

**Supporting Young People's Healthy Lifestyles
in Secondary Schools**

Health Scrutiny Committee

May 2008

Foreword and Acknowledgements

Review of Support for Young People's Healthy Lifestyles in Secondary Schools

Lead Councillor, Roy Driver



The Panel met four times between February and May 2008 to carry out this review. All of our work has been founded on the premise that schools, and Personal Social, Health and Economic (PSHE) education programmes in particular, have the opportunity to play a major part in the personal and social development of young people and that, therefore, this opportunity should be maximised.

We elected to look at the topic of healthy lifestyles in secondary schools largely as a result of national research and evaluation suggesting that in-school support on personal, social and health issues is valued but is not always meeting the needs of young people. We have focused on the information and support provided to 11-16 year olds in Stockport about sexual health, drugs and alcohol recognising that lifestyle choices and associated risks around these issues are very much inter-related.

This project has been carried out with a view to making recommendations about how education and services might be improved. The results of our consultation with young people in Stockport, finding out about what they think about the education and services, in relation to sexual health, drugs and alcohol, available in Stockport's secondary schools has given us a strong evidence base from which to make these recommendations.

We hope that this research and the valuable feedback that has informed our recommendations will be used by schools and local services to maximise the role of the school in children's personal and social development, particularly through developing a planned curriculum approach to PSHE programmes, listening to the student voice and improving signposting to other available support services.

I would like to thank all the members of the sub-group drawn from the Health Scrutiny Committee for their work over the review period. I would also like to thank all of the Officers of the Council, Primary Care Trust and others who provided us with relevant information and assisted us in our

deliberations. I'd particularly like to thank the young people taking part in the consultation exercises for sharing their experiences of education and services received in secondary schools in relation to sexual health, drugs and alcohol.

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1. Executive Summary

- 1.1 The Health Scrutiny Committee selected 'young people's healthy lifestyles' as a topic for review at its away day at the beginning of the municipal year. Representatives of Stockport Primary Care Trust, Stockport Foundation Trust and the Council's Executive assisted the Committee in their topic selection.
- 1.2 This review has considered the in-school support available to young people in Stockport about Healthy Lifestyles – particularly sexual health, drugs and alcohol. It has focused on the information and support provided to secondary school-age children (11-16 year olds).
- 1.3 This review is founded on the premise that schools, and Personal Social, Health and Economic (PSHE) education programmes in particular, have a major part to play in the personal and social development of young people and that the information provided to young people in schools helps them to make healthy lifestyle choices.
- 1.4 This review has not been motivated by any sense that Stockport's secondary schools are failing to meet young people's needs around the lifestyle topics being researched. Indeed, the review panel heard that all schools in Stockport are signed onto the National Healthy Schools programme and that under-18 conception rates in Stockport were among the lowest in the North West in 2005.
- 1.5 Weaknesses reported nationally have primarily prompted this local exploration. OFSTED's report¹ concluding that although progress has been made 'too many schools do not base the PSHE curriculum on pupils' assessed needs' particularly suggested to the Committee that there would be value in an exercise to find out about school-based PSHE education and other school-based services and whether they were meeting the needs of the young people in Stockport's secondary schools. The Committee was also mindful of the findings of a UK Youth Parliament Survey² revealing high levels of dissatisfaction with Sex and Relationship Education (SRE) among young people. These national reports have set the context for this review's focus on identifying the information and support provided in secondary schools around sexual health, drugs and alcohol and assessing whether it is meeting the needs of young people in Stockport.
- 1.6 Sexual health, drugs and alcohol have been chosen as the three lifestyle topic areas to focus on because of the inter-relationship

¹ Time for change? Personal, social and health education, OFSTED, April 2007

² 'Sex and Relationship Education: Are You Getting It' report of the UK Youth Parliament, June 2007

between alcohol, drugs and sexual behaviour, making it apt to consider the issues and related interventions in schools together.

- 1.7 Qualitative research with young people in Stockport's secondary schools has been the key activity within this review. This research has enabled the Committee to get a better understanding about what young people in Stockport need and want in terms of education and provision in schools in relation to sexual health, drugs and alcohol. It is primarily the findings of this consultation that have determined the Committee's conclusions.
- 1.8 The Committee naturally recognises, fully endorsed by their research with young people in Stockport, that young people are most likely to turn to their friends for information even though they know that they are not likely to be the most accurate source of information. Nevertheless, the Committee believes that schools have an important role in offsetting this, through PSHE and signposting to other services, with the accurate and reliable information that young people need to make healthy lifestyle choices.
- 1.9 However, based on feedback from young people themselves, this review has found that PSHE education on sexual health, drugs and alcohol in Stockport's secondary schools varies in amount and quality and could be based more closely on the needs of young people. The research has clearly highlighted variation in the delivery of PSHE from school to school including:
- giving the subject different titles;
 - teaching as part of different subjects within the curriculum or in a specific lesson;
 - giving information in different school years;
 - presenting information in different formats;
 - a varying quality of teaching.
- 1.10 This is not to suggest that young people have not received specific information on these topics in schools, as the majority say they have, however, young people appear to lack confidence that they are receiving the accurate and reliable information that they need. Added to this are key messages about what, how and when young people would want to receive information about sexual health, drugs and alcohol including:
- their need to have confidence that the person giving them this information knows what they are talking about and is properly trained;
 - preference for an ongoing relationship with the person giving them information and appreciation of specialist speakers, particularly among older students;
 - preference for boys and girls to be separated when receiving information on sexual health;
 - feeling that Year 5 is the earliest age at which this information should be taught and Year 7 the latest.

- 1.11 In many cases the views of young people in Stockport and other findings of this review iterate what is found nationally and the Committee believes that this strengthens the case for listening to the voice of Stockport's young people and striving to improve what we do that is already good as well as that that is not so good.
- 1.12 This review has been timely for Stockport as the second Young People's Healthy Lifestyles Survey has recently completed and, although results were not available to the Committee at the time of writing this report, this review's findings will complement and add to the findings of this Survey with more detailed and meaningful qualitative information. The Committee would, therefore, suggest that the results of the second Young People's Healthy Lifestyles Survey should be cross-referenced with the results of the consultation that it has commissioned as part of this review before sharing them with schools.
- 1.13 The Committee feels that the feedback that it has gathered from young people provides a valuable source of information and an opportunity for schools, the Local Authority and Primary Care Trust, to improve PSHE programmes, signposting and access to other services to better meet the needs of all our students, in relation to information on sexual health, drugs and alcohol, and makes recommendations accordingly.

SCHOOL-BASED PSHE EDUCATION

A Curriculum Approach to PSHE Education

Recommendation One

It is recommended that, with support from the Local Authority and PCT, schools use a more consistent and developed curriculum approach to delivery of PSHE education to regularise information provided, particularly on sexual health, drugs and alcohol, in Stockport's secondary schools.

Basing the PSHE Curriculum on Pupils' Assessed Needs

Recommendation Two

Life skills, and particularly the relationships element of SRE, should be given more prominence in PSHE teaching and, to recognise this, SRE should be titled Relationships Education (RSE).

Recommendation Three

The expressed desire for single sex classes for Sex and Relationship Education (SRE) should be met and schools should consider how this can be accommodated in their PSHE teaching strategies.

Recommendation Four

Students should be involved in considering, monitoring and modifying their PSHE curriculum in order to make PSHE what they need. It is recommended that the toolkit for consulting young people on SRE be used and adapted for use in relation to DATE.

Organising, Planning and Delivering the PSHE Curriculum

Recommendation Five

PSHE education, including sexual health, drugs and alcohol, should be delivered within separate curriculum time specifically allocated to its provision.

Recommendation Six

All pupils in Year 7 should be given adequate information on sex, drugs and alcohol and there should be progressive consolidation of this throughout their secondary education.

Recommendation Seven

The Committee recommend that there should be more trained teachers delivering PSHE including:

- a) At least one member of staff in every secondary school having the CPD accreditation in line with the national recommendation, and;
- b) A core team of trained teachers teaching all PSHE being developed in every secondary school.

Recommendation Eight

The Committee recommends the use of specialist speakers and visitors from other agencies to provide curriculum support in accordance with the needs of their students, particularly drawing on the expertise of specialists to provide input for older children on specific areas within the PSHE programme.

SCHOOL-BASED SERVICES

Signposting in Schools to Other Services

Recommendation Nine

The Committee recommends that the Local Authority and PCT should continue to support and promote to schools the full use of the dedicated notice boards and comprehensive distribution of the age-appropriate directories of service to raise awareness of the specialist services available to young people.

Access to School-Based Services

- **School Nursing**

Recommendation Ten

That the PCT continue to increase their investment in commissioning for the school nursing service to 2010 to ensure progress towards the 'Choosing Health' commitment³ and a comprehensive public health role for school nurses in Stockport's secondary schools.

- **MOSAIC**

Recommendation Eleven

The Committee recommends further investigation into the availability of sexual health, drug and alcohol information and other related services to young people post-16 years, in education or otherwise, in Stockport.

Targeting Information and Support to Schools and Areas in Greatest Need

Recommendation Twelve

The Committee recommends that the Council and PCT collect data on conceptions and alcohol-related admissions of young people to A&E by school and postcode to enable the right information and support to be targeted to areas in greatest need.

³ The 'Choosing Health' Public Health White Paper (DoH, November 2004) states that the Government are 'providing new funding so that by 2010 every PCT – working with children's trusts and local authorities – will be resourced to have at least one full-time, year-round, qualified school nurse working with each cluster or group of primary schools and the related secondary school'.

2. The Review

Introduction

- 2.1 This topic was selected as the second scrutiny review this year at the Health Scrutiny Committee's meeting on 8th January 2008. The Committee agreed that it would carry out a review on this topic at their away day, held on the 3rd July 2007, attended by Members of the Health Scrutiny Committee along with representatives of Stockport Primary Care Trust, Stockport Foundation Trust and the Council's Executive.
- 2.2 This review has focused on in-school support, and particularly PSHE education, recognising that schools have a major part to play in the personal and social development of young people.
- 2.3 Sexual health, drugs and alcohol have been chosen as the three lifestyle topic areas to focus on because of the inter-relationship between alcohol, drugs and sexual behaviour, making it apt to consider the issues and related interventions in schools together. The links between these so-called 'risky behaviours' have been evidenced in Home Office research on underage drinking which reveals that⁴:

More than a quarter of those who drank at least once a week had taken drugs in the last month compared with only 8 per cent of those who drank one to three times a month and 1 per cent of those who had not drunk alcohol in the previous year.

After drinking alcohol, one in seven young people reported having unsafe sex and one in ten had drunk so much that they could not remember if they had had sex or not.

