion Research Trust, 1992

80 Health Education Authority, Young People and Health, HEA, 1999

81 Health Education Authority, Young people and health, HEA, 1999

82 K Wellings et al, Sexual behaviour in Britain: early heterosexual experience, The Lancet, Vol 358, December 1 2001

Young people who learn about sex mainly from school are less likely to become sexually active underage than those whose family and friends are their main source of information⁸³.

Over 90% of parents look to schools as the favoured route for sex education and parents tell researchers that the more they know about a school's programme, the more satisfied they are with it. However, over a third in one study said that they had never been consulted on the delivery of sex education to their children (Allen, I. 1987 and Carrera, C. and Ingham, R. 1997).

In a 1991 survey of 19,000 people, two thirds thought they should have been better informed about sex when they started being sexually active and of these a third of the women and a half of the men wanted more sex education from school. (Wellings, K. 1996)

A review of SRE (Kirby 2001) found that there were common characteristics in effective SRE programmes:

- consistency and clarity of prevention messages
- accurate information
- skills-based learning
- recognition of social pressures
- importance of training for teacher or provider
- adequate time given to SRE, and
- age-appropriate teaching.

⁸³ K Wellings et al, *ibid*

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Addressing lesbian, gay, bisexual and transgender equality in primary schools: books for use in primary and early years settings: an annotated list

Blank templates / paperwork

Healthy Schools Whole school approach audit

Policy into practice checklist

Visitors checklist

Resources checklist

(Also available to download from our website).

About us

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our completely new **website** at: www.cornwallhealthyschools.org/ has everything you need to support your healthy schools work and more and should be somewhere you visit on a regular basis to get the latest news and information.

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Water Bottle, leaflet and pedometer orders

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School Support Workers are assigned to specific schools (your listing on the National Database will tell you who your support worker is) to provide you with personalised support on any aspect of your healthy schools work both before and after validation.



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