Sex and Relationship Education (SRE) in Ealing Schools

Information for KS1, KS2, KS3 & KS4

To ensure that consistent, accurate and relevant messages are given to young people in the sex and relationship education they receive

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INTRODUCTION TO THIS DOCUMENT:

Effective sex and relationship education is essential if children and young people are to make responsible and well-informed decisions about their lives. It should not be delivered in isolation but within a planned programme of Personal, Social, Health and Economic Education (PSHE).

This document is intended for all schools in Ealing, Infant, Primary, Junior, High Schools as well as the Pupil Referral Units (PRUs) and Special Schools. The **coloured headers** for each topic give a guideline as to which key stage the information is of relevance to.

There is a wealth of guidance and information available to professionals on the topics of Sex and Relationships, this summary document has been put together as a guide for schools on some of the key topics relating to SRE with the aim that children and young people across all schools in Ealing receive consistent messages about Sex and Relationships through their SRE (this is not an exhaustive list). We endorse the new SRE core curriculum for London which is referenced throughout this summary document.

NB: This resource is best viewed online as there are a number of electronic links available embedded within the document.

Government Guidance:
Current Government Guidance on SRE dates from 2000; this guidance aims to address areas of uncertainty and guide schools and teachers on some of the sensitive issues they may have to tackle when teaching sex and relationship education. It also outlines some practical strategies for teaching and addresses some of the issues for schools concerning confidentiality.

The Government is currently updating the SRE Guidance to schools and this information will be circulated to schools once this is published (expected Spring/Summer 2010).

SRE Policy and a Needs-Led Approach to SRE:
Involving children and young people in the development of your SRE Policy and establishing baseline needs before topics are delivered will help ensure the issues covered are relevant to their needs.

Government Guidance Document, Primary School SRE Policy template and consultation ideas: **http://www.egfl.org.uk/categories/pupil/sre/policy.html**

Government Guidance Document KS3 and KS4 SRE Policy template and NCB Consultation Toolkit: **http://www.egfl.org.uk/categories/pupil/sre/policy.html**

Ealing Young People's Views:
From January to May 2009, a Sexual Health Consultation was carried out in Ealing with young people aged 13 to 19 at different settings, such as youth centres, schools, study centres and a young people's forum. A number of consultation methods were used, including surveys, focus groups and a health workshop.
Some of the results from the consultation are included in this document to illustrate what young people in Ealing think about SRE and related topics, such as contraception, STIs, homophobia or relationships. Their comments are in boxes within each relevant section and **highlighted in blue text.**

If you have any questions about SRE please contact Schools Service on 020 8825 7707 or 020 8825 9916.
Email: **healthyschools@ealing.gov.uk**

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BODY PARTS KS1 & KS2

Early and accurate naming of body parts is vital. Adult inhibitions about correct vocabulary may cause children to become confused about their bodies. Not knowing the words for parts of your body has serious implications for child protection and, in later years, conversations with the doctor and future partners. This is equally important for both boys and girls.

If children are to develop a positive sense of their bodies, sexual as well as reproductive body parts should be part of their vocabulary. Female body parts such as the clitoris and vulva are often not talked about in SRE, which could be due to teachers' and parents' anxieties. This absence can deprive girls of a comfortable language about themselves.

Using accurate terminology consistently can also help staff feel more comfortable and confident in teaching about bodies. It is important to acknowledge that there are lots of other words that are used – so as not to embarrass children or undermine teaching at home – but also to emphasise what the correct words are and that they will be used within the school (NCB, 2006a).

Further information:
National Children's Bureau (2006a): Addressing healthy relationships and sexual exploitation within PSHE in schools. Factsheet 37. Sex Education Forum.
www.ncb.org.uk/dotpdf/open_access_2/sef_factsheet_37.pdf

FEELINGS KS1 & KS2

Feelings can be overwhelming at any age. Knowing what it is we are feeling and then identifying how to behave appropriately is difficult even for many adults. No wonder we often deny their importance and adopt the 'ostrich position'! So showing children that feelings have names, that we all have them and that they can be coped with – especially the difficult ones like anger and sadness – needs to be a vital part of anyone's emotional and social development. Primary schools are places where children can learn that feelings are normal and can be managed – by listening to stories, doing activities where they can identify different feelings and by practising 'pretend' social situations. They will also see adults and hopefully their peers expressing and dealing with feelings in appropriate ways.

Loss and bereavement can be a particularly difficult, although not uncommon, situation for schools to deal with and teach about, involving acknowledging feelings, being able to talk, being able to listen and being aware of sources for help (NCB, 2006a).

Further information:
National Children's Bureau (2006a): Addressing healthy relationships and sexual exploitation within PSHE in schools. Factsheet 37. Sex Education Forum.
www.ncb.org.uk/dotpdf/open_access_2/sef_factsheet_37.pdf

KEEPING SAFE KS1 & KS2

Personal safety is a key whole school issue and strategies and skills for children can be learnt in PSHE and Citizenship. This work will include: recognising and identifying emotions such as feeling comfortable/uncomfortable/scared/unhappy; having a familiar vocabulary with which to describe their bodies; being able to identify a number of adults whom to turn to when in need (particularly important when an adult may have abused their trust); learning assertiveness skills and finding out about privacy (NCB, 2006a).

Given the fact that children are more likely to be abused by someone known to them, it is important that this work doesn't focus too heavily on 'stranger danger'. Evidence shows that 'stranger' is not a very meaningful concept for young children; children who have been asked to draw a stranger drew aliens and in one case an octopus! A more useful approach might be to start with what makes children feel safe. Fiction can provide a safe way of providing opportunities to think about their emotions and what to do if they feel unsafe (NCB, 2006a).

Further information:
National Children's Bureau (2006a): Addressing healthy relationships and sexual exploitation within PSHE in schools. Factsheet 37. Sex Education Forum.
www.ncb.org.uk/dotpdf/open_access_2/sef_factsheet_37.pdf

PREPARING FOR PUBERTY AND MENSTRUATION KS1 & KS2

All children need to be aware of, and have the skills to manage, both the physical and emotional changes relating to puberty (DCSF, 2000). Many children grow up without any formal education about their bodies and the changes that take place. They also grow up without learning skills such as asking for help or without thinking about gender roles, expectations and relationships. Both boys and girls told us that they had anxieties and worries about their bodies. It is clear that primary schools have a key role to play in this and for supporting the children as these changes occur. **Research shows that children cannot always rely on their parents who may not expect puberty to begin so early or might assume that it will be covered in school sessions.**

Teaching needs to include reassurance for both boys and girls that it is normal for the onset of puberty to vary widely and should include the preparation of early starters. Children also want the opportunity to discuss the emotional side of puberty. It is important to prepare children for the likely mood swings, feelings of confusion, embarrassment and shyness they may experience during puberty, without making it sound gloomy and awful! How we do this carries significant messages both about the way we value girls and boys and about their transition into adulthood (NCB, 2006b).

Further information:
DCSF (2000): Sex and Relationship Education Guidance.
http://publications.teachernet.gov.uk/eOrderingDownload/DfES-0116-2000%20SRE.pdf

National Children's Bureau (Ed.) (2006b): Laying the Foundations. Sex and Relationship Education in Primary Schools. Martinez, A. and Cooper, V.

REPRODUCTION KS1 & KS2

National Curriculum Science at Key Stage 1 requires that children develop an understanding that 'animals, including humans, reproduce' and that 'humans produce babies and these babies grow into children and then into adults'. The SRE aspects of PSHE could include supportive work on the needs of children and families, parental responsibilities and how to get help (National Curriculum website, see link below).

During this time, children may ask questions such as: "Do you *have* to have babies?" Teachers can introduce the concept that adults can make decisions about whether or not to have a baby and answer questions in general terms. The responsibilities of parenthood and the needs of babies and children can be emphasised.

In years 3 to 6 children are approaching or entering puberty. The Science Curriculum now requires teaching about 'the main stages of the human life cycle'. This involves an understanding of the beginning of fertility and the process of contraception which can best be explained within a family context. Children will often have heard about contraception and may have seen contraception at home.

Work on friendships, relationships and morality, peer pressure, influence and making choices are all part of developing the skills children will need as they grow up. These skills are all important for later teaching about contraception, as confidence and good self-esteem are fundamental to taking sexual and reproductive health issues seriously in the future (NCB, 2006b).

Further information:
National Children's Bureau (Ed.) (2006b): Laying the Foundations. Sex and Relationship Education in Primary Schools. Martinez, A. and Cooper, V.