- 2.4 The government has invested heavily in PSHE in schools as part of the national Healthy Schools Programme, but there are questions about its effectiveness. There have been recent national publications suggesting that more can be done to make it effective and meet the needs of young people.
- 2.5 Part of the rationale for selection of this topic has been its timeliness and during the course of the review the pertinence of the topic at both a national and local level has been heightened by the announcement of a national review⁵ of the delivery of Sex and Relationship Education (SRE) in schools and figures published in February showing an increase in teenage pregnancies in the

⁴ Matthews, S, Brasnett, L and Smith, J (2006) Underage drinking: findings from the 2004 Offending, Crime and Justice Survey. London: Home Office Research Development and Statistics Directorate

⁵ Department for Children, Schools and Families, 25 February 2008

Stockport area⁶ despite a national trend of reducing teenage conception rates for 2006 and previous reductions in the under 18 conception rate in Stockport. These developments have clearly added to the sense that there is a need to reinforce what we are doing, both nationally and locally, in terms of school-based PSHE education.

- 2.6 It was considered that this review would also be timely for Stockport as the second Young People's Healthy Lifestyles Survey, organised by Stockport Council and Stockport NHS Primary Care Trust, was ongoing when the review commenced and has recently completed. The aim of this survey has been to find out about the health, lifestyle and behaviour of 10–25 year olds living in Stockport. The survey has collected information on the lifestyles of young people including alcohol, drugs and sexual health and includes some questions relating to accessing information about these in schools and outside of school. The Committee hopes that views expressed by young people in the consultation that it has commissioned as part of this review will help to make sense of some of the statistical information provided by the second Young People's Healthy Lifestyles Survey and be useful to schools, the Local Authority and PCT, particularly in considering teaching strategies and the curriculum for PSHE in line with the needs of the young people in their schools.
- 2.7 The Committee urges practitioners in the Local Authority, Primary Care Trust and secondary schools to use its findings, conclusions and recommendations to help consider the actions needed to improve the health and well-being of young people in Stockport, particularly thinking about maximising the role of the school in children's personal and social development.
- 2.8 The Committee hopes that its work will have currency and usefulness not only for Stockport but regionally and nationally, and indeed, it proposes to share its findings with Government Office North West to support a programme of work designed to improve the quality of Sex and Relationship Education (SRE) in secondary schools across the North West region⁷.

⁶ Office of National Statistics, Under 18 Conception Statistics 2006, 28 February 2008. The data shows that there were 232 conceptions in 2006 compared to the 2005 year when there were 190 conceptions.

⁷ Pilots will take place in secondary schools across the North West and it is planned to develop the curriculum, to undertake education and training for those schools involved and to implement the final curriculum in September 2008, with evaluation taking place in January 2009.

Terms of Reference

2.9 The terms of reference for this review were as follows:

Aim

To consider successes of and barriers to education and services promoting and supporting young people's healthy lifestyles in secondary schools focusing on sexual health, drugs and alcohol.

Objectives

- Establish the national context for this review including research, statistics and strategy on young people's sexual activity, their use of alcohol and drugs;
- Establish the local context including the local picture on young people's alcohol consumption, drug use and sexual behaviour;
- Identify what schools are already doing to encourage pupils to make healthy lifestyle choices in relation to sexual health, drugs and alcohol;
- Identify what services are already doing to get public health messages in relation to sexual health, drugs and alcohol to young people;
- Gather young people's perspectives on sources of information on healthy lifestyles, support in schools to promote healthy lifestyles and whether this meets their needs in relation to sexual health, drugs and alcohol;
- Analyse information gathered in focus groups on young people's perspectives on education and provision in schools to promote healthy lifestyles and whether this meets their needs in relation to sexual health, drugs and alcohol.

Methodology

2.10 The Committee established a Scrutiny Review Panel to undertake the review comprising;

Cllr Roy Driver - Lead Councillor
Cllr Walter Brett
Cllr Bryan Leck
Cllr Tom McGee
Cllr Craig Wright

This report is the final report of the Committee and is based on the Panel's findings.

Panel Meetings

2.11 The Panel met four times between February and May 2008 to carry out the review. In addition to this it carried out qualitative research with a sample of young people attending Stockport's secondary schools.

2.12 The review followed the timetable detailed below:

Meeting One (5th February) – Agree Project Plan and Current Position

- Agree terms of reference and outline project plan;
- Establish the national context for this review including research, statistics and strategy on young people's sexual activity, their use of alcohol and drugs;
- Establish the local context including the local picture on young people's alcohol consumption, drug use and sexual behaviour;

Meeting Two (3rd March) - Sex, Drugs and Alcohol and Young People: What are Schools and Services Doing in Secondary Schools to Promote Good Outcomes?

- Identify what schools are already doing to encourage pupils to make healthy lifestyle choices in relation to sexual health, drugs and alcohol;
- Identify what services are already doing to get public health messages in relation to sexual health, drugs and alcohol to young people;

Consultation (17th March to 3rd April)

- Gather young people's perspectives on sources of information on healthy lifestyles, support in schools to promote healthy lifestyles and whether this meets their needs in relation to sexual health, drugs and alcohol;

Meeting Three (7th April) – Consultation Results and Conclusions

- Analyse information gathered in focus groups on young people's perspectives on education and provision in schools to promote healthy lifestyles and whether this meets their needs in relation to sexual health, drugs and alcohol.

Meeting Four (6th May) - Draft Final Report

- Conclude and formulate recommendations for the final draft review report.

Consultation with Young People

- 2.13 This review has used consultation exercises to provide qualitative information on young people's views and experiences of education and services, in relation to sexual health, drugs and alcohol, available in Stockport's secondary schools. Young people have been consulted on their views on the information, support and service they receive in schools on sexual health, drugs and alcohol and not on their behaviour or experience of these matters.
- 2.14 The general principles informing this consultation were that:
- The consultation should reflect the diversity of Stockport's population;
 - Young people from different areas of the borough should be consulted;
 - Young people at different ages and different stages of their secondary school education should be consulted;
 - The views of service users and non-service users should be captured.
- 2.15 The consultation activity carried out has consisted of three elements:
1. Two focus groups and a paired depth interview facilitated by Ipsos Mori North:
 - Group discussions took place between 13th March and 3rd April;
 - All participants were pupils at schools in the Stockport borough in either Year 8 (12-13 year olds) or Year 10 (14-15 year olds);
 - 22 young people took part in the research -
 - 10 from Year 8
 - 12 from Year 10
 - 8 young men
 - 14 young women
 2. Two focus groups facilitated by Council employees⁸
 - All participants were young people from two of our Pupil Referral Units - one at Moat House⁹ and one at Highfields;
 - Focus groups took place on the 17th March (Highfields) and 20th March (Moat House);
 - 11 young people took part in the research – 6 at Moat House and 5 at Highfields

⁸ The facilitators of these groups were Gareth Daltry (Drug Support Worker) and Elaine O'Reilly (Peer Education Co-ordinator)

⁹ Moat House Pupil Referral Unit is Stockport's educational provision for pregnant schoolgirls and schoolgirl mothers

3. Questionnaire on the Kooth.com website¹⁰ (see Appendix Two)
 - All participants were young people from Stockport registered as users of the Kooth.com website;
 - The questionnaire was live on the website from 25th March to 2nd April;
 - 11 Pupils from the school years 7 to 11 took part in the questionnaire. The majority were from years 9, 10 and 11 with only 1 pupil from each of the years 7 and 8.

In total 44 young people took part in the research.

- 2.16 All facilitators based their discussions with young people on the topic guide developed by Ipsos Mori North, guided by areas for questioning agreed with Members, and produced in conjunction with the officers supporting this review. The areas for questioning covered by the topic guide included:

- When was sexual health, drug and alcohol information provided in school
- What did they learn
- Quality of input
- What difference has this made
- Methods of delivery
- Role of teachers – different types (i.e. form or subject specialist)
- Opinions about the best way of delivering input on topics in schools
- Information and support needs on the topics
- Extent to which these needs are met and gaps
- Where they get information, guidance and support from
- Most important sources of information and reasons for this
- Where they would like to get information, guidance and support from (i.e. what would make most impact)
- Role of other health professionals providing input in schools
- Role of schools in signposting to other services

- 2.17 Summary reports of each element of the consultation are set out in the Appendices (Three to Five) to this report and responses have informed the Committee's conclusions and recommendations at Chapter 4.

¹⁰ An on-line counselling service created by Stockport Council in partnership with Stockport Primary Care Trust and the private counselling service Xenzone

3. The Role of Schools in Young People's Personal and Social Development

National Context

- 3.1 Whilst the Government has resisted calls for Personal, Social, Health and Economic (PSHE) education to be made a statutory foundation subject in the National Curriculum it is clear that the Government's vision and plans for children and young people - the Children's Plan - and the Secondary National Curriculum are dependent on schools to play a major part in the personal and social development of young people in order to fulfill their aims.

Children's Plan, Building brighter futures¹¹

- 3.2 The Plan sets out the Government's vision and plans for the next ten years for children and young people, with an aim by 2020 "to make England the best place in the world for children and young people to grow up".
- 3.3 The plan is set out in chapters covering each of the Department's strategic objectives:
- secure the health and wellbeing of children and young people
 - safeguard the young and vulnerable
 - achieve world-class standards
 - close the gap in educational achievement for children from disadvantaged backgrounds
 - ensure young people are participating and achieving their potential to 18 and beyond
 - keep children and young people on the path to success.
- 3.4 In terms of measures to keep children and young people on the path to success it indicates that provision and education in schools around sex, drugs and alcohol will be a priority and makes the following commitments:
- To tackle behaviour that puts young people at risk and help young people manage these risks, a youth alcohol action plan will be published in spring 2008 covering improved alcohol education in schools, parental alcohol misuse, and further action on alcohol advertising.
 - Around the same time there will be a revised cross-government drugs strategy which will prioritise young people and families, and address drug misuse by parents, specialist drug treatment, and the role of schools and children's services in preventive measures.

¹¹ Department for Children, Schools and Families, 11 December 2007

- There will also be a review of best practice in effective sex and relationships education and how it is delivered in schools.
- 3.5 As recognised by the Children's Services Network in a recent briefing "success will depend on getting all schools on board to fulfil this wider role and push ahead with raising standards and also facilitating the other extended services"¹².
- 3.6 Therefore, the role of schools in providing support and education on the issues of concern within this review (and others) is clearly central to delivering the Government's vision for young people.

New Secondary National Curriculum

- 3.7 The role for schools in helping pupils to succeed in school and beyond is also reflected in the aims of the new secondary curriculum. The new secondary curriculum was introduced in July 2007 with the aim of personalising learning to enable teachers to focus their teaching on what each individual needs in order to progress. It states that the curriculum should enable all young people to become:
1. successful learners who enjoy learning, make progress and achieve
 2. confident individuals who are able to live safe, healthy and fulfilling lives
 3. responsible citizens who make a positive contribution to society.
- 3.8 In terms of these aims, this review is particularly pertinent to considering the success of secondary schools in Stockport in achieving 2. The review has considered whether pupils are given information to make informed lifestyle choices and helped to access the right support by schools.