Key Stage 1 & 2

PSHE National Curriculum Key stages 1+2: ***http://curriculum.qcda.gov.uk/key-stages-1-and-2/subjects/personal_social_and_health_education/***

SIMILARITIES AND DIFFERENCES — KS1 & KS2

The fact that we are all the same in some ways, yet different in others is a key piece of learning for children from the earliest years. Children can easily pick up prejudiced attitudes based on lack of respect for people who are different from themselves, sometimes at a very early age. Such attitudes are the root of racism, homophobia and bullying. Primary schools can provide a role model for children by celebrating differences and teaching children the importance of being individuals. Linked to respect for differences is the concept of empathy and being able to see things from other people's point of view and understand why teasing and bullying are so hurtful (NCB, 2006a).

Living in a multicultural and multi-faith society, we need to encourage children to understand other cultures and religions and how attitudes and values relating to the family and sexual matters are similar or different to our own. Involving faith communities in the development of effective SRE is something which primary schools are well-placed to do, since they often have good relations with parents and encourage them to come into schools as often as possible (NCB, 2004b).

Further information:

Multi-faith Forum. ***www.teenagepregnancyunit.gov.uk***

National Children's Bureau (2004b): Faith, values and sex and relationship education. Factsheet. Sex Education Forum. ***http://www.ncb.org.uk/dotpdf/open%20access%20-%20phase%201%20only/ff_faith02_sef_2005.pdf***

National Children's Bureau (2006a): Addressing healthy relationships and sexual exploitation within PSHE in schools. Factsheet 37. Sex Education Forum.
www.ncb.org.uk/dotpdf/open_access_2/sef_factsheet_37.pdf

SRE DELIVERY IN PRIMARY SCHOOLS - OVERVIEW — KS1 & KS2

All primary schools in Ealing with Healthy Schools Status are expected to follow either the Ealing Scheme of Work for PSHE or similar according to QCDA and DCSF guidelines (meeting the end of key stage requirements for KS1 and KS2) – for information on what is covered at each key stage go to:

http://curriculum.qcda.gov.uk/key-stages-1-and-2/subjects/personal_social_and_health_education/

The Ealing Scheme of Work for PSHE addresses the following:

Nursery/Reception	Relationships: Special People
	Emotional Health: Feelings
KS1 Yr 1	Relationships: Change, Loss & Bereavement
	Emotional Health: Friendships & Bullying
KS1 Yr 2	Relationships: Growing Up (Living & Growing Unit 1)
	Emotional Health: Similarities & Differences
KS2 Yr 3	Relationships: Other People's Lives
	Emotional Health: Self-Esteem
KS2 Yr 4	Relationships: Accepting Differences
	Being Healthy: Being Active/Early Stages of Puberty (Menstruation)
KS2 Yr 5	Relationships: Different Types of Relationships
	Being Healthy: Puberty
KS2 Yr 6	Being Healthy: Puberty and Reproduction
	Relationships: Inequalities
	Emotional Health: Taking Risks

Key Stage 3 & 4

Further information:
For recommended lesson plans please go to the SRE Core Curriculum for London Scheme of Work or the Ealing PSHE Scheme of Work.

London Borough of Ealing (2008): Ealing Scheme of Work for PSHE.
www.egfl.org.uk/export/sites/egfl/categories/teaching/curriculum/subjects/pshe/_docs/NEW_SoW_Sept_2008.pdf

National Children's Bureau (Ed.) (2006b): Laying the Foundations. Sex and relationship education in primary schools. Martinez, A. and Cooper, V.

SRE Core Curriculum for London (2009): A Practical Resource. Power, P and Procter, T for GOL and PSHE Association.
www.younglondonmatters.org/uploads/documents/srecorecurriculumforlondonapracticalresourcepdfdocument.pdf

ABORTION EDUCATION KS 3 & 4

In the UK around 50% of under-18 conceptions in 2007 ended in abortion. In London that figure was higher at 63%. In addition, relatively high proportions of London teenagers were undergoing a repeat abortion. Teenage pregnancies ending in abortion are likely to be unintended pregnancies that might have been avoided. For a variety of reasons these young women (and their partners) have not used contraception or emergency contraception (Government Office for London, 2010).
Pregnancy and abortion education is therefore an essential aspect of SRE. By giving young people the opportunity to consider the issues that unintended pregnancy and abortion raise, abortion education helps young people to think about the importance of safer sex. It helps them to develop the motivation to use contraception correctly and consistently. As with all good quality SRE, effective abortion education equips young people with the skills, attitudes and knowledge they need to avoid unintended pregnancy and sexually transmitted infections (Education for Choice, 2007).

Young people have the right to learn about issues that affect their own lives. This includes the right to learn about sexual and reproductive health issues including pregnancy and abortion. By teaching about abortion, educators help young people to exercise these rights, enshrined in the United Nations Convention on the Rights of the Child, which guarantees them the right to:

- access information aimed at the promotion of physical and mental health and wellbeing
- family planning education and services
- the highest attainable health and access to health facilities
- education which will help them to learn, develop and reach their full potential and prepare them to be understanding and tolerant to others

Further information:
Education for Choice (Ed.) (2007): Best Practice Toolkit: Abortion Education. Written by *Misaljevich, N; Hallgarten, L..* ***www.efc.org.uk/Forprofessionals/Bestpracticeingroupworkandeducationsettings***

Government Office London (2010): Young People in London: Abortion and Repeat Abortion.
www.younglondonmatters.org/uploads/documents/tpyoungpeopleinlondonabortionandrepeatabortion.pdf

ACCESSING LOCAL AND NATIONAL SERVICES KS 3 & 4

For all services that young people were asked about, their main issue was that promotion for this service was inadequate. A large majority of young people had not heard of many of the services available to them. The main improvement they suggested was better publicity. When asked where publicity for services would be most effective their answers included "schools", "where young people hang out" and "drop-in (service) in all schools".

Key Stage 3 & 4

PSHE and SRE teachers should be aware of the local services available as well as the local referral pathway in order to provide accurate and comprehensive information to children and young people, e.g. about contraceptive services, STI testing, counselling etc. Only if children and young people have a good knowledge of existing services and the skills to access them, they will feel confident and comfortable using the services when they wish or need to. It is important that children and young people are made aware of their right to confidentiality and its limits. Barriers such as insecurity and embarrassment, low perceived personal risk and myths about sexual health and family planning clinics also need to be addressed in order to increase the use of services, and to decrease the teenage pregnancy and STI infection rates among Ealing's pupils.

Further information:
Ealing Teenage Pregnancy and Sexual Health referral pathway.
www.egfl.org.uk/export/sites/egfl/categories/pupil/sre/_docs/Referral_List.pdf

Information for Young People in and around Ealing – the 'INFOCARD' in pdf format (NB: Ealing High School PSHE leads were sent 500 of them each during autumn/winter 2009)
www.egfl.org.uk/export/sites/egfl/categories/pupil/teen_preg/_docs/resources/infocard.pdf

NHS Ealing's Contraception and Family Planning Services:
www.ealingpct.nhs.uk/LocalServices/CommunityServices/FamilyPlanning.asp

Webpage for Young People about Sexual Health: ***www.ruthinking.co.uk***

BODY IMAGE AND SELF-ESTEEM KS 3 & 4

Body image represents the multitude of general perceptions of, and thoughts and behaviours individuals have about their bodies (Gillen et al., 2006). A person's body image is influenced by many different factors, including expectations of and pressures from family, peer groups, media and society and changes in response to lifecycle events. Both women and men experience socio-cultural pressure to achieve an idealised physical form, an 'ideal' which is both historically and culturally constructed. These standards are unachievable for most men and women and the pressure to meet them can have many negative health impacts.

The way in which young people view their bodies, or construct their body image, has an impact on their health and wellbeing throughout their lifecycle. Positive body image promotes physical and mental health, strengthens self-esteem and decreases vulnerability. On the other hand, negative body image, or body image dissatisfaction, has been linked to a range of negative physical and psychological health concerns and risk-taking behaviours, including the development of eating disorders, low self-esteem, depression, self-harm and even suicide. The issue is therefore increasingly being recognised as an important target for public health action (Women's Health Victoria, 2009).

The importance of body image and sexuality together is particularly evident when partners begin sexual activity. Physical intimacy exposes bodies for exploration and perhaps judgment by partners as never before. Effective sex and relationship education however does not encourage early sexual experimentation. It should teach young people to understand human sexuality and to respect themselves and others. It enables young people to mature, to build up their confidence and self-esteem and understand the reasons for delaying sexual activity. It builds up knowledge and skills which are particularly important today because of the many different and conflicting pressures on young people.