Personal, Social, Health and Economic Education (PSHE)

- 3.9 Schools and PSHE education programmes in particular, have a major part to play in the personal and social development of young people. PSHE education lessons provide an opportunity for secondary schools to talk to young people about sexual health, drugs and alcohol.

¹² Children's Plan, *Building brighter futures*, Phil Jones, Frances Migniuolo and Martin Rogers, 21/12/2007

- 3.10 PSHE education has been a non-statutory part of the National Curriculum since September 2000. It is part of the National Healthy Schools Programme and is structured to provide pupils with learning opportunities through which they can be taught the knowledge, skills and understanding to take responsibility for themselves, show respect for others and to develop the self awareness and confidence needed for life.
- 3.11 PSHE is taught throughout all four Key Stages (ages 5-16) and covers a wide range of learning opportunities that reflect the needs of young people in their personal and social development. These cover:
- sex and relationship education (SRE); drug, alcohol and tobacco education (DATE)
 - improving confidence to lead a healthy and safe lifestyle
 - managing personal money
 - careers education
- 3.12 There is a non-statutory framework for PSHE published as part of the National Curriculum. There are also some specific statutory requirements and guidance on a range of issues including:
- Sex and Relationships Education Guidance (DfEE 2000)
 - Careers Education and Guidance (DfES 2003)
 - Healthy Schools (DfES and DH 2005)
 - Drug Education Guidance (DfES 2004)
 - Safety Education (DfES 2002)
 - Financial Capability (DfES 2002)
 - Pupil Participation (DfES 2004)
- 3.13 Schools take responsibility for the choice of resources and teaching strategies for the delivery of PSHE which are appropriate for the age range and cultural identity of their pupils. Parents have the right to withdraw pupils from part or all of SRE, except for those elements which are included in National Curriculum science.
- 3.14 The Committee has heard that Government advice on reducing teenage pregnancies centres on 3 key needs:
- High quality information about sex and relationships
 - Making contraception services more accessible and user-friendly
 - Support for parents and carers to enable them to support young people in making positive choices
- 3.15 This advice has given the Committee a sense of the importance of information provision in schools to preventative approaches around the three inter-related lifestyle topics within the scope of this review; sexual health, drugs and alcohol. In addition, it has highlighted the importance of accessible and user friendly services based in schools or signposted to by schools.
- 3.16 The important role of PSHE in the curriculum is recognised by the Committee, although it would like to see this extended, and given

the ongoing national review of SRE it anticipates the possibility that an extended role and tighter regulation might come to fruition. To some extent, the recommendations made in this review are intended to pre-empt this.

Assessing the Effectiveness of School-Based PSHE

3.17 National research and evaluation identifies weaknesses in current PSHE provision and the recommendations resulting from this give a good indication of the areas where improvement is needed to make it more effective. This work is drawn on by the Committee in Chapter 4 of this report to reinforce its own findings, conclusions and recommendations.

'Sex and Relationship Education: Are You Getting It', UK Youth Parliament¹³

3.18 The UK Youth Parliament (UKYP) has recently completed some high profile work in relation to Sex and Relationships Education provision nationally. The Youth Parliament surveyed over 20,000 young people and nearly half of those said that they had never been taught about the effects of teenage pregnancy and would not know where to find their local sexual health clinic. In addition, the majority of pupils over the age of 17 reported not having received any information about personal relationships at school. 40% of young people between the ages of 11 and 18 thought that their Sex and Relationship Education was either poor or very poor.

3.19 As a result of this survey, the UK Youth Parliament makes 8 key recommendations for change in the way that SRE is delivered in schools:

- SRE should be an entitlement for all children and young people and taught as part of statutory provision of PSHE.
- No school should be able to opt out of delivering good SRE to their pupils and this includes primary schools, faith schools and academies.
- SRE needs to be taught throughout a pupil's time in education.
- Schools should employ more trained staff and specialist personnel to teach SRE, and not rely on geography, history, science teachers etc
- Relationships should be taught as part of SRE.
- The implications of teenage pregnancy should be taught to all students.
- OFSTED should inspect PSHE more effectively and take into account what pupils' experience of their SRE has been.
- All young people should be able to access a confidential Sexual Health Service which should be clearly advertised

¹³ 'Sex and Relationship Education: Are You Getting It' report of the UK Youth Parliament, June 2007

through PSHE lessons, and be open at times convenient to young people.

Time for change? Personal, social and health education, OFSTED¹⁴

3.20 This report evaluates the current provision: whether it is based sufficiently closely on the needs of young people and how the outcomes might be best achieved. Schools and PSHE programmes in particular, have a major part to play in the personal and social development of young people. OFSTED's report concludes that although progress has been made 'too many schools do not base the PSHE curriculum on pupils' assessed needs'.

3.21 OFSTED make recommendations, based on their findings, to the Government and to schools about improving the success of PSHE:

- The Department for Education and Skills (DfES) with the Department of Health (DoH) should provide further guidance for schools to use with teachers, parents and governors on dealing with sensitive issues within the PSHE curriculum.
- Schools should:
involve pupils in:
 - considering how the PSHE curriculum might meet their needs best determining what the outcomes should be and how these should be achieved
 - improve the assessment of pupils progress in PSHE by evaluating changes in attitudes and the extent to which pupils are developing relevant skills
 - report annually to the governing body on the monitoring and evaluation of PSHE
 - improve the monitoring and evaluation of the quality of PSHE provision
 - ensure that work at Key Stage 3 takes sufficient account of pupils learning at Key Stage 2
 - develop constructive links with a range of support services through drop-in centres or extended school provision, in order to respond appropriately to the personal needs of pupils and their families.

¹⁴ Time for change? Personal, social and health education, OFSTED, April 2007

Local Context

School-Based PSHE Education

3.22 The Stockport Healthy Schools Programme (SHSP) is the local delivery mechanism for the National Healthy Schools Programme (NHSP). All schools are signed onto the programme but there is a target of 65% of schools having national status by December 2008 and 75% by December 2009. When schools have the status it is only valid for 3 years and has to be revalidated. For schools to gain the status they have to meet the minimum criteria in 4 core themes-

1. PSHE education (including SRE (Sex & Relationship Education) and DATE (Drug, Alcohol & Tobacco Education));
2. Healthy Eating;
3. Physical Activity;
4. Emotional health and well-being.

3.23 The aims of the NHSP are:

- To support children & young people in developing healthy behaviours
- To help raise pupil achievement
- To help reduce Health inequalities
- To promote social inclusion.

Achieving national status also enables schools to demonstrate their contribution to the five Every Child Matters outcomes.

3.24 The role of the Local Authority is to support and advise schools in delivering PSHE education but it is the prerogative of individual schools to decide how they operate. Therefore, effective PSHE delivery is likely to be a function of good Local Authority support to schools and the schools own choice of resources and teaching strategies.

3.25 The Committee found that a long list of resources are made available to schools by the Local Authority which they can adapt to suit their needs but was not clear about how well used these were (see Appendix Six). A number of these are teaching resources that have been produced for Stockport schools by Stockport staff and, in some cases, written involving Stockport young people.

PSHE Audit

- 3.26 In terms of what is happening in schools, the Committee has drawn on evidence from an audit of the PSHE theme of National Healthy Schools Status using the national audit tool¹⁵ to get a picture of the resources and teaching strategies employed by schools in PSHE delivery. This audit is ongoing with Stockport secondary schools; the local audit began in November 2007 and will be completed in July 2008. All secondary schools, pupil referral units (PRUs) and secondary special schools will be visited and discussions had with PSHE leads to complete the audit with them.
- 3.27 Amongst other things, this audit will ascertain:
- How PSHE is delivered in the school;
 - If the school has National Healthy School Status (NHSS) of which PSHE is a theme;
 - If the school has a member of staff who has the national PSHE CPD accreditation¹⁶;
 - Whether the Health notice board is being used productively.¹⁷
- 3.28 There are 20 secondary schools in Stockport¹⁸. At the time interim results were reported to the Committee (February 2008) thirteen schools had been visited and the following data was reported in brief:
1. Variable delivery of PSHE including:
 - 2 schools have a dedicated team
 - 1 school has a large team where PSHE is taught by teachers' with spare timetable slots
 - 4 schools have a mixture of a dedicated team and form-tutors teaching
 - 1 school has collapsed timetables and no set session
 2. Time allocated to PSHE is variable. On average one hour of PSHE per fortnight is taught for each key stage;
 3. Two secondary teachers in Stockport as a whole have the CPD qualification. Two secondary teachers are doing their CPD this year. In addition, five Community nurses have gained their CPD and three are currently doing it this year;
 4. 6 notice boards are being used.

¹⁵ The tool provides guidance on the minimum evidence required to demonstrate school achievement of national healthy school status and maps this to the Ofsted Self-Evaluation Framework to show where involvement in Healthy Schools can contribute to the Ofsted self-evaluation.

<http://www.wiredforhealth.gov.uk/PDF/audittool.doc>

¹⁶ Teachers and community nurses involved in the delivery of PSHE in schools have the opportunity of gaining a national PSHE CPD qualification, locally organised and facilitated by PSHE leads, and aimed at improving competence and confidence in PSHE delivery.

¹⁷ Every school was supplied with a dedicated Sexual Health notice board funded by the Teenage Pregnancy strategy in 2005.

¹⁸ This is comprised of 13 Secondary schools, 1 Academy, 3 Pupil Referral Units (PRUs) and 3 Specials.

School-Based Services

3.29 A brief overview of the range of services working on this agenda in Stockport's secondary schools is set out here.

School Nursing

3.30 Stockport School Nursing Service works closely with children, young people and their families and works in partnership with them and with colleagues in schools, in the Local Authority and across the health economy. They contribute to the aims of the children's agenda in the following ways:

- Support all children and young people to attaining good physical, sexual and mental health
- Reduce inequalities by helping children to make healthy choices and addressing wider influences that can undermine these choices
- Assess, protect and promote the health and well being of children and young people
- Offer advice, care and treatment to individuals and groups of children, young people and the adults who care for them

3.31 The key role of school nurses in the development of school based prevention programmes is highlighted by the 'School Nurse: Practice Development Resource Pack'¹⁹ which offers a framework for practitioners and commissioners to support the development of a modern school nurse role. The Resource Pack clearly sets out the role for school nurses in giving advice and identifying those who might be or are at risk of developing problems. The National Collaborating Centre Drug Prevention (NCCDP), in a recent policy briefing, summarised this role as follows: "school nurses are encouraged to ensure that they are up to date with latest drug and alcohol information, including legal consequences; use health promotion strategies; identify at risk groups; offer practical choices and information about where to seek help; use individual health plans and health surveys to identify and address drug related behaviour; and work with others to establish extended school activities"²⁰. The same sentiment would also apply to the topic of sexual health.