Identity, including sexual identity, body image and self-esteem are closely interlinked. Sex and relationship education should prepare young people for an adult life in which they can have the confidence and self-esteem to value themselves and others and to have respect for individual conscience and the skills to judge what kind of relationships they want. It is important for all young people to be able to approach issues of sexual identity without negative prejudice, fear or stigma. They need to be able to look at issues of fairness and equality, and to be aware of the damage that discrimination, such as homophobic bullying, can cause (NCB, 2005c).

Key Stage 3 & 4

The Christopher Winter Project suggests the following topics for SRE Relationship Skills lessons in year 10:

- the effect that self-esteem, including body image, has on relationships
- how media images of men and women affect self-esteem
- how self-esteem can influence relationships
- the effects of homophobia

Further information:

Christopher Winter Project. Teaching SRE with Confidence in Secondary Schools.

DCSF (2000): Sex and Relationship Education Guidance.
http://publications.teachernet.gov.uk/eOrderingDownload/DfES-0116-2000%20SRE.pdf

Gillen, M et al. (2006): Does Body Image Play a Role in Risky Sexual Behaviour and Attitudes? Journal of Youth and Adolescence, Vol. 35, No. 2, pp. 243–255.
www.springerlink.com/content/536043wh74m183p8/fulltext.pdf

National Children's Bureau (2005c): Sexual orientation, sexual identities and homophobia in schools. Factsheet 33. Sex Education Forum. ***www.ncb.org.uk/dotpdf/open%20access%20-%20phase%201%20only/ff33_sef_2005.pdf***

Women's Health Victoria (2009): Gender Impact Assessment: Body Image. Women's Health Victoria. Gendered Policy Framework.
http://whv.org.au/static/files/assets/f313817b/Body_Image_GIA_Feb_09_PDF.pdf

CONDOMS KS 3 & 4

Just over 50% of the young people questioned in Ealing knew about the condom distribution scheme and 62% knew where to get free condoms. In learning institutions however, only 46% of young people knew about the scheme and 55.5% knew where to get free condoms from.

Condoms can provide an effective barrier to the transmission of STIs and prevent teenage pregnancy if they are used **consistently *and* correctly** for all 'risky' sexual acts. Given that teenage pregnancy rates in the UK are still the highest in Western Europe and that services for STI testing and treatment are struggling to cope with the steep increases in rates of STIs seen over the past ten years, the promotion of effective condom use is crucial.

Although young people are at risk of both STIs and pregnancy (see chapters on STIs and pregnancy), their concern often is over the latter which appears to drive both condom use and the quality of condom use. Even when young people are worried about STIs, they do not feel personally at risk, because they 'know' their sexual partners and believe them not to be infected. Therefore, increasing their worry may not have the intended effect on their personal risk perception and subsequent behaviour.
Consequently, there is a necessity to convey to young people an understanding of how STIs can be transmitted through sexual partner networks, without creating fear or over-sensationalising the risk of STIs. It is crucial to help them develop the motivation and skills to use condoms correctly and consistently, presenting effective condom use within the context of both teenage pregnancy ***and*** STI prevention.

It is vital to inform young people of the risks of other behaviours such as unprotected oral sex. Sexual health messages aimed at younger age groups require greater clarity and depth in order to convey a better understanding of what safer sex entails. Schools should be mindful of the fact that oral sex is highly prevalent amongst young people and is first experienced by many at an early age.

Young people should be made aware of the need to get tested following unprotected sex, even if asymptomatic, but must ***not*** interpret this as an alternative to condom use, as a test reflects past behaviour but does not offer any protection against future infection.

The likelihood of using a condom was found to be strongly associated with communication with a partner about condom use prior to a sexual event. Strategies to increase condom use

by equipping young people with the skills and confidence to discuss the matter are likely to be beneficial. This flags up the need for school-based sex and relationship education to include areas such as negotiation, assertiveness and relationship skills.

Condom use is also strongly associated with the belief that friends use condoms. That points towards a need for messages to present carrying and using condoms as a normal part of young people's lives. In order to encourage condom use, young people must feel confident that they can use condoms effectively.

The factors associated with condom breakage and slippage – alcohol consumption, lack of definite desire to use a condom, lack of confidence in ability to use a condom properly and age – point to the importance of:

- ensuring young people have the opportunity to participate in condom demonstrations and are encouraged to familiarise themselves with condoms before they first have penetrative intercourse
- warning young people that condom breakage and slippage are more likely to occur when they have been drinking and alerting them to the extra care needed when applying and removing condoms in such circumstances
- informing young people of the necessary precautions to take in the event of a condom breaking or slipping off (i.e. emergency contraception and STI testing; see chapters on contraception and STIs)

Materials used in schools must be in accordance with the PSHE framework and the law. Inappropriate images should not be used, nor should explicit material if it is not directly related to explanation. Schools should ensure that pupils are protected from teaching and materials which are inappropriate, always bearing in mind the age and cultural background of the pupils concerned.

Further information:
DCSF (2000): Sex and Relationship Education Guidance.
http://publications.teachernet.gov.uk/eOrderingDownload/DfES-0116-2000%20SRE.pdf

Ealing Grid for Learning: ***www.egfl.org.uk/categories/pupil/sre/resources.html***

Hatherall, B. et al. (2005): The choreography of condom use: how, not just if, young people use condoms. ***www.psychology.soton.ac.uk/assets/files/cshr/Brook_condom_research_summary.pdf***

Webpage for Young People about Sexual Health: ***www.ruthinking.co.uk***

CONTRACEPTION KS 3 & 4

Young people in Ealing felt that SRE lessons should cover the different types of contraception, including condoms, and how pregnancy can be prevented. The majority were not aware of where their local contraception services are and which contraception is available from the Chemist. This illustrates that the majority of young people do not seem to be aware about the Emergency Hormonal Contraception (EHC) Scheme available.

Knowledge of the different types and availability of contraception, as well as how to access appropriate services is a major part of the Government's strategy to reduce teenage pregnancy. Effective sex and relationship education in schools (Key stages 3 and 4) has an important role to play in achieving this.

Trained staff in secondary schools should be able to give young people full information about different types of contraception, including emergency contraception, and their effectiveness.

When talking about contraceptive methods it is important to emphasise that:

- different methods suit different people

- withdrawal (taking the penis out of the vagina before ejaculation) is **not** a method of contraception
- emergency contraception **should never be used as the main form of contraception** but in emergencies only
- most contraceptive methods **do not** protect from sexually transmitted infections (STIs), and that the best protection is the condom, even if other, e.g. hormonal contraception, is used (see chapters on condoms and STIs)
- NO contraceptive method, even if used consistently and correctly, provides 100% protection against unwanted pregnancy or STIs
- contraception services are free and confidential, including to people under 16, as long as they are mature enough to understand the information and decisions involved

Young people should understand the reasons for having protected sex and learn how to deal with situations where they are being pressured into unwanted or unprotected sex. They should have sufficient information and skills to protect themselves and, where they have one, their partner from unintended or unwanted conceptions, and sexually transmitted infections including HIV.

Trained teachers can also give pupils – individually and as a class – additional information and guidance on where they can obtain free and confidential contraception, advice, counselling and, where necessary, treatment. This should be made clear in the school's SRE Policy.

In addition to what is put in place in a school's SRE Policy to inform and counsel young people on sex and relationships, there will be rare occasions when a primary school teacher is directly approached by a child who is sexually active or contemplating sexual activity. This will always raise child protection issues and sensitive handling will be needed to ensure that a proper balance is struck between the need to observe the law and the need for sensitive counselling and treatment including protection from disclosure to inappropriate adults.

Further information:
Brook: ***www.brook.org.uk***

DCSF (2000): Sex and Relationship Education Guidance.
http://publications.teachernet.gov.uk/eOrderingDownload/DfES-0116-2000%20SRE.pdf

Ealing Grid for Learning: ***www.egfl.org.uk/categories/pupil/sre/resources.html***

Family Planning Association (FPA): ***www.fpa.org.uk***

SRE Core Curriculum for London (2009): A Practical Resource. Power, P and Procter, T for GOL and PSHE Association.
www.younglondonmatters.org/uploads/documents/srecorecurriculumforlondonapracticalresourcepdfdocument.pdf

DRUGS, ALCOHOL AND RISK — KS 3 & 4

High-risk sexual activity and the widespread use of alcohol and other drugs by some young people make it imperative that they have effective education that addresses the links between sex and alcohol and other drugs. Practice development and research (McGrellis et al., 2000) show that young people do not think about alcohol, drugs or sex in a vacuum but relate them to other issues and concerns in their lives. When given opportunities to explore the links, young people are more likely to be prepared for situations and to deal with them effectively.

Key links between sex, drugs and risk-taking behaviour:

- Excessive drinking affects judgments and can remove inhibitions. This can lead to unsafe situations such as walking home alone at night, dangerous driving, unsafe sex and consequent unplanned pregnancy, and sexually transmitted infections (NSPCC, 2006; Alcohol Concern, 2002).

- Young people are having sex at an earlier age, and many are having unsafe and unprotected sex. Alcohol and drug use is often associated with first sexual intercourse among young people and this can lead to regret (MacHale and Newell 1997; Ingham 2001).
- Alcohol and other drug use among young people in the UK are greater than in other European countries (Coleman 2001).
- In the National Survey of Sexual Attitudes and Lifestyles (Wellings et al 1994), almost two-thirds of those who named alcohol as the main contributing factor for first sex also reported using no contraception.

Teachers should provide ample opportunity to discuss these links as part of sex and relationship education, and relate them to other issues such as teenage pregnancy, abortion, STIs etc.

Further information:

Alcohol Concern (2002): Alcohol and Teenage Pregnancy.

Coleman, L (2001): Young People, Risk and Sexual Behaviour: A literature review. HAD.

Ingham, R (2001): Young people, alcohol and sexual conduct, Sex Education Matters, 27, 9-10

MacHale, E and Newell, J (1997): Sexual behaviour and sex education in Irish school-going teenagers, International Journal of STD and AIDS, 8, 196-200
http://ijsa.rsmjournals.com/cgi/content/abstract/8/3/196

National Society for the Prevention of Cruelty to Children – NSPCC (2006): Childline Casenotes: Alcohol and teenage sexual activity.
www.nspcc.org.uk/Inform/publications/casenotes/CLcasenotesalcoholandteenagesex_wdf48184.pdf

Wellings, K, Field, J, Johnson, A et al. (1994): National Survey of Sexual Attitudes and Lifestyles I (NATSAL I).

HEALTHY RELATIONSHIPS AND SEXUAL EXPLOITATION KS 3 & 4

All children and young people are potentially at risk of being sexually exploited. Schools have a vital role to play in reducing this risk. By enabling children and young people to explore what makes a safe and healthy relationship, schools can help them to develop the awareness and skills to negotiate potential risks, stay safe and seek help if they need it. The SEF Factsheet 37 provides a framework to help teachers at key stages 3 and 4 to plan and deliver effective education on sexual exploitation as part of wider Sex and Relationship Education (SRE) within Personal Social and Health Education (PSHE) and Citizenship. It has been produced as a result of an in-depth consultation with professionals working in the field, including teachers and specialist voluntary agencies (NCB, 2006a).

Further information:

For lessons and further resources on sexual exploitation and sexual bullying please refer to the SRE core curriculum for London:

National Children's Bureau (2006a): Addressing healthy relationships and sexual exploitation within PSHE in schools. Factsheet 37. Sex Education Forum.
www.ncb.org.uk/dotpdf/open_access_2/sef_factsheet_37.pdf

SRE Core Curriculum for London (2009): A Practical Resource. Power, P and Procter, T for GOL and PSHE Association.
www.younglondonmatters.org/uploads/documents/srecorecurriculumforlondonapracticalresourcepdfdocument.pdf

SEXUALLY TRANSMITTED INFECTIONS (STIs) KS 3 & 4

Young people felt that SRE lessons should cover the effects an STI and pregnancy may have on a person, and how pregnancy can be prevented. The majority of young people questioned during the consultation were more worried about catching an STI than pregnancy. They said that whereas they feel they can live with a baby, it is embarrassing having an STI and certain STIs (e.g. HIV/AIDS and Herpes) are not curable.

This indicates that young people in Ealing are not sufficiently informed about the tremendous implications of teenage pregnancy and different STIs, including transmission, symptoms and treatment options.

The majority of young people (64%) had heard about the Chlamydia Screening Programme and the screening test, in particular older young people between 16 and 19 years of age. This however does not indicate how many of these young people did a screening test.

Sexually transmitted infections (STIs) remain one of the most important causes of ill health among young people. If left untreated, many STIs can lead to long-term fertility problems, e.g. Chlamydia or Gonorrhoea. Infection with HIV or the strains of human papilloma virus (HPV) that cause cervical cancer can lead to long-term illness and possible death.
Incidence of STIs, such as Chlamydia infection, Genital Warts and Gonorrhoea continues to rise and the incidence of HIV/AIDS infection remains unacceptably high, particularly for young men. Thirty-nine per cent of those with AIDS in the UK are in their 20s, most of whom will have contracted HIV in their teens. Since 1995 there have been significant increases in the numbers of diagnoses of STIs with a total of 790,387 cases in 2005 (HPA, 2008).

By far the highest increase in STIs has been among 16-24 year olds, which is a worrying trend. To some extent, the increase in the number of diagnosed cases of STIs is due to a greater awareness of the problem, more reliable diagnostic techniques, and an increase in the number of sexual health and GUM clinics carrying out tests (NHS online, accessed 11/01/10). However, research also indicates that young adults may be becoming complacent about the importance of safer sex, increasing their risk of infection and unwanted pregnancy or paternity. Teaching about safer sex remains one of the Government's key strategies for reducing the incidence of HIV/AIDS and STIs and it has particular relevance to the Sexual Health Strategy. Young people need to be aware of the risks of contracting a STI and how to prevent it. Common misconceptions need to be addressed, for example a recent Health Education Authority study found that one in four young people believed that the pill would protect them from STIs. Although the emphasis in sex and relationship education should be on prevention of infection through delaying sexual activity and teaching the reasons for safe sex, pupils also need to know about diagnosis and treatment.

The key messages for all sex educators, including schools, are:

- Conveying comprehensive information and knowledge about STIs, including Chlamydia, Gonorrhoea, Syphilis and HIV/AIDS, is vital. Key messages should include symptoms, where to get tested, diagnosis, treatment and prevention.
- Young people need to understand what risky behaviour is and what is not.
- Sex and relationship education should inform young people about safer sex and effective condom use in general.
- Young people need skills to enable them to negotiate safer sex and avoid being pressured into unwanted or unprotected sex (this should link with issues of peer pressure and other risk-taking behaviour such as drugs and alcohol).

Further information:
Health Protection Agency (2008): Sexually Transmitted Infections and Young People in the United Kingdom: 2008 Report. ***www.hpa.org.uk/web/HPAwebFile/HPAweb_C/1216022461534***

Health Protection Agency: ***www.hpa.org.uk***

Key Stage 3 & 4

Local Chlamydia Screening Programme (Chlamydia Action Zone): ***www.ealingpct.nhs.uk.***
Email: ***caz@nhs.net***

London Regional Chlamydia Screening webpage: ***www.checkurself.org.uk***

National Chlamydia Screening Programme: ***www.chlamydiascreening.nhs.uk***

NHS: ***http://www.nhs.uk/conditions/Sexually-transmitted-infections/Pages/Introduction.aspx***

SRE DELIVERY IN HIGH SCHOOLS - OVERVIEW KS3 & KS4

All high schools in Ealing with Healthy Schools Status are expected to follow the Ealing Scheme of Work for PSHE or similar according to QCDA and DCSF guidelines.

http://curriculum.qcda.gov.uk/key-stages-3-and-4/subjects/pshe/personal-wellbeing/

The Ealing Scheme of Work for PSHE addresses the following:

KS3 Yr 7	Being Healthy: Puberty and Nutrition
	Relationships: Relationship with Self & Others
	QCA PSHE Unit 9 Healthy Friendships & Relationships
KS3 Yr 8	Being Healthy: Sexual Health (Contraception/STIs/Reproduction/Risk)
	Relationships: Relating to Adults
	QCA PSHE Unit 9 Healthy Friendships & Relationships
	Emotional Health: Changing Family Networks
KS3 Yr 9	Sexual Relationships
	Being Healthy: Sexual Health (Contraception/STIs/Reproduction/Risk)
	Relationships: Sexual Relationships (Delay/Risk/Pressure etc)
KS4 Yr 10	Being Healthy: Body Image
	Staying Safe: Domestic Violence
	Relationships: Parenting
KS4 Yr 11	Sexual Health (QCA)

Please refer to the Scheme of Work for full references.