¹⁹ School Nurse Practice Development Resource Pack, DoH/ DfES, March 2006

²⁰ NCCDP, Centre for Public Health, Liverpool JMU

<http://www.drugpreventionevidence.info/web/Policy167.asp>

MOSAIC

3.32 The MOSAIC School Based Service is an early intervention service that responds to drug and alcohol related incidents and concerns in Stockport schools. It provides information and support to all schools, school staff, pupils, parents and families. The Schools Drug Service plays an integral role in the Stockport Young Peoples Substance Misuse Strategy and has its focus in prevention and early intervention work with young people. The service aims to promote inclusion and to reduce disruption, disaffection and exclusion by providing support to those young people whose lives may be affected by substance misuse. The School Based Service is part of MOSAIC the Stockport Young Peoples Drug and Alcohol Service and works with schools to provide a co-ordinated approach to Substance Misuse Education.

Central Youth Outreach Clinics

3.33 Central Youth is an Advice, Information, Counselling, and Sexual Health Service for young people aged 13 to 25 years old, based in Stockport Town Centre. This free, confidential, and non-judgmental service, situated in a town centre leisure complex with fast food restaurants, cinema, bowling alley, and swimming pool, attracts large numbers of young people. The double fronted shop style premises are close to the main railway and bus stations and the main local FE College is a 5-minute walk away. Close links are maintained with this college through outreach work involving stalls at College Open Days and positive working relationships with College Youth Workers and Student Support Services.

3.34 Central Youth, a partnership between Stockport Primary Care Trust and Stockport Youth Service, Education Services, Stockport Council, has just recently celebrated its 10th birthday. Last year over 10,000 young people accessed this one-stop shop and benefited from the holistic approach of the team of workers, which include counsellors, doctors, nurses, receptionists, and youth workers.

3.35 Drop-in sessions are held every weekday afternoon and are staffed by a receptionist, a counsellor, two nurses, and two youth workers. Clinic sessions held four times each week include a late afternoon, two evenings, and Saturday morning. These sessions are staffed by two receptionists, a counsellor, a doctor, nurses, and a youth worker.

3.36 Sexual health has always been a priority area of work and the aim of the sexual health service within Central Youth is to reduce teenage pregnancies by providing effective contraception, reduce sexually transmitted infections by promoting safer sex and to help young people make informed decisions about their sexual behaviour and healthy lifestyle.

- 3.37 In addition, Central Youth Outreach Services are available (with varied opening times) at the following locations: Brinnington First House, Reddish Vale Technology College, Werneth Young People's Centre, Heaton Moor Campus - Stockport College and Bridgehall Surestart Centre (Twilight Clinic). Outreach clinics are staffed by a Youth Worker and a Nurse who provide advice, information and sexual health services.

Connexions

- 3.38 The role of the Connexions Adviser in terms of this agenda is primarily in making referrals to MOSAIC; their work forms part of the holistic approach to working with young people that schools are increasingly adopting. The Connexions remit starts at age 13 which is effectively Year 9.

4. Findings, Conclusions and Recommendations

- 4.1 The findings, conclusions and recommendations set out in this chapter are drawn from discussion at Panel meetings, the results of consultation with young people and national research and evaluation.

School-Based PSHE Education

A Curriculum Approach to PSHE Education

- 4.2 Feedback from young people consulted as part of this review suggests that there is significant variation in the delivery, amount and quality of information for young people on sexual health, drugs and alcohol being provided by Stockport's secondary schools. For example, this includes:
- giving the subject different titles;
 - teaching as part of different subjects within the curriculum or in a specific lesson;
 - giving information in different school years;
 - presenting information in different formats;
 - varying quality of teaching.
- 4.3 The Committee accepts that variation is inevitable and desirable, in some cases, to meet different needs but believes that all young people should benefit from high quality sexual health, drugs and alcohol information irrespective of the school that they attend. The comments made by young people participating in the consultation carried out as part of this review do not give the Committee assurance that this is currently happening.
- 4.4 The Committee believes that this patchwork delivery of PSHE could be overcome if all schools used a curriculum approach to PSHE delivery. Using a planned syllabus or programme of lessons with measurable outcomes from each session would not only reduce variation from school to school in what is taught and how but would also enable improved assessment of the subject. The Committee believes that a means of evaluating effectiveness ought to be achievable for PSHE delivery as it is for other subjects and that a curriculum approach to PSHE delivery, if adopted, would assist with this.
- 4.5 The Committee has found that a Stockport curriculum has already been developed to support such a curriculum approach around delivery of many aspects of sexual health, drugs and alcohol information in PSHE. However, the Committee has not been clear about whether the resources produced for Stockport schools by Stockport staff are being fully employed. It recognises that if a

curriculum approach to delivery of PSHE education is to be developed by secondary schools this requires support from the Local Authority and PCT in terms of providing the full complement of good quality resources, including lesson plans and specialist speakers, with schools making full use of these.

Recommendation One

It is recommended that, with support from the Local Authority and PCT, schools use a more consistent and developed curriculum approach to delivery of PSHE education to regularise information provided, particularly on sexual health, drugs and alcohol, in Stockport's secondary schools.

- 4.6 Based on the views of young people as expressed in the consultation carried out as part of this review²¹, the Committee would suggest that, in addition to taking a PSHE curriculum approach, the elements set out in the remainder of this section of the report on 'School Based PSHE Education' should be part of PSHE programmes in all Stockport's secondary schools. Here it makes recommendations to the Local Authority and PCT to assist them in their role in supporting schools to improve their PSHE delivery.

Basing the PSHE Curriculum on Pupils' Assessed Needs

- 4.7 OFSTED report that pupils' needs have not always been identified clearly enough and that consequently too many schools do not base their PSHE curriculum sufficiently on the pupils' assessed needs. With this in mind, the Committee commissioned research with a sample of young people attending Stockport's secondary schools with the aim of finding out more about the needs of pupils in Stockport and, therefore, enabling some qualitative evaluation of information currently provided in PSHE lessons (and, in a more limited way, by other school based services) and recommendations for improvement.

Relationships Education

- 4.8 Young people need to be given the opportunity to explore their emotions and feelings and develop coping strategies in PSHE lessons at the same time as taking on board factual information; both aspects are needed to enable young people to make informed choices on healthy lifestyles.
- 4.9 The young people themselves, particularly as they progress through secondary school, appear to recognise the importance of relationships as a subject:

²¹ All quotations referenced in this chapter are taken from 'Sexual Health, Drug and Alcohol Information – Availability to secondary school pupils in Stockport' , Ipsos MORI North, April 2008

"I think it's more relevant to know about relationships than it is to know about binge drinking really"

- 4.10 However, in Stockport and nationally, there appears to be an emphasis in PSHE teaching on factual knowledge as opposed to talking about feelings, values, attitudes and emotions. This is highlighted, particularly in terms of SRE, by OFSTED and the UK Youth Parliament, who advocate providing more information on relationships and not just the biological facts.
- 4.11 The Committee believes that life skills, and particularly the relationships element of SRE, should be given more prominence in PSHE teaching. It would suggest that, to recognise this, SRE should be titled Relationships Education (RSE) which might have the added advantage of allaying some of the fears around SRE delivery in schools.

Recommendation Two

Life skills, and particularly the relationships element of SRE, should be given more prominence in PSHE teaching and, to recognise this, SRE should be titled Relationships Education (RSE).

Single Sex Lessons

- 4.12 The consultation seems to indicate that students are often, though not always, given information about sexual health, drugs and alcohol in mixed sex classes. However, results clearly show a preference for boys and girls to be separated when receiving information on sexual health. This preference appears to be more keenly felt by girls who feel more comfortable asking questions without the boys being there. Therefore, it is clear that on some issues, especially sexual health, girls sometimes want to talk to a woman and boys sometimes want to talk to a man.

Recommendation Three

The expressed desire for single sex classes for Sex and Relationship Education (SRE) should be met and schools should consider how this can be accommodated in their PSHE teaching strategies.

Involving Pupils in Reviewing and Developing the PSHE Curriculum

- 4.13 OFSTED recommends that young people should be involved in considering the content of the PSHE curriculum. The Committee considers that there is evidence to suggest that there is merit in this, both for schools and, above all, for young people.
- 4.14 The Committee has been made aware that one school in Stockport, where PSHE has been considered a strength by OFSTED, is already in the habit of taking advice on the content of PSHE for each year

group from the students themselves²² and other schools may also be doing this. However, many, though not all, young people participating in the consultation had not been asked what they wanted to know suggesting that this is not a widely adopted practice. Whilst the young people consulted offered very few suggestions about what should be taught in PSHE lessons, and appeared to have more opinions about how they wanted to be taught than what they wanted to be taught, the Committee believes that schools involving young people in deciding what is taught and how would ensure a better fit with their needs than is currently evident in feedback.

4.15 Given that involving pupils in monitoring and evaluating PSHE is a criteria required to demonstrate school achievement of national healthy school status and this can contribute to the OFSTED self evaluation, the Committee strongly advises schools to consider the feedback of young people involved in the short borough-wide consultation commissioned by this Committee whilst listening closely to what their own students want.

4.16 In this regard, the Committee has heard about a recently published audit tool²³ designed for secondary schools to use in involving young people in reviewing and auditing their SRE. The toolkit includes a number of activities that can be used with young people to find out what they remember learning in SRE, the gaps and suggestions for improvement. Schools can use the toolkit to take stock of the current SRE curriculum and how it might be improved. The Committee believes that this is a valuable aid to schools, the Local Authority and PCT in their support role, and that this toolkit should be used and also adapted for use in curriculum audits around drugs and alcohol.

Recommendation Four

Students should be involved in considering, monitoring and modifying their PSHE curriculum in order to make PSHE what they need. It is recommended that the toolkit for consulting young people on SRE be used and adapted for use in relation to DATE.

Organising, Planning and Delivering the PSHE Curriculum

Time Allocated to Teaching PSHE

4.17 OFSTED state that it is important that sufficient time is allocated to PSHE and that good use is made of it. However, the Committee feels that, from evidence that it has heard during this review, that

²² Evidence given to the Panel at their meeting on 7th April by Peter Webster, Director of PSHE, Stockport School

²³ Are you getting it right? A toolkit for consulting young people on sex and relationships education, Sex Education Forum/ National Children's Bureau, February 2008

PSHE is sometimes treated as a second class subject, without time allocated in the core curriculum, and that as a result some teachers and young people in Stockport do not respect it as a subject.

- 4.18 Whilst the consultation suggests that most young people do have specific lessons providing them with information about sexual health, drugs and alcohol, some schools appear to teach this within other core subjects. It is also apparent from the audit ongoing with secondary schools that the time allocated to PSHE across Stockport secondary schools is variable. An average of one hour per fortnight does not seem to the Committee to be enough.
- 4.19 Participants in the consultation carried out as part of this review clearly feel that some teachers do not treat the subject seriously and that it does not have parity with other subjects:

"If you think about it, they teach you irrelevant stuff in Maths that you're not going to need in life and then English but I don't see why they shouldn't teach you stuff that you actually need to know"

- 4.20 The Committee believes that schools' not having dedicated time within the core curriculum to teach PSHE is a major deficiency in terms of ensuring its success.