Further information:
For recommended lesson plans please go to the SRE Core Curriculum for London Scheme of Work or the Ealing PSHE Scheme of Work.

London Borough of Ealing (2008): Ealing Scheme of Work for PSHE.
www.egfl.org.uk/export/sites/egfl/categories/teaching/curriculum/subjects/pshe/_docs/NEW_SoW_Sept_2008.pdf

SRE Core Curriculum for London (2009): A Practical Resource. Power, P and Procter, T for GOL and PSHE Association.
www.younglondonmatters.org/uploads/documents/srecorecurriculumforlondonapracticalresourcepdfdocument.pdf

CONFIDENTIALITY IN SCHOOLS KS 1/2/3/4

All young people, including those aged under 16, are entitled to confidential sexual health and contraceptive advice and treatment. Improving access to confidential sexual health services, both in schools and in the community, is one of the ways in which schools help their pupils to stay safe and avoid health outcomes that have a negative impact on their learning.

Schools can ensure that young people know where to go for confidential sexual health advice and support by:

- publicising services through posters on bulletin boards in classrooms and in corridors, washroom stickers on cloakroom and toilet doors, leaflets, diaries and websites
- inviting visitors from confidential sexual health services to contribute to classroom sessions
- arranging for groups to visit services and report back
- maintaining an up-to-date directory of local services and national support organisations
- using local videos/DVDs showing where services are and how to access them

Schools should always stress the confidential nature of such services in order to encourage access. Where information about services is available on local websites, check that access is not denied by software picking up and blocking the words 'sex' or 'sexual health'. Information needs to be inclusive, listing, for example, specific services for young people who are lesbian, gay or bisexual, or who have learning difficulties and/or physical disabilities (NCB, 2007).

Additional information below taken from Brook website

Confidentiality and advice - teachers and other professionals
The revised version of *Working Together to Safeguard Children* (HM Government, 2006b) provides guidance on working with sexually active young people.
It states that in making decisions about whether to share information about a young person with children's social care the child's best interests must be the overriding consideration. Decisions should always be based on an assessment of that individual's situation and professionals have discretion to make decisions on a case-by-case basis taking account of a range of factors. This applies to all young people, including those under the age of 13.
The guidance does state that cases involving under 13's should always be discussed with a nominated child protection lead in the practitioner's organisation. However, it clearly indicates that professionals have the discretion not to refer a young person to other agencies where this would not be in their best interest. The reasons for this decision need to be fully documented.

Local Safeguarding Children Boards are expected to develop local protocols based on this guidance. Local protocols which require mandatory reporting on the basis of age are not in accordance with *Working Together to Safeguard Children*.

Teachers
Teachers in secondary schools may discuss general issues relating to contraception and sexual health if they arise as part of teaching on any subject. They may also provide information about local services unless the school's SRE Policy states otherwise.
Teachers may give individual pupils information about an appropriate health professional or clinic, even if the pupil has been withdrawn from SRE lessons by their parents.
Teachers are not health professionals and so should not give individual advice on which method of contraception to use.
Teachers are not bound by law to break the confidence of under 16's who ask for information or advice on contraception or other sexual health issues.
SRE Guidance issued by the Education Departments of England, Wales, Scotland and Northern Ireland includes information on how teachers should deal with confidentiality.

ALL Key Stages

As there are variations in the approaches taken teachers should check their local guidelines. Schools should have a Confidentiality Policy that clearly explains the situations in which a teacher may have to disclose information told to them in confidence. In individual cases, teachers should act within the school's agreed policy. Parents and pupils should be made aware of the school's policy and the limits on confidentiality.

Health professionals in schools
Health professionals, such as nurses, invited into schools to contribute to sex and relationship education programmes must follow the Sex Education Policy of the individual school. Outside the education context, the health professional can work according to their relevant professional code of conduct.
School nurses working as part of the sex education programme must follow the Sex Education Policy of the school. If an individual pupil asks for contraceptive advice in a one-to-one situation nurses are allowed to give such advice and/or treatment in confidence, providing the Fraser Guidelines (Gillick competency) are followed (see link below).

Social workers
Social workers may give information about contraception, sexual health and details of appropriate professionals and clinics to the young people they are in contact with, unless they are prevented from doing so by the policies of their employers. As they are not health professionals, they should not give individual advice on which method of contraception to use. Social workers should respect the confidentiality of young people, including those under the age of 16. They have a professional responsibility to listen to young people's concerns and to support them. If the young person insists that their parents must not be informed, social workers should respect confidentiality unless there are exceptional circumstances, such as cases of suspected sexual abuse or exploitation.

Youth workers
Youth workers can give young people, including those under 16, information about contraception and sexual health and details of where to find local services. There is no law that prevents appropriately trained youth workers giving condoms to young people. When given for contraception, rather than as part of an education/information session, it is good practice for the youth worker to follow the Fraser Guidelines. The organisations employing youth workers, however, may have policies that prevent them from distributing condoms. The law also enables youth workers to respect the confidentiality of young people, including those under 16, unless there are exceptional circumstances that cause a worker to suspect that someone is at risk of serious harm. Local policies on confidentiality may vary and youth workers will be obliged by their contracts of employment to follow these guidelines.

Further information:
Fraser Guidelines ***www.brook.org.uk/content/fraser***

National Children's Bureau (2007): Confidentiality: Promoting young people's sexual health and well-being in secondary schools. Factsheet 38. Sex Education Forum.
www.ncb.org.uk/dotpdf/open_access_2/sef_ff_38.pdf

HM Government (2006b): Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children.
http://publications.teachernet.gov.uk/eOrderingDownload/WT2006%20Working_together.pdf

FAITH AND CULTURE KS 1/2/3/4

SRE should be sensitive to the range of different values and beliefs within a multi-faith and multi-cultural society (DCSF, 2000). Children and young people from all faiths and cultures have an entitlement to SRE that is relevant to them, supports them in learning about different faiths and cultures and is underpinned by values promoting equality and respect (NCB, 2004b).

ALL Key Stages

Faith and culture

Faiths hold a set of beliefs that people ascribe to. As a result, they adopt certain practices which provide a framework for their behaviour. Culture is alive and evolving and is concerned with how we behave together when part of a group with a recognised identity. It may relate to what is acceptable in terms of, for example, marriage and other customs, dress, food and other areas. It is something that we own, both subconsciously and consciously, because we are aware of the cultural norms of our chosen community. We recognise certain ways of thinking, behaving, and talking to be acceptable.

It is important to recognise the interconnections between religious and cultural identity. Often culture and religion become confused and are considered inter-changeable. Cultural practices, such as girls keeping their hair long, men taking responsibility, women obeying their husbands, or female genital mutilation, are sometimes inaccurately assumed to be based upon religious doctrine. It is important, too, to remember that there is a diversity of beliefs within faiths and a diversity of faiths within ethnicities. While ethnicity is broadly visible, a person's faith is not unless identifiable by symbols such as dress or different naming systems. SRE should provide opportunities for children and young people to look at the connections between religion, culture (including peer and local norms) and ethnicity and how they fit together, as a means of exploring their own identity. A range of religious and faith perspectives need to be addressed in schools and community settings, and children and young people need opportunities to understand the law and health issues in relation to sex, sexuality and sexual health. So for example, even if religious doctrine forbids sex before marriage or the use of contraception, young people need to know and understand the legal and health implications as well as different religious perspectives.

Common misunderstandings

SRE is often assumed to be a secular activity that colludes with 'immorality and popular culture'. The misunderstandings may be based on the premise that sex education simply means education on how to have sex. On the other hand, religion and faith perspectives on sex and sexuality are often perceived as restrictive and as focusing on what individuals cannot or should not do. However, there are positive values underpinning strict religious rules, and they can be viewed as means to a spiritual goal rather than merely a restriction on what is and what is not acceptable.

Hence it is important for schools, children and young people, parents and carers and the wider community to work together to develop an explicit values framework for SRE. When working with diversity, consensus should not be an expected outcome of consultation. Enduring misunderstandings and differences of opinion need to be openly and respectfully placed on the agenda and clarified as part of the process whenever SRE is being discussed (NCB, 2002).

SRE Guidance and Policy

Valuing diversity and anti-discriminatory practice must be an integral part of the school's ethos, reflected in all areas of the curriculum. Teachers and all those contributing to SRE are expected to work within an agreed values framework, which must be in line with current legislation, using a planned curriculum, methodology and resources as described in the school's PSHE Policy. This involves professionals taking responsibility for consulting and involving faith communities in the development of policy and practice. It is essential to create a safe framework in which parents and carers from faith communities, and members of the wider community, understand more about SRE, are able to discuss their views and beliefs, and to feel involved in the process of developing SRE. The statement of values in the National Curriculum Handbooks and the school's mission statement provide a good starting point from which to consult with parents, carers and the community in order to develop an agreed values framework for SRE (NCB, 2002).

The SRE Guidance (DCSF, 2000) is supported in legislation by the Learning and Skills Act (2000) which requires that pupils learn about the nature of marriage and its importance for family life, and are protected from teaching and materials which are inappropriate for the age and the religious and cultural background of the pupils concerned. Citizenship becomes

statutory at Key Stages 3 and 4 and provides exciting opportunities for exploring religion, faith, sex, sexuality and relationships.

Further information:

DCSF (2000): Sex and Relationship Education Guidance. ***http://publications.teachernet.gov.uk/eOrderingDownload/DfES-0116-2000%20SRE.pdf***

HM Government (2000): Learning and Skills Act. ***www.opsi.gov.uk/Acts/acts2000/pdf/ukpga_20000021_en.pdf***

Multi-faith Forum. ***www.teenagepregnancyunit.gov.uk***

National Children's Bureau (1996): Developing partnerships in sex education: a multi-cultural approach. Factsheet 10. Sex Education Forum. ***www.ncb.org.uk/dotpdf/open%20access%20-%20phase%201%20only/ff10_sef_2004.pdf***

National Children's Bureau (2001): Talk to your children about sex and relationships: support for parents. ***www.ncb.org.uk/dotpdf/open%20access%20-%20phase%201%20only/ff31_sef_2001.pdf***

National Children's Bureau (Ed.) (2002): Faith, Values and Sex & Relationship Education. Sex Education Forum. Blake, S and Katrak, Z.

National Children's Bureau (2004b): Faith, values and sex and relationship education. Factsheet. Sex Education Forum. ***www.ncb.org.uk/dotpdf/open%20access%20-%20phase%201%20only/ff_faith02_sef_2005.pdf***

FAMILY LIFE, HOME LIFE AND PARENTING KS 1/2/3/4

It is important not to have a narrow view of what family life may entail and to understand the broad range of experiences that young people have of family life. These experiences may include single parent families, parents who have non-monogamous relationships, gay or bisexual parents, living between two homes, having a step parent, teenage parent(s), foster homes, residential young people's homes, living with grandparents, periods of homelessness, living in sheltered accommodation or refuges etc.
Within their home environments young people could experience relative harmonious relationships between and with adults or periodic or constant conflict. They may also experience adult depression or physical illness, bereavement, physical violence or sexual abuse (The Collaborative for Academic, Social and Emotional Learning, 2002).

Teenage Pregnancy & Parenting

Like all parents, teenage mothers and young fathers want the best for their children and some manage very well. But the demands of caring for a baby at a time when young people themselves are making the difficult transition from adolescence to adulthood are significant. That is why teenage mothers and young fathers need additional support – from family, partners and services – if they and their children are to avoid the poor outcomes that many of them currently experience:

- Their children have higher rates of infant mortality than children born to older mothers, are more likely to be born premature – which has serious implications for the baby's long-term health – and have higher rates of admissions to A&E.
- In the longer term, children of teenage mothers experience lower educational attainment and are at higher risk of economic inactivity as adults.
- The pressures of early parenthood result in teenage mothers experiencing high rates of poor emotional health and well-being – which impacts on their children's behaviour and achievement.
- Teenage mothers often do not achieve the qualifications they need to progress into further education and, in some cases, have difficulties finding childcare and other support they need to participate in Education, Employment or Training (EET). Consequently, they struggle to compete in an increasingly high-skill labour market (DCSF, 2007b).

ALL Key Stages

Education programmes to address teenage pregnancy and parenting should seek to achieve a balance between discussing the difficulties of being a young parent, and the routes to avoiding unintended pregnancy, whilst acknowledging that some young people chose to become teenage parents or they may have parents who were teenage parents themselves. You may also have teenage mums or dads in your class and must therefore avoid stigmatising the issue. The intention of learning around parenting is to help pupils consider the role and responsibilities of a parent and what makes a good parent.

Further information:
DCSF(2007b): The Children's Plan.
http://publications.dcsf.gov.uk/eOrderingDownload/The_Childrens_Plan.pdf

For a KS4 lesson on parenting please go to the SRE core curriculum for London. SRE Core Curriculum for London (2009): A Practical Resource. Power, P and Procter, T for GOL and PSHE Association.
www.younglondonmatters.org/uploads/documents/srecorecurriculumforlondonapracticalresourcepdfdocument.pdf

The Collaborative for Academic, Social and Emotional Learning (2002): Safe and Sound: an educational leader's guide to effective social and emotional learning programmes. ***www.casel.org*****,**
www.casel.org/downloads/Safe%20and%20Sound/1A_Safe_&_Sound.pdf

FEMALE GENITAL MUTILATION (FGM) KS 1,2,3,4

Female genital mutilation (FGM), also known as female circumcision or female genital cutting, is defined by the World Health Organisation (WHO) as the range of procedures which involve "the partial or complete removal of the external female genitalia or other injury to the female genital organs whether for cultural or any other non-therapeutic reason" (WHO, 2008).

It is a deeply rooted tradition widely practised among specific ethnic populations in Africa and parts of Asia, which serves as a complex form of social control of women's sexual and reproductive rights. The great majority of affected women live in sub-Saharan Africa, but the practice is also known in parts of the Middle East and Asia. In the 29 African countries where FGM is practised, the extent varies. African countries with the highest likelihood of FGM being practised are Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Gambia, Guinea, Mali, Sierra Leone, Somalia & Sudan. It appears that the Democratic Republic of Congo, Ghana, Niger, Tanzania, Togo, Uganda & Yemen have the lowest incidence of FGM. However, within each of these countries there are specific communities in which the incidence of FGM is high.

As a result of immigration and refugee movements, FGM is now being practiced by ethnic minority populations in other parts of the world, such as USA, Canada, Europe, Australia and New Zealand. In England & Wales, women from non-African communities, which are most likely to be affected by FGM, include Yemeni, Iraqi Kurd and Pakistani women. **FORWARD UK estimates that as many as 6,500 girls are at risk of FGM within the UK every year**.

Short-term health problems include severe pain, difficulty passing urine, bleeding, infection and death. For some types of FGM long-term problems include difficulty passing urine and long painful periods. For some types there may be a long scar, which can make sex and childbirth difficult. Recurrent infections can lead to infertility. Women may also feel angry, depressed and suffer from posttraumatic stress disorder. FGM is illegal in the UK.

Any concerns around FGM must be discussed with the school CP lead – see the attached referral pathway for further advice and contact details.

Further information:
Ealing FGM Pathway for agencies.
www.egfl.org.uk/export/sites/egfl/categories/pupil/safeguarding/_docs/keydocs/specific/FGM_pathway_for_agencies.pdf

London Safeguarding Children Board (2009): London Female Genital Mutilation Resource Pack.
www.londonscb.gov.uk/files/2010/resources/fgm/london_fgm_resource_pack.pdf

ALL Key Stages

London Safeguarding Children Board (without year): Safeguarding children at risk of abuse through female genital mutilation.
www.londonscb.gov.uk/files/resources/londonfgmprocedurefinaldoc_000.doc

WHO (2008): Female genital mutilation. Fact sheet N°241.
www.who.int/mediacentre/factsheets/fs241/en/index.html

www.londonscb.gov.uk/fgm_resources/

www.egfl.org.uk/categories/pupil/safeguarding/child-protection/specific/mutilation

HIV/AIDS KS 1/2/3/4

HIV stands for the Human Immunodeficiency Virus. HIV attacks the body's immune system - the body's defense against diseases.

AIDS stands for Acquired Immune Deficiency Syndrome. A person is considered to have AIDS when the immune system has become so weak that it can no longer fight off a whole range of diseases with which it would normally cope. If HIV is diagnosed late, people are more likely to develop AIDS.

How HIV is transmitted

The facts
HIV is passed on from one person to another via body fluids – blood, semen, pre-ejaculate (pre-cum), vaginal fluids and breast milk.