Recommendation Five

PSHE education, including sexual health, drugs and alcohol, should be delivered within separate curriculum time specifically allocated to its provision.

Age Appropriate Information

- 4.21 Young people consulted on this issue in Stockport feel that Year 5 is the earliest age at which sexual health, drug and alcohol information should be taught and that Year 7 is the latest. Whilst wanting to be taught some basic information at an earlier age there was an understanding that there is an age at which young people are too young to receive this information. This is illustrated in the following remark from a Stockport Year 10 participant:

"From Year 7 to Year 11 but not before that, it's not relevant before that"

- 4.22 This sentiment is reinforced by the respondents to the large scale UK Youth Parliament survey on SRE and in their recommendations which want sexual health to be taught from Year 7.
- 4.23 The consultation suggests that there is currently a wide variation in what is taught and when in terms of these subjects. For example, all participants in the externally facilitated consultation had received basic sex education usually around Year 5/6 but some had not had

any more than this by the time they reached Year 8. At the same time not all Year 8 pupils had had information on drugs whilst most, but not all, had covered alcohol.

- 4.24 The Committee, based on the local consultation, would suggest that issues relating to sex, drugs and alcohol should be taught progressively from an early age, no sooner than Year 5, and that in any case all information should be 'age appropriate' information beginning with very basic facts at the earliest age. Therefore, it is suggested that all young people should have basic information on sex, drugs and alcohol before they get to secondary schools and that this learning should be more robustly built on in Year 7 and moving forward.

Recommendation Six

All pupils in Year 7 should be given adequate information on sex, drugs and alcohol and there should be progressive consolidation of this throughout their secondary education.

Trained Teachers

- 4.25 Young people taking part in the consultation want to be confident that the person giving them information knows what they are talking about and by implication is a trained teacher. The overriding message from young people has been their need for factual and accurate information on which to base decisions. However, it appears that most of the information received by young people in schools comes from non-specialist, form teachers as well as teachers of other subjects, rather than from trained teachers. As a consequence, young people may not be getting their information from teachers whose knowledge and experience equips them to provide it in all cases and this is certainly how it is perceived by young people. Remarks such as those set out below illustrate this:

"At the minute it's just like random English teachers and random other teachers who don't know anything about it teaching us"

"We've got rubbish teachers ... she doesn't explain anything and when we ask her to explain she just doesn't"

- 4.26 OFSTED report that PSHE is taught by non-specialists in some schools and that too much of this teaching is unsatisfactory. At the same time they report that three quarters of secondary schools have developed specialist teams of teachers and that these teach PSHE successfully. However, the PSHE audit interim findings show that only two of the thirteen Stockport secondary schools audited to date have a core team of teachers teaching all PSHE and a further four have a mix of dedicated teachers and form tutors teaching.

- 4.27 Furthermore, it is nationally recommended that every school should have at least one teacher in their staff team who has successfully completed the national PSHE CPD training. In Stockport, the national PSHE CPD accreditation is seen as a way of improving the quality of teaching and learning and is promoted to schools by the Local Authority; however, uptake has been patchy. Stockport as a whole has 28 CPD accredited teachers, two of these are secondary teachers and a further two secondary teachers are expected to complete the qualification this year. This illustrates the need for a much wider uptake of the qualification amongst secondary school teachers. Assuming that the four secondary teachers that will be qualified this year teach at different schools, a further sixteen teachers would need to qualify to meet the national recommendation.
- 4.28 The Committee believes that ensuring young people receive clear and factual information on drugs, alcohol and sexual health is essential and that trained teachers, having the specialist knowledge and skills to teach young people the facts as well as social and emotional aspects of learning are best placed to do this. It is clear to the Committee that Stockport lacks a sufficient quota of trained PSHE teachers and that dedicated core teams of teachers, recognised nationally as being more effective at teaching PSHE, are also not sufficiently widely used in delivery of PSHE in Stockport's schools. It would appear that pupils' needs would be better met if they received information in PSHE lessons from teachers with the specialist knowledge and skills needed to deliver it successfully.

Recommendation Seven

The Committee recommend that there should be more trained teachers delivering PSHE including:

- a) At least one member of staff in every secondary school having the CPD accreditation in line with the national recommendation, and;
- b) A core team of trained teachers teaching all PSHE being developed in every secondary school.

Specialist Speakers²⁴

- 4.29 The consultation found that younger pupils (Year 8) prefer an ongoing relationship with the person giving them information, enabling them to ask questions at a later date, rather than having one off talks from specialists. However, as they become older (Year 10), young people like to be able to key in to the experiences of 'external experts'. This is reflected in the comments made by young people, for example:

"You might feel closer to the general teacher cos you see them everyday kind of, but with a specialist you might learn more and ask more questions because you might not see them again"

²⁴ 'Specialist speakers' indicates primarily health professionals and reformed addicts.

"You can see what the effects on that person are and they tell you like how it was, they're not telling you like out of a textbook, they're telling you the actual experience of how bad it really is"

- 4.30 This slight divergence of opinion between younger and older pupils suggests that PSHE programmes should be tailored to the needs of pupils at different stages in their secondary education and that the use of specialist teachers should be varied accordingly but should form part of the programme.

Recommendation Eight

The Committee recommends the use of specialist speakers and visitors from other agencies to provide curriculum support in accordance with the needs of their students, particularly drawing on the expertise of specialists to provide input for older children on specific areas within the PSHE programme.

School-Based Services

Signposting in Schools to Other Services

- 4.31 This review has also considered, although in less detail, the wider role for schools in enabling young people to access specialist advice and support services from health professionals on matters such as contraception, sexual health and drugs. Schools should be providing information to young people to make them aware of these specialist services and how to access them.
- 4.32 One of the key tools in Stockport for signposting young people to other sources of information is Stockport Young People's Directory. The Stockport Young Peoples Directory provides a comprehensive guide to services in Stockport for young people. It contains a listing of services in Stockport, Greater Manchester as well as some national services that can offer support for various needs and has copies have been supplied to all schools for young people aged 14+. The consultation suggests that the Stockport Young People's Directory is known to a majority of respondents providing some assurance that young people over 14 years old have a source of information in schools that can help them to access specialist services if needed. The consultation suggests that there is good recognition of the Directory and although opinion on its usefulness was varied this comment is telling:

"The trouble with stuff like that is nobody even reads it. I thought it was very useful in times of trouble if you need it"

- 4.33 The Directory was not known to younger pupils but this is explained by the fact that it is aimed at older pupils. However, recognition of the 'telephone-shaped' directory suggests that this resource aimed

at the younger age range (10-13 year olds) is also getting to young people.

- 4.34 However, there is evidence that some available resources used to provide information and signpost are not being fully utilised. This is apparent in the results so far of the local audit of PSHE highlighting that dedicated notice boards are not being used by 7 of the 13 schools visited.

Recommendation Nine

The Committee recommends that the Local Authority and PCT should continue to support and promote to schools the full use of the dedicated notice boards and comprehensive distribution of the age-appropriate directories of service to raise awareness of the specialist services available to young people.

Access to School-Based Services

School Nursing

- 4.35 School Nurses are a source of information available to meet the advice needs of young people in school. School nurses were mentioned among the professional sources of information by young people in the consultation carried out as part of this review. Although seen as an accessible and reliable source of information by a number of young people there is also some indication that accessibility is an issue:

"We are meant to know, we never see her, she's not in"

- 4.36 This Committee heard, in discussions at Panel meetings, that there is some feeling amongst school nurses and teaching staff in Stockport that the school nursing service is over-stretched. A consequence of this has been prioritisation of some key components of their work and reduced public health and health promotion roles, resulting in losses to the service provided in secondary schools.
- 4.37 The 'Choosing Health' Public Health White Paper²⁵ states that the Government are 'providing new funding so that by 2010 every PCT – working with children's trusts and local authorities – will be resourced to have at least one full-time, year-round, qualified school nurse working with each cluster or group of primary schools and the related secondary school'. The Committee is encouraged at the progress being made in Stockport towards this target and, indeed, during the lifetime of this review, has heard that the school nursing service has been allocated additional funding by commissioners. This has given the service additional capacity but

²⁵ *Choosing Health: Making healthy choices easier*, Department of Health, November 2004

falls short of the commitment to providing all secondary schools with even access to a school nurse. The Committee believes that, building on this progress, further investment in commissioning for school nursing will be necessary in future years to enable more young people to benefit from the information and advice that they provide in our secondary schools.

Recommendation Ten

That the PCT continue to increase their investment in commissioning for the school nursing service to 2010 to ensure progress towards the 'Choosing Health' commitment and a comprehensive public health role for school nurses in Stockport's secondary schools.

MOSAIC

- 4.38 The young people consulted as part of this review, in a number of instances, gave complimentary feedback about MOSAIC as a confidential source of good advice.
- 4.39 However, the Committee was concerned to hear that the early intervention and preventative work done by MOSAIC in schools did not extend to colleges.
- 4.40 This highlighted for the Committee the need for information and services to be available to young people once they have left school at 16 especially given that they are known to be more at risk once their in-school support ceases. This observation relates to post-16 education as well as to other services such as MOSAIC.
- 4.41 The Committee acknowledges that Stockport's Healthy College Standard is designed to build on the Healthy Schools Programme in our schools by promoting learning and healthy lifestyle choices at college. However, within the scope of this review the Committee has not examined the extent to which this standard has been developed and implemented across the colleges in Stockport nor has it explored access to information and services, equivalent to that available to young people of secondary school age, for young people once they have left school and it believes that this exercise is needed to ensure that the needs of 16-18 year olds are also being met.

Recommendation Eleven

The Committee recommends further investigation into the availability of sexual health, drug and alcohol information and other related services to young people post-16 years, in education or otherwise, in Stockport.

Targeting Information and Support to Schools and Areas in Greatest Need

- 4.42 The Committee has considered the most recent and relevant data on sexual health, drugs and alcohol in relation to young people in Stockport, giving it a picture of the prevalence of the so-called 'risky behaviours' associated with these. The Committee felt strongly that some of this data needed to be collected at smaller geographic area level and on a school-by-school basis in order to reveal more clearly the inequalities and enable targeted action to address issues.
- 4.43 It has been a basic premise of this review to see a wider role for schools in helping young people to succeed both in and out of school, and in particular the potential for PSHE programmes to provide information on sexual health, drugs and alcohol that helps young people to make informed lifestyle choices in relation to these issues. The Committee feels that collection of data by postcode and by school would assist schools, and the Local Authority and PCT in their support to schools, in developing PSHE programmes to meet need and in having a measure of the impact of their work in terms of behaviour change. For example, the Committee found that information on conceptions was not available at a school level and felt that this information would be helpful to schools in responding to the needs of pupils in the information provided in SRE and in mapping any changes in behaviours as a result.

Recommendation Twelve

The Committee recommends that the Council and PCT collect data on conceptions and alcohol-related admissions of young people to A&E by school and postcode to enable the right information and support to be targeted to areas in greatest need.