In the UK today, the main routes of transmission are:
- Through vaginal or anal sex without a condom
- By sharing needles and other drug injecting equipment

Less commonly, HIV is passed on through:
- Oral sex (particularly if someone has ulcers or gum problems or has recently brushed or flossed their teeth)
- Mother-to-baby transmission, although with the right medical interventions there is a 1-in-100 chance of this happening
- Breast feeding (where the mother is HIV positive)
- Accidents in a healthcare setting (needle-stick injuries)
- Tattooing – where dirty needles or makeshift equipment are used

You cannot get HIV from everyday activities including:
- Hugging, kissing or holding hands
- Sharing a bath
- From a swimming pool
- From a toilet seat
- Sharing cutlery or drinks with someone else
- By someone spitting at you or biting you

Schools face a complicated task of educating young people about HIV infection so that the uninfected majority can remain uninfected. This means giving an accurate picture of how the virus is transmitted, and the damage it can cause to an infected individual's immune system. The message necessarily needs to ensure young people understand:
- That this is a very serious infection
- There is no easy cure
- Prevention is the best solution

Information must also be relayed on how recent developments in healthcare have meant that doctors are now able to better control the virus once a person is infected, which means that a person with HIV can stay healthy for longer.

ALL Key Stages

Increasingly, however, in our schools there will be children and young people already living with the virus – perhaps they or a family member are HIV positive. The school community has a duty of care to these children also, which requires teachers to discuss HIV in a non-judgmental and well-informed fashion. No health education about HIV should be reinforcing myths or increasing prejudice against those living with HIV. If teachers become aware that a child in the school is infected, they need to understand that this poses no risk to the other pupils and they must ensure that confidentiality is respected and maintained (NCB, 2005a).

Further information:
Avert (HIV/AIDS Charity): ***www.avert.org/aids-information.htm***

Ealing Grid for Learning: ***www.egfl.org.uk***

National Children's Bureau (Ed.) (2005a): HIV in Schools: Good practice guide to supporting children infected or affected by HIV. Conway, M. ***www.ncb.org.uk/dotpdf/open%20access%20-%20phase%201%20only/hivforum_schoolsgpg.pdf***

SRE Core Curriculum for London (2009): A Practical Resource. Power, P and Procter, T for GOL and PSHE Association.
www.younglondonmatters.org/uploads/documents/srecorecurriculumforlondonapracticalresourcepdfdocument.pdf

www.worldaidsday.org/

RELATIONSHIPS, DELAY AND NEGOTIATION KS 1/2/3/4

'What we really want is to talk about what it feels like to be in a relationship and how to be yourself in a relationship' (girls group, year 11)

Young people report that the emphasis of SRE is too biological and they want more opportunity to talk about feelings and relationships. This feedback from young people fits neatly into the PSHE framework with its emphasis on building self-esteem, and respect for self and others. The diversity of different relationships can be usefully discussed within this context.

The 'Delay' message

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

ALL Key Stages

10. AND ….alongside all of this providing excellent high-quality sexual health services and support which enable young people to access condoms, contraception, emergency contraception, abortion and support for choices about sexuality – as well as a place to talk about relationships, sex and sexuality and to get support for saying 'no' to unwanted sex

Further information:
*Training and resources to help deliver the delay message is available in Ealing by contacting the Young People's Sexual Health Commissioner (**chawlas@ealing.gov.uk** / t: 020 88259333)*

For recommended lesson plans please go to the SRE core curriculum for London scheme of work or the Ealing PSHE scheme of work.

London Borough of Ealing (2008): Ealing Scheme of Work for PSHE.
www.egfl.org.uk/export/sites/egfl/categories/teaching/curriculum/subjects/pshe/_docs/NEW_SoW_Sept_2008.pdf

SRE Core Curriculum for London (2009): A Practical Resource. Power, P and Procter, T for GOL and PSHE Association.
www.younglondonmatters.org/uploads/documents/srecorecurriculumforlondonapracticalresourcepdfdocument.pdf

SEXUAL ORIENTATION, SEXUAL IDENTITIES AND HOMOPHOBIA KS 1/2/3/4

All children and young people should feel safe and included within the school environment, and this should be highlighted by the school's express commitment to equal opportunities, anti-bullying and anti-discriminatory practice. Personal, Social, Health and Economic Education (PSHE) and Citizenship – including sex and relationship education (SRE) – should support and reflect this ethos and be sensitive to the diversity and development of sexual identities (NCB, 2005c).

In 2003 the Repeal of Section 28 came into force. Although it never applied to schools, many teachers and other professionals were confused as to what they could and could not say about sexual orientation. Schools also felt hampered in their ability to tackle homophobic bullying. **It should be noted that there is no constraint on discussing these matters in both primary and secondary schools within an appropriate programme of PSHE and SRE**. In a primary school this will entail discussing different types of relationships including same sex relationships (see chapter on Family Life and Parenting).

Homophobic bullying is almost epidemic in Britain's schools. Almost **two thirds** (65 per cent) of young lesbian, gay and bisexual pupils have experienced direct bullying. **Seventy five per cent** of young gay people attending faith schools have experienced homophobic bullying. Even if gay pupils are not directly experiencing bullying, they are learning in an environment where homophobic language and comments are commonplace. **Ninety eight per cent** of young gay people hear the phrases "that's so gay" or "you're so gay" in school, and over **four fifths** hear such comments often or frequently.
Ninety seven per cent of pupils hear other insulting homophobic remarks, such as "poof", "dyke", "rug-muncher", "queer" and "bender". Over **seven in ten** gay pupils hear those phrases used often or frequently.
Less than a **quarter** (23 per cent) of young gay people has been told that homophobic bullying is wrong in their school. In schools that have said homophobic bullying is wrong, gay young people are **60 per cent** more likely not to have been bullied.
Over **half** of lesbian and gay pupils don't feel able to be themselves at school. **Thirty five per cent** of gay pupils do not feel safe or accepted at school (Stonewall, 2007a).

Further information:
DCSF (2007a): Homophobic bullying. Safe to Learn: Embedding anti-bullying work in schools.
www.stonewall.org.uk/educationforall

National Children's Bureau (2005c): Sexual orientation, sexual identities and homophobia in schools. Factsheet 33. Sex Education Forum. ***www.ncb.org.uk/dotpdf/open%20access%20-%20phase%201%20only/ff33_sef_2005.pdf***

ALL Key Stages

Stonewall (2007a): The School Report. The experiences of young gay people in Britain's schools. ***www.stonewall.org.uk/educationforall***

Stonewall (2007b): The Teacher's Report. ***www.stonewall.org.uk/educationforall***

SRE, SEN AND DISABILITY KS 1/2/3/4

Adolescence is a period when both able-bodied and disabled people are particularly sensitive about their appearance and how others think ok them. At a time when there appears to be increasing autonomy for able-bodied teenagers, the experience of adolescents with special educational needs (SEN) may be in sharp contrast. For the disabled teenager, everyday problems, such as dealing with parental authority and disapproval, financial restrictions, educational demands etc. may be further compounded by the difficulties caused by restricted mobility, communication, incontinence, poor access facilities, illness, peer pressure and personal acceptability. A disabled young person might also be uncertain as to what extent they will be able to function as ordinary social and sexual individuals (Blackburn, 2002). These problems often faced by a young person with SEN might severely damage their body image and self-esteem.

Sex and relationship education (SRE) is an important part of the curriculum for all children and young people. Those with sensory impairments, physical disabilities and/or mild, moderate and severe learning difficulties are no exception. Whatever our gender, ability, culture, faith, sexuality and family background, we are all sexual beings, with the same needs for good and appropriate SRE. Children and young people with special educational needs (SEN) have the same rights as their peers to education, information, dignity and respect. *The SEN Code of Practice* (DCSF, 2001) also emphasises the importance of consulting children and young people with SEN and involving them in the development of the school's SRE Policy and practice.