Appendices

Appendix One – Committee Membership

Scrutiny Committee Membership

Cllr Walter Brett
Cllr Roy Driver - Vice-Chair
Cllr Sylvia Humphreys
Cllr Susan Ingham
Cllr Bryan Leck
Cllr Tom McGee - Chair
Cllr John Pantall
Cllr John Smith
Cllr Craig Wright

Scrutiny Panel Membership

Cllr Roy Driver - Lead Councillor
Cllr Walter Brett
Cllr Bryan Leck
Cllr Tom McGee
Cllr Craig Wright

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Duncan Welldrake (Senior Health Promotion Adviser – HIV and Sexual Health, Stockport PCT)
Lorraine Gleave (Head of PSHE/ Citizenship Services)
Jill Beswick (Locality Manager (Children and Families), Stockport PCT)
Michael Priestley (Teenage Pregnancy Strategy Co-ordinator)
Babs O'Brien (Manager, MOSAIC School-based Service)
Simon Armour (Public Health Specialist, Stockport PCT)
Peter Webster (Director of PSHE, Stockport School)
Christine Keenan (Corporate Consultation Manager)

Appendix Two – Kooth.com Questionnaire

Q1. Which school year are you in?

Please type in your school year _____

Q2. Have you been given any information **at school** about:

| | Yes | No | Don't know/can't remember |
|---------------|-----|----|---------------------------|
| Sexual health | | | |
| Drugs | | | |
| Alcohol | | | |

If 'no' or 'don't know/can't remember', please go to Q6

Q3. If yes, in what year(s) were you given it?

Please tick a box for each year you were given information on these topics

| | Sexual health | Drugs | Alcohol |
|---------|---------------|-------|---------|
| Year 5 | | | |
| Year 6 | | | |
| Year 7 | | | |
| Year 8 | | | |
| Year 9 | | | |
| Year 10 | | | |

Q4. Did the information you were given **in school** cover any of the following?

| | Yes, this was covered | No, this was not covered |
|------------------------|-----------------------|--------------------------|
| Teenage pregnancy | | |
| The 'delay' message | | |
| Personal relationships | | |

Q5. How useful to you was this information?

- Really useful
- Fairly useful
- Neither/nor
- Not very useful
- No use to me at all

Q6. How do you usually find out about sexual health, drugs and alcohol?

| | Sexual health | Drugs | Alcohol |
|----------------------------|---------------|-------|---------|
| Family | | | |
| Friends | | | |
| Someone at school (teacher | | | |

| | | | |
|--|--|--|--|
| or another adult) | | | |
| Connections personal advisor | | | |
| Doctor, nurse or other health worker | | | |
| Local advice centre | | | |
| Books and magazines | | | |
| Internet e.g. web pages | | | |
| Internet e.g. facebook, MSN, http://www.ruthinking.co.uk/ | | | |
| Telephone helpline | | | |
| I haven't tried to find out | | | |
| Other, please tell us | | | |

Q7. What do you think are the best ways to learn about sexual health, drugs and alcohol **in school**?

| | The very best way | Fairly good | Pretty useless | No good at all | Don't know |
|-----------------------|-------------------|-------------|----------------|----------------|------------|
| Specialist speakers | | | | | |
| Videos/DVDs | | | | | |
| Group discussions | | | | | |
| Theatre in education | | | | | |
| Talking to friends | | | | | |
| Other, please tell us | | | | | |

Q8. How important is it to you that you get information on sexual health, drugs and alcohol **in school**?

- very important
- fairly important
- don't really mind
- not very important
- waste of time

Q9. Have you ever heard of or seen the Stockport Young People's Directory?

(The Directory is available as a booklet and online at <http://www.ursorted.com/>)

- Yes, heard of it
- Yes, seen it
- No, never heard of it

Q10. Have any teachers ever asked you what you wanted to know about sexual health, drugs and alcohol?

| | Yes | No |
|---------------|-----|----|
| Sexual health | | |
| Drugs | | |
| Alcohol | | |

Q11. If yes to the last question, did they make sure you got the information you asked for?

Yes

No

Can't remember

Q12.

What could your school do to improve the lessons on sexual health, drugs and alcohol?

Thank you

Appendix Three – Ipsos MORI North Research Study Conducted for Stockport MBC – Summary of Findings

Profile of participants

Information about Sexual Health, Drugs and Alcohol (SHDA) generally is taught in the social development subject stream. Each school gives the subject different titles including : PSHE (Personal and Social Health Education); FS (Foundational Studies); Personal Care; Health and Social;

Social and Citizenship and PAC. In one school it appears to be taught in science lessons and in another within the Religious Studies curriculum. Both these latter cases are Year 10 pupils with one recalling having specific lessons on SHDA in earlier years :

We don't have it, we used to have it but sometimes we have it in RS now instead

Year 10 participant

Most, but not all, have received some specific SHDA information although this can be limited; for those who have not :

My teacher said that we're doing it soon

Year 8 participant

Information sources

A number of different sources for information on SHDA were given :

| Year 8 participants | Year 10 participants |
|---------------------|----------------------|
| Mates | Mates |
| Schools | Schools |
| TV | TV/adverts |
| Family | Family/parents |
| Central Youth | Central Youth |
| Nurse | Talk to Frank |
| | School counsellors |
| | Childline |
| | Doctor |
| | MOSAIC |
| | Internet/Wikipedia |
| | Books & Leaflets |
| | Teachers |
| | Nurse |

The most frequently mentioned source of information is friends, however this is not seen as the best source and as possibly providing wrong information. Older people are seen as better sources of information be they older siblings or parents, however both are seen to have drawbacks as a source – older siblings because they may “tell” to parents and parents because it can be embarrassing to talk about :

Participant :

Adults have more experience cos they're older than your friends

Moderator :

Adults are better sources?

Participant :

Yeab, but its embarrassing

Year 10 participant

Several professional sources are mentioned. Mosaic is spontaneously mentioned as a good, and confidential, source of information. However the School nurse and Central Youth have mixed reviews.

School nurse :

You could talk to her couldn't you

Year 8 participant

We are meant to know, we never see here, she's not in

Year 10 participant

Central Youth :

Moderator :

Are they difficult to talk to?

Participant :

Only if you talk to the right people there, if I'm not confident I'll not speak to them

Year 8 participant

Participants were asked to position their sources on a grid to show whether they are good or bad sources of information and whether the information is easy or difficult to get. A representation of the grids produced are shown below.

Classification of sources of information – Year 8 participants

| | |
|---|---|
| <p>Easy to get/bad information</p> <p>Family</p> <p>Friends</p> | <p>Easy to get/good information</p> <p>Friends/mates/people x 9</p> <p>Internet x 5</p> <p>Books x 2</p> <p>Family</p> <p>Nurse x2</p> <p>School x 5</p> <p>Central Youth</p> <p>TV x 4</p> |
| <p>Difficult to get/bad information</p> | <p>Difficult to get/good information</p> <p>Family x 3</p> <p>Telly</p> <p>School x 3</p> <p>Computer</p> <p>Teacher</p> |

Classification of sources of information – Year 10 participants

| | |
|---|--|
| <p>Easy to get/bad information</p> <p>Central Youth</p> | <p>Easy to get/good information</p> <p>Friends/mates/people x 9</p> <p>Internet x 5</p> <p>Books x 2</p> <p>Family</p> <p>Nurse x2</p> <p>School x 5</p> <p>Central Youth</p> <p>TV x 4</p> |
| <p>Difficult to get/bad information</p> <p>Friends</p> <p>Family</p> <p>Teachers</p> <p>Parents</p> | <p>Difficult to get/good information</p> <p>Internet x 4</p> <p>Wikipedia</p> <p>Teachers x 3</p> <p>School posters</p> <p>Parents x 2</p> <p>Mosaic</p> <p>Central Youth</p> <p>Friends</p> <p>Childline</p> <p>Talk to Frank</p> <p>Adverts</p> <p>Books</p> |

Most of the sources are seen as providing good information and as being easy to approach to obtain information.

Messages received

Basic sex education appears to be the most covered topic. All participants had received at least some basic information on this subject, most frequently in Year 5/6, at the onset of puberty. This information is often given separately to boys and girls and by a teacher of the same sex:

We had to have a different teacher because we had a boy teacher and we had to have a girl one

Year 8 participant

This information often took the form of a video. Most Year 8 pupils consider Year 5-6 to be an appropriate age to cover the topic. Some Year 10 pupils feel that it should be covered earlier in Year 5 whilst others feel that pupils should be 11 or 12 before covering the topic. One suggestion made on how to tackle this difficulty is to start with the very basis information and return to the subject to cover more details when pupils are older and more ready/able to understand.

However not all Year 8 participants had received more than this basic information. Year 10 participants are more likely to have received information on **sexual health** – primarily around teenage pregnancy, STIs, contraception, abortion and safe sex.

Information about **alcohol** has been provided in most, but not all, schools (some Year 10 pupils do not recall lessons on this topic). Where this has been covered, the messages given are :

- alcohol is bad for you
- the effects it has on the body
- the impacts of binge drinking
- safe and responsible drinking – although not necessarily the safe levels of drinking, which many wanted to know. One pupil recalled having been told this but could not remember what the levels actually were
- not drinking on the street

Most feel that Year 6-7 is the appropriate time to cover this subject, based on the perception that :

Some people have been drinking like since Year 7 so I think in Year 6 they should do it

Year 10 participant

Lessons on alcohol are often linked in with lessons on smoking and perhaps drugs:

We're doing alcohol, drugs and smoking and stuff and then we do stuff about your emotions and all that

Year 8 participant

Again some Year 8 participants have not covered information on **drugs**; all Year 10 participants had. The main messages given on this topic are the effect of taking drugs, what drugs there are (and their

common/"street" names) and the effects taking drugs can have on your family.

Year 10 participants feel that this topic should not be covered until Year 7 as they consider that under that age pupils are not mature enough and not ready to tackle the issues. However, others feel this topic should be covered earlier having heard about young people, some as young as 9 years old, who smoke cannabis.