Under the provisions of the Special Educational Needs and Disability Act (2001) schools are required to ensure that the curriculum (including PSHE and SRE) is meeting the needs of pupils with SEN and to monitor this. Children and young people with SEN, in particular those with learning difficulties, may be vulnerable to exploitation and abuse for a number of reasons. SRE should increase their ability to recognise and respond to abusive behaviour.
The national *SRE guidance* (DCSF, 2000) advises that teachers may find they have to be more explicit and plan work flexibly and in different ways in order to meet the individual needs of children and young people with SEN, including the use of resources or grouping by ability or mixed ability or tutorial time to discuss a student's concerns on a personal level. This is also a good time to raise awareness of issues to do with peer group interaction, such as body language, eye contact and the need for personal space. For students who use alternative methods of communication such as signing, symbols and/or communication switches and aids, you will need to ensure that staff is familiar with words in Makaton, Braille and British Sign Language. Students with profound and multiple learning difficulties need not be excluded from the program. Using appropriate methods, they will be able to experience most of the basic content such as self-awareness, gender awareness, body recognition and privacy. Finally, it is important to ensure that the resources being used are inclusive of and provide positive images of disabled children and young people.
Despite a willingness to talk to their children about sex and relationships, many parents and carers are unsure about how to get started. For some parents and carers of disabled children, fears of exploitation and pregnancy or a reluctance to see their children as sexual beings may complicate matters further. Parents and carers' anxieties often peak when a child reaches puberty. Their concerns can be reduced if the child's sexual development is addressed as a natural part of home–school links, rather than just at crisis points. Many schools include SRE in the home–school partnership agreements and place SRE on the agenda at the annual parents' and carers' meeting. Other schools make clear their commitment to providing SRE within the school prospectus. For other parents and carers, their concerns may mean they are highly motivated to address these issues and will appreciate the support given by schools and health professionals.

ALL Key Stages

It is also important to give pupils with SEN opportunities to discuss sexual matters with someone other than their families or friends. Although SRE may trigger thoughts of a personal nature, class-based SRE is not an appropriate place to discuss personal issues and working agreements need to be established to ensure there are boundaries to what is discussed. Schools should provide information on where pupils can talk about personal issues in confidence. The DfES guidance *Working together: Giving children and young people a say* (DfES, 2003) recommends that schools develop a clear policy on confidentiality and that this is made available to parents and carers, pupils and outside visitors.

Further information:

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DCSF (2000): Sex and Relationship Education Guidance.
http://publications.teachernet.gov.uk/eOrderingDownload/DfES-0116-2000%20SRE.pdf

DCSF (2001): The SEN Code of Practice.
http://publications.teachernet.gov.uk/eOrderingDownload/DfES%200581%20200MIG2228.pdf

DfES (2003): Working together: Giving children and young people a say.
www.dcsf.gov.uk/consultations/downloadableDocs/239_2.pdf

Health Development Agency (2004): Promoting children and young people's participation through the National Healthy School Standard.
www.nice.org.uk/niceMedia/documents/promoting_participation_nhss.pdf

HM Government (2001): Special Educational Needs and Disability Act.
www.opsi.gov.uk/ACTS/acts2001/ukpga_20010010_en_1

Image in Action: ***www.imageinaction.org/res1.htm***

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http://www.ncb.org.uk/dotpdf/open_access_2/sef_sre_disresource07.pdf

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www.nursingtimes.net/Journals/1/Files/2009/6/9/Puberty%20&%20Sexuality%20Pack%20-%20NHS%20Leeds%20-%202009.pdf

THE LAW IN RELATION TO SRE IN SCHOOLS KS 1/2/3/4

In October 2008 the Government announced its intention to make PSHE a statutory subject across all key stages, underpinned by a statutory Programme of Study. This means that over the next few years significant legislative changes will occur which will impact on SRE. The following outlines the current legal situation at the end of 2008, which will be subject to change:

- The puberty, reproduction and infection related elements to SRE are contained in the National Curriculum (NC) 2000 Science Orders (see link below) and are mandatory for all pupils of primary and secondary age.
- All schools must provide an up to date policy that describes the content and organisation of SRE provided outside NC Science. It is the school governors' responsibility to ensure that the policy is developed and made available to parents/carers for inspection.
- Special schools and middle schools may need to make separate arrangements for primary school aged children and secondary school aged children.
- Parents have the right to withdraw their children from the SRE provided outside NC Science. They cannot withdraw their children from NC subjects.
- The October 2006 Amendment to the Education and Inspections Act places a statutory duty on schools to promote children's wellbeing, as well as their academic achievement.

ALL Key Stages

The amendment uses the definition of 'wellbeing' as outlined in the Children Act 2004 which includes the promotion of: physical and mental health, and emotional wellbeing; protection from harm and neglect; education, training and recreation; the contribution made by (a child) to society; and social and economic wellbeing. One of the Wellbeing indicators will require schools to deliver SRE. All indicators will be used by Ofsted to inspect schools to ascertain their effectiveness in promoting wellbeing of all the children and young people in the school (GOL and PSHE Association, 2009).

Further information:

DCSF (2000): Sex and Relationship Education Guidance. ***http://publications.teachernet.gov.uk/eOrderingDownload/DfES-0116-2000%20SRE.pdf***

DCSF (2003): Every Child Matters: Change for Children. ***http://www.dcsf.gov.uk/everychildmatters/***

Department of Health (2004): National Service Framework for Children, Young People and Maternity Services. ***www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4090552.pdf***

HM Government (2006a): Amendment to the Education and Inspections Act. ***www.opsi.gov.uk/legislation/wales/wsi2009/wsi_20092545_en_1 2009***

HM Government (2004): The Children's Act. ***www.opsi.gov.uk/Acts/acts2004/pdf/ukpga_20040031_en.pdf***

National Children's Bureau (2003): Sex and relationships education: support for school governors. ***www.governornet.co.uk/linkAttachments/SREfactsheet.pdf***

National Children's Bureau (2005b): Sex and Relationship Education Framework. Factsheet 30. Sex Education Forum. ***/www.ncb.org.uk/dotpdf/open%20access%20-%20phase%201%20only/ff30_sef_2004.pdf***

National Curriculum Science: ***http://curriculum.qcda.gov.uk/key-stages-3-and-4/subjects/science/index.aspx***

Ofsted (2002): Sex and relationship education in schools, HMI 433. ***www.ofsted.gov.uk/Ofsted-home/Publications-and-research/Browse-all-by/Education/Curriculum/Personal-social-and-health-education***

Ofsted (2007): Time for change? Personal, Social and Health Education. HMI 070049. ***www.ofsted.gov.uk/Ofsted-home/Publications-and-research/Browse-all-by/Education/Curriculum/Personal-social-and-health-education***

SRE Core Curriculum for London (2009): A Practical Resource. Power, P and Procter, T for GOL and PSHE Association. ***www.younglondonmatters.org/uploads/documents/srecorecurriculumforlondonapracticalresourcepdfdocument.pdf***

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FREE SEXUAL HEALTH AND RELATIONSHIP RESOURCES @ RAISE LIBRARY

Resources available to all professionals delivering SRE in Ealing

Contact:
Email: eal-pct.raiselibrary@nhs.net
Phone: 020 331 39507/8

Room 20, Primary Care Education Centre
West Ealing House, 2 St James Avenue
London
W13 9DJ

PLEASE NOTE **that this venue will change in the near future. Please check via email if the address is still correct before visiting the library.**

Models/Resources:

- Contrapack – contains different methods of contraception, a training guide, and leaflets. Five available for loan.
- Condom training models. Two available for loan
- Contraception (2001): a board game for young people

Videos:

- Girls Out Loud (2004) - a video pack from the FPA, designed to help those working in sex and relationships education to provide young women with information, education and communication skills.
- Johnny Condom – Education video
- Jason' Private World (1996) – to be used with men who have learning disabilities
- Kylie's Private World (1996) – to be used with women who have learning disabilities
- Let's Talk About Sex & Relationships (2005) – produced by Nottingham PCT and aimed at young South Asian people, taking into account their cultural values.
- Weird and Wonderful World of Billy Ballgreedy (2000) – a video pack from the FPA that addresses young men's issues around sexual health and sexuality.

Books/Training Packs:

- Assessment, evaluation and sex & relationships education: a practical toolkit for education, health & community settings (2004) National Children's Bureau
- Beyond Barbie: community based sex and relationships education with girls and young women: a workers' compendium (2003) FPA
- Let's Do It: creative activities for sex education for young people with learning disabilities (1997) Image In Action
- Let's Make It Happen: training on sex, relationships, pregnancy and parenthood for those working with looked after children and young people (2003) FPA/National Children's Bureau
- Let's Talk About Sex: growing up, changing bodies, sex and sexual health (1994) Walker Books
- Living Your Life: the sex education and personal development resource for special educational needs (2003) Brook
- Living Your Life: 68 photocopiable worksheets – for PHSE teachers and others working in both mainstream and special schools with young people who have learning disabilities – Brook

- Strides: a practical guide to sex and relationships education with young men (1998) FPA
- Talking Together…about sex and relationships: a practical resource for schools and parents working with young people with learning disabilities (2003) FPA
- Taught not Caught: strategies for sex education (1989): LDA
- Working with Young People: a training pack for sex advice centres (2002): Brook

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Many of these resources are available online, please click on the links.

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