Methods of delivery

The most common method of teaching SHDA is the standard classroom format, including presenting information in the following formats :

| Delivery method | Comments |
|---|---|
| Videos | <i>"Some of the videos were like a bit over the top and it made you feel really awkward"</i> <i>"it's not realistic as you've got adults acting it out as teenagers"</i> |
| Learning from books/worksheets/booklets | <i>"We have our books and like we did a table on smoking and alcohol and then put the effects of it"</i> <i>"A booklet thing"</i> |
| Design a poster | |
| Themed weeks/days | |
| Practical lessons | <i>"How to put on a condom"</i> |
| Discussions in the classroom/ debates | <i>"He set the classroom up in two sides and we were just arguing about ... some of us argued that alcohol [age of consumption] should be lowered to how old you are and some argued it should be higher"</i> |

Less common methods are:

| Delivery method | Comments |
|--|---|
| Personal experience | <i>"You just grow up and learn"</i> |
| Specialist teachers : <ul style="list-style-type: none"> ▪ Nurse ▪ Counsellors ▪ Mosaic | <i>"You listen more to people that you don't see all the time than you do to our teachers"</i> <i>"You should get like specially trained teachers"</i> <i>"The bus with computer on came round"</i> |
| Learning support/student support | <ul style="list-style-type: none"> ▪ Anger management ▪ Stop smoking |
| Theatre in education | <i>"We did a play ... we had to re-enact ..."</i> |
| Visits by external specialists : <ul style="list-style-type: none"> ▪ Former drug | <i>"You can see what the effects on that person are and they tell you like how it was, they're not telling you like out of a textbook, they're telling you the</i> |

| | |
|--|---|
| <p>addicts/alcoholics</p> <ul style="list-style-type: none"> ▪ Police and sniffer dogs ▪ Firemen | <p><i>actual experience of how bad it really is"</i></p> <p>These visits are dependent on the teacher organising them. This approach is seen as best in Year 9-10 when participants feel that pupils are older and more able to ask questions</p> |
|--|---|

Participants from Year 10 made most positive comments about the visits by specialists, be they professionals or reformed addicts, and want more of these experiences. However, they consider that it would not be suitable for younger pupils as they would not be confident to ask questions about the specialists' experiences and therefore not get as much out of it.

Participants from Year 8 also want visits from specialists – from people who know what they are talking about – however they temper this with wanting to be able to ask questions of this person at a later date and wanting the reassurance of having an established/ongoing relationship with the specialist. When asked how this would work best they consider that properly trained teachers might be the best approach.

Teachers and quality of input

Most SHDA information appears to come from non-specialist, form teachers. This can cause problems in teaching if their teachers are embarrassed or awkward about tackling the subject.

We had it in Year 9 but whenever did it because our teacher was embarrassed about it. He always said that he forgot

We wanted to learn about this in Year 9 we always asked every lesson but he always made an excuse

Year 10 participant

In the views of most participants non-specialist, form teachers do not know enough about the subject to teach it or to answer their questions.

Our teacher is rubbish ... she just lets us do anything we like

Year 8 participant

She didn't teach us anything, she just sits there

Year 8 participant

We've got rubbish teachers ... she doesn't explain anything and when we ask her to explain she just doesn't

Year 10 participant

Where teachers have more specialist knowledge, they are seen in a positive light and considered much better at teaching the subject :

We had a younger teacher so it was a lot easier to talk to her

Year 8 participant

She's head of health and social so she knows about it

Year 10 participant

They don't take it too seriously – all the teachers have relevant information

Year 10 participant

Scores on the quality of the teaching they receive range from 0 to 10 out of 10. The mean scores for quality of teaching are :

| Group | Range | Mean score |
|----------------------|------------------------|------------|
| Year 8 participants | 1,2,4,5,5,6,7,8,8,9 | 5.50 |
| Year 10 participants | 0,0,3,5,6,8,8,10,10,10 | 6.00 |

Those teachers getting a score below 3 were felt not to be interested in the subject but just teaching it by rote "*just give a piece of paper and work through it*" or those teachers who could not keep discipline in the lesson "*we don't learn anything, she's just not in control*".

Those teachers who receive a high score (above 7) were seen as approachable and able to answer questions "*when you don't understand it she'll go through it with you*".

Those given an in-between score are seen as good teachers but not approachable, for any number of reasons :

We couldn't talk to the teacher cos he was a man, we talked about it to our friends really

Year 8 participant

In summary, participants feel that teachers without a good understanding of the subject, the ability to explain issues and answer their questions are not good : those who can explain and give good information are seen in a positive light.

How should SHDA be taught

Their comments on how SHDA should be taught summarise these feelings in that they want trained and experienced teachers. This would be preferable to having talks from professionals or even to visits from those with relevant experience as the ongoing relationship means they can ask questions at a later date.

In terms of teaching mediums, videos and TV are seen as good ways of teaching the subject. The best approach is seen to be talking from personal experience

My teacher actually told us about her past experiences in her live ... stories about her and her friends ... its like of the stories that stay in your head

Year 10 participant

One school uses a team of teachers, all teaching different subjects within the overall theme – allowing for a greater degree of specialism.

What should be taught

When asked what should be taught in SHDA lessons, most are unable to offer any suggestions :

We already get taught quite a lot

Year 10 participant

When pushed, the following themes emerge in addition to what is already taught.

| | |
|---------------|--|
| Sexual health | Relationships |
| Drugs | "Which ones can kill you" "Which are the worst" "Safe amounts and the effects" |
| Alcohol | Safe amounts Safe drinking "to be told everything" |

That is participants appear to want practical information as well as theory; Year 10 participants sum it up as wanting to be given enough information to make their own decisions.

Very few suggestions were made about topics which should be covered : among Year 8 participants this reflects their relative inexperience in these subjects; Year 10 participants appear more jaded and more likely to consider the subject boring when asked.

None had been asked when they wanted to be taught the subject, but equally they did not consider this a disappointment nor expect to be asked. None had been asked what information they wanted to know, although generally they are given opportunities to ask questions if they want.

When asked about whether SHDA lessons should be mixed or single sex most feel that lessons on alcohol and drugs should be mixed but are less sure about lessons on sexual health. Whilst they think it might be less embarrassing to cover certain subjects in a single sex environment – as they were given their basic sex education information – they do see advantages in "hearing it from the other side".

On this issue, there is a distinct difference between the genders with boys not being bothered about single sex lessons and girls feeling more confident about asking questions in a single sex environment. One solution suggested is alternating single sex and co-education lessons.

Impact of information received on behaviour

There is no consensus on this issue. Some participants feel that having the information makes them think about the issues and therefore less likely to act :

It'll stop most people like smoking and stuff

Year 8 participant

From the lessons I know I don't want to take drugs

Year 10 participant

Others feel that the lessons will make no difference or that they need to experience for themselves before they can make a decision (this is especially so for the boys in the groups).

A final group feel that being given the information might actually encourage behaviour :

I don't think they should tell us not to use them though cos it makes you like want to and if you're told not to do it you do it and they should supply information then you make your own decisions

Year 10 participant

Where would they go for information on SHDA

The most frequently mentioned sources of information on SHDA are friends, older siblings/cousins and the participant's mother.

However it really depends on the issue to be discussed : participants are happy to talk to a parent or teacher about alcohol or drugs but would ask someone nearer to their own age about sex. Friends are the obvious source – even with misgivings about the accuracy of the information provided and the possibility of the information getting beyond the immediate circle.

The internet is not seen as a good source to call upon with access seen as the main problem :

- sites about alcohol, drugs and sex are blocked on school machines,
- participants would be very uncomfortable about looking for such information in a public place, ie library or internet café
- participants would also not like to look for this information at home as parents might “walk in” whilst they are searching.

TV is mentioned but dismissed as the programmes providing such information are on too late in the evening.

Participants from Year 8 appear to have fewer sources and tend to draw from their network of friends :

Cos they're the same age ... well some have like grown up like they're older, so you're after the ones that have grown up

Year 8 participant

Year 10 participants are more confident about talking to parents and other professionals with one mentioning Mosaic and another the school nurse as a source of information.

Signposting in schools to other services

Whilst most schools have a noticeboard or an area where relevant information can be easily found not all do so.

Awareness of the Stockport Young People's Directory varied across the groups :

- in the Year 8 group there was no real spontaneous awareness (when asked about the directory), with patchy prompted awareness (when shown the booklet) and only 3 out of the 10 participants recalled receiving a copy
- Year 10 participants on the other hand spontaneously mentioned the directory as an information source at the beginning of the group, clearly identified the example copy as what they meant by the source and most had received a copy – some recalled a “telephone shaped” directory. Opinions on the usefulness of the directory varied :

The trouble with stuff like that is nobody even reads it

I thought it was very useful in times of trouble if you need it

Year 10 participants

However, whilst everyone was given a copy of the Directory not all retained it, having thrown it away after not having need to consult it within a short time.

Other external sources that had been mentioned by schools were :

| | |
|----------------|--|
| Mosaic | <i>"The worker is really nice and you can trust them and she's just really nice"</i> |
| Connexions | |
| Making It Back | |
| Central Youth | Flagged as the local sexual health clinic and a good source but comments were mixed : <i>"It depends who you get, some of them are just rude to you, you just don't want to speak to them, and some of them are nice"</i> |

Youth Parliament recommendations on Sex and Relationship Education (SRE)

Participants were specifically asked for their opinions on the eight recommendations made by the Youth Parliament on how Sex and Relationship Education should be taught. Their comments are summarised below :

1. SRE should be part of PSHE

Both Year 8 and Year 10 participants agree with this recommendation, even if Year 8 participants had not yet received any lessons on the subject.

2. Schools should not be able to opt out

Again both Year Groups agree with and endorse the recommendation :

Cos you've got to learn it once in your life but this should be the time you learn it

Year 8 participant

This girl she was new and then everyone laughed at her cos she didn't know anything from her last school

Year 8 participant

If you think about it, they teach you irrelevant stuff in Maths that you're not going to need in life and then English but I don't see why they shouldn't teach you stuff that you actually need to know

Year 10 participant

3. SRE should be taught throughout the whole time in education

Both groups disagree with this recommendation, feeling that there is an age at which pupils are too young to be taught the subject, ie whilst at primary school. There is more detail in the earlier section on when SHDA should be taught, but additional comments about this Youth Parliament recommendation are :

You're too young

Year 8 participant

From Year 7 to Year 11 but not before that, it's not relevant before that

Year 10 participant

Obviously not junior school ... they'd probably not understand it

Year 10 participant

4. There should be specialist, trained staff to teach SRE

There are mixed feelings among the Year 8 participants on this recommendation with some preferring to be taught by a general teacher that they have an ongoing relationship with and others feeling that specialist teachers might have more knowledge. This ambiguity was summed up by one participant :

You might feel closer to the general teach cos you see them ever day kind of, but with a specialist you might learn more and ask more questions because you might not see them again

Year 8 participant

However all Year 10 participants generally agree with the recommendation about specialist trained teachers, summing up their feelings as :

At the minute it's just like random English teachers and random other teachers who don't know anything about it teaching us

Year 10 participant

You don't have to be specially trained but they could learn more about it and how to teach it

Year 10 participant

5. Relationships should be taught as part of SRE

Again there are different opinions from the different age groups :

- Participants from Year 8 have mixed feelings on the subject with several believing that the only way to learn about relationships is by having them
- Participants from Year 10 agree that teaching about relationships is important
I think it's more relevant to know about relationships than it is to know about binge drinking really

Year 10 participant

6. The implications of teenage pregnancy should be taught

Both age groups agree with this recommendation with those from Year 10 feeling more strongly about this topic than those in Year 8. However a caveat is made about providing the information but not using "scare tactics" in the lessons.

7. OFSTED should inspect PSHE teaching

Again both age groups agree with this recommendation with one Year 10 participant stating that this was already done in their school.

8. All young people should have access to confidential Sexual Health Service and it should say so clearly in PSHE lessons

Again both age groups agree with this recommendation.

Appendix Four – Summary of the interviews held at Moat House and Highfields

11 students were surveyed – 6 at Moat House and 5 at Highfields (3 male/2 female). The results of the questionnaire are tabulated below (1 = Not at all, 5-6 = OK, 10 = Excellent). Comments have been analysed and summarised and quotes included illustrating this.

A) How useful was the education you received on:

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|----------------------------|----|---|---|---|---|---|---|---|---|----|
| 1. Teenage Pregnancy | 5 | | | 1 | 4 | 1 | | | | |
| 2. Delay Message | 10 | | 1 | | | | | | | |
| 3. Personal Relationships | 5 | 2 | | 2 | | 1 | 1 | | | |
| 4. Responsible Drinking | 4 | 1 | 1 | 1 | 2 | | | 1 | | 1 |
| 5. Harmful Effect of Drugs | 3 | 2 | | | 1 | 1 | 1 | 2 | | 1 |

Summary/ Comments

This points us to several conclusions as the degree of dissatisfaction is quite high and these young people could be classed as vulnerable and have been in a variety of schools. For example attendance at school may be a factor and PSHE education delivery would be variable.

An overriding factor that came across in discussion was that in SRE/DATE the emphasis was on factual knowledge rather than work based on skills/values/attitudes and emotions. Are schools 'cherry-picking' what they think due to restricted time/who is delivering and the methodologies people use in delivery? For example Young people had a condom demo but answers to some of the questions suggest not enough work is done around responsible actions and understanding that they have a choice.

Nationally there is evidence to suggest that if PSHE education is not delivered by specialist teachers with adequate curriculum time it is not effective.

What message is this giving to Young People about valuing them and providing opportunity to explore LIFE SKILLS?

The DELAY MESSAGE is relatively new so it was felt that little would be known but as this is around delaying sex until it is right, work around RELATIONSHIPS/SELF-ESTEEM etc is a fundamental part of SRE. Calling the work RELATIONSHIPS education (RSE) might help offset some of the fears around SRE delivery in schools. The SRE spiral curriculum (Primary School) and DATE spiral curriculum (Foundation to Year 7) uses a structured approach.

Quotes:

SRE:

'*****all, don't learn in school' (Yr 10 Highfield)

'Puberty in Year 6' (Year 8 High fields)

- 'All I had in school was puberty' (Yr 6 Moat House)
- 'In Year 6 involved watching a video about giving birth' (Yr 10 Highfield)
- 'Had a condom demonstration' (Yr 10 Highfield/ Moat House)
- Do Sex Ed in PSHE it was good' (Yr 10 Highfield)
- 'Nothing about relationships' (Moat House)
- 'Don't remember much - so it wasn't that good' (Moat House)
- 'Well obviously not - we wouldn't be here!' (Moat House)

DRUGS:

'Knew a lot about names but not effects' (both groups)

B) What were the best ways of educating you on these issues?

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
|-------------------|---|---|---|---|---|---|---|---|---|----|-------------|
| 1. Specialist | 5 | | 1 | 1 | 1 | 2 | | | | 1 | Speakers |
| 2. Videos | 2 | 1 | 3 | 1 | 3 | | | | | 1 | Discussions |
| 3. Group | 4 | | 2 | 1 | 2 | 1 | | 1 | | | |
| 4. Theatre Plays | 6 | 1 | | | 2 | 1 | | | 1 | | |
| 5. Peer Education | | | | 1 | | | | | | 1 | |
| | | | | | | | | | | | |

Summary/ Comments

This is difficult to quantify as it might be a one-off intervention with no possibility of follow-up or discussion. Videos seemed to be acceptable if they were well-used and relevant.

'Plays are good but it needs to be serious'

'Videos do work' 'Show me a video of someone who has been there.'

C) If you needed help or information regarding Sex or Drugs would you go to?

| | YES | SOMETIMES | NO |
|------------------------|-----|-----------|----|
| 1. Family | 2 | 6 | 1 |
| 2. Friends | 7 | 2 | |
| 3. Teacher | | 4 | 5 |
| 4. Doctor/Nurse | 1 | 6 | 4 |
| 5. Specialist Worker | 7 | 2 | 2 |
| 6. Internet | 2 | 1 | 8 |
| 7. Local Advice Centre | 3 | 6 | 2 |
| 8. Magazines/Books | 4 | 4 | 3 |
| 9. Telephone Helpline | 1 | 2 | 8 |

Summary/ Comments

SRE:

Two issues of concern arose here- access to Pornography and the misinformation that perpetuates and also issues around Confidentiality. All schools have a policy and it essential that Young People are aware of this so they get the support and advice.

Quotes:

'Everything should be confidential- you can't trust teachers' (Yr 10 Highfield)

'Learn sex ed from mates or your bird' (several Yr 10)

'Most comes from porn' (Porn had a big influence on males)

'BB from Mosaic (school-based) really helped me.....she was really good' (Moat House)

D) Do you feel you received enough education on these issues?

YES = 3 NO = 8

E) Are you happy with the information you received?

YES = 6 NO = 6

F) Were you taught in groups with lads and girls?

YES = 8 NO = 3

G) If yes, were you happy with this?

YES = 3 NO = 5

Summary/ Comments

The majority of girls would like opportunities to have single-sex lessons so they can ask questions.

There is realism among the young people about drug-taking and why some people do make choices.

Quotes:

'Boys & girls should be split up - you learn more'

'Do you know enough about sex/ Drugs?' Female - not really, Male - yes

'That's why there are so many pregnancies, because they don't know'

THINGS TO THINK ABOUT:

- 1. Investigate why Young People (YP) are making choices informed by sometimes inaccurate factual information and why they are not making choices based on emotions/feelings.**
- 2. Teach coping strategies - work around RESPECT AGENDA, self-esteem etc**
- 3. Challenge the Urban Myths by giving YP lesson time to explore issues and discuss ideas**
- 4. Sufficient curriculum time with trained staff delivering PSHE education with thought being given to timing of lessons**
- 5. Methodology used in PSHE education to address the needs of the YP**
- 6. Curriculum being supported by access to information about support & Advice**
- 7. NHSS programme- PSHE theme**

Appendix Five – Kooth.com Questionnaire – Results Summary

11 Pupils from the school years 7 – 11 took part in the survey. The majority were from years 9, 10 and 11 with only 1 pupil from each of the years 7 and 8.

Almost all pupils apart from one stated they had received information at school about sexual health, drugs and alcohol. 2 pupils said they didn't know whether they had received this information. Those that said they did not know tend to be from the lower secondary school years 7, 8 and 9.

When asked what school year they received this information in one pupil stated they had received information on alcohol in year 5 and 4 pupils in year 6. Year 7 pupils mainly received information on sexual health although two pupils also received information on alcohol and drugs in this year. Years 8, 9 and 10 had received information on alcohol, drugs and sexual health although the majority of this was around sexual health.

When asked about specific subjects the pupils were split. Half had covered teenage pregnancy in school whereas the other half had not. Again half of the pupils had covered personal relationships. Only one pupil stated they had received information about the 'delay' message. Almost half of the group said the information they did receive was fairly or very useful. 2 did not find it useful and 3 stated neither / nor.

The majority were fairly evenly split when asked how they usually receive information about sexual health, drugs and alcohol. They would normally get this information from family, friends or someone at school. The information they received tended to be on sexual health matters. A few pupils mentioned a Connexions advisor, doctor, books and magazines and the internet. Some pupils said that they had not tried to find information out.

The most popular way to learn about sexual health, drugs and alcohol in school was by talking to friends, with only 1 pupil saying they didn't know if this was a good idea. The next most popular was group discussions. Only 3 pupils thought this was a bad idea and 3 were unsure. Specialist speakers, videos / DVD's and theatre in education were all fairly evenly split with half saying they were good and the other half either saying they were not good or they did not know.

The majority of pupils think it is important to get information on sexual health, drugs and alcohol in school. Only 3 thought it was not important and 1 did not know.

7 of the pupils had seen or heard of the Stockport Young People's Directory and 4 had not.

Most pupils said that teachers had asked them what they wanted to know about on the subject of drugs. Not as many had been asked about sexual

health and alcohol although approximately half had for each subject. When asked whether they got the information they had asked for 4 said yes, 4 could not remember and 1 said no.

When asked what the school could do to improve the lessons on sexual health, drugs and alcohol, the following comments were made:

'they teach you stuff you already know from your mates or primary school and not the stuff that people actually need to or want to know' – year 9 pupil

'have more lessons on it' – year 9 pupil

'well, they could actually do some lessons on sexual health. alcohol is covered in the drug talks and stuff so they could focus on alcohol separately' – year 11 pupil

'nothing' – school year not stated

'actually do summt coz the never tlk bout it' – year 7 pupil

Appendix Six – Resources that have been sent into schools around SRE and DATE over the last 3 years

1. Through the Teenage Pregnancy strategy every secondary school was provided with a dedicated noticeboard. This year each school has been provided with a selection of posters and leaflets on Healthy Lifestyles.
2. TACADE resource "Sex, Drugs and Alcohol" (for young people 14-19)
3. Tacade Citizenship (11-16).
4. A contraception display kit and condom demonstrator.
5. National Children's Bureau (NCB) "Teaching And Learning About HIV".
6. NCB "HIV In Schools".
7. NCB "Secondary Schools And Sexual Health Services".
8. NCB "Sex, Alcohol And Other Drugs" (which has Stockport featured on page 55).
9. NCB "Young People, Alcohol And Other Drugs" (featured Making It Back [MIB] who are part of MOSAIC).
10. Contraceptive Card Game.
11. Drugs Card Game.
12. Tackling Drugs Seriously.
13. Smokescreen (Smoking Education for secondary schools).
14. Nokia - Make a Connection.
15. Alcohol Concern pamphlet "Alcohol And Teenage Pregnancy".

For Pupil Referral Units (PRUs)

16. Life Routes.
17. Sex and Relationship Education (SRE) in PRUs.

Produced by Stockport

18. SRE Spiral Curriculum for Primary Schools.
19. Drug, Alcohol and Tobacco Education (DATE) Spiral Curriculum (foundation to Year 7).
20. Sex, Alcohol And Drugs (SAD) DVD with lesson plans for Key Stage 4.
21. RU UP 4 IT?
22. SRE Guidance For Schools
23. Cannabis Campaign - cross-curricular lesson plans for Secondary Schools.

Currently being produced

24. DATE Guidance for Schools.
25. SRE Spiral Curriculum Key Stage 3.

Appendix Seven – Abbreviations

| | |
|------|---|
| CPD | Continuous Professional Development |
| DATE | Drug Alcohol and Tobacco Education |
| PCT | Primary Care Trust |
| PSHE | Personal Social Health and Economic Education |
| SHDA | Sexual Health, Drugs and Alcohol |
| SRE | Sex and Relationship Education |