

# PLEASE NOTE VENUE AND TIME

## CHILDREN'S SERVICES SCRUTINY FORUM AGENDA



Friday 2<sup>nd</sup> February 2007

at 4.00 pm

in the Main Hall, Owton Manor Community Centre,  
Wynyard Road, Hartlepool

MEMBERS: CHILDREN'S SERVICES SCRUTINY FORUM:

Councillors Brash, S Cook, Fleet, Griffin, Laffey, London, Preece, Rogan, Shaw ,  
M Waller and Young

Co-opted Members:

Elizabeth Barraclough, David Relton and Jesse Smith

Leigh Bradley, Kelly Goulding, Cassie Jeffries, Gillian Pounder, Hannah Shaw ,  
Jonathan Simpson, Leon Smith

Resident Representatives:

John Cambridge, Evelyn Leck and Michael Ward

1. **APOLOGIES FOR ABSENCE**
2. **TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS**
3. **MINUTES**
  - 3.1 To confirm the minutes of the meeting held on 8<sup>th</sup> January 2007 (*to follow*)
4. **RESPONSES FROM THE COUNCIL, THE EXECUTIVE OR COMMITTEES OF THE COUNCIL TO FINAL REPORTS OF THIS FORUM**

None.

# PLEASE NOTE VENUE AND TIME

5. **CONSIDERATION OF REQUEST FOR SCRUTINY REVIEWS REFERRED VIA SCRUTINY CO-ORDINATING COMMITTEE**

None.

6. **CONSIDERATION OF PROGRESS REPORTS / BUDGET AND POLICY FRAMEWORK DOCUMENTS**

None.

7. **ITEMS FOR DISCUSSION**

**Scrutiny Investigation into the Provision of Sex and Relationship Education in Hartlepool :-**

7.1 Setting the Scene Report (*Scrutiny Support Officer*)

7.2 Evidence from the United Kingdom Youth Parliament (UKYP):-

(a) Covering Report (*Scrutiny Support Officer*); and

(b) Presentation by a Representative from Doug Hallam (Regional Co-ordinator North East/UK Youth Parliament) (UKYP) and a number of UKYP members.

7.3 Evidence from the Children's Services Department:-

(a) Covering Report (*Scrutiny Support Officer*); and

(b) Presentation by Sandra Saint (Healthy Schools Co-ordinator) and Deborah Gibbin (Teenage Pregnancy Co-ordinator).

8. **ANY OTHER ITEMS WHICH THE CHAIRMAN CONSIDERS ARE URGENT**

**ITEMS FOR INFORMATION**

i) **Date of Next Meeting Monday 12<sup>th</sup> February 2007, commencing at 4.00 pm in Owton Manor Community Centre, Hartlepool. (Additional meeting)**

## **CHILDREN'S SERVICES SCRUTINY FORUM**

2 February 2007



**Report of:** Scrutiny Support Officer

**Subject:** SCRUTINY INVESTIGATION INTO 'PROVISION OF SEX AND RELATIONSHIP EDUCATION (SRE) FOR YOUNG PEOPLE IN HARTLEPOOL SCHOOLS' – SETTING THE SCENE AND ADDITIONAL INFORMATION

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### **1. PURPOSE OF REPORT**

- 1.1 To set the scene for the Children's Services Scrutiny Forums investigation into 'The Provision of Sex and Relationship Education for Young People in Hartlepool'.

### **2. BACKGROUND INFORMATION**

- 2.1 The Children's Services Scrutiny Forum at its meeting on the 12 June 2006 selected the provision of sex and relationship education for young people in Hartlepool as its second investigation for 2006/07. The Terms of Reference and Potential Areas of Inquiry/Sources of Evidence for the inquiry were approved by the Forum on the 8 January 2007 and this meeting forms the first of a series of evidence gathering sessions.

### **3. THE HISTORY OF SEX AND RELATIONSHIP EDUCATION**

- 3.1 In the 1950's and 1960's sex education was largely seen as teaching about reproduction and as such was undertaken in biology lessons. Biology was widely perceived as a more suitable for girls and as such girls were more likely to receive sex education. <sup>(iii)</sup>
- 3.2 In the 1970's school sex education began to change with biology text books providing fuller accounts of the human reproductive systems and methods of contraception taught more widely. Issues to do with relationships were, however, more often discussed in programmes of personal and social education rather than in biology lessons.

- 3.3 The 1980's saw a continued increase in the aims of sex education with emphasis on the acquisition of skills for decision making, communication, personal relationships and parenting strategies. Whilst most pupils continued to receive little school sex education, and little chance to discuss sexual feelings and relationships, increased emphasis was placed upon enabling young people to make their own informed decisions.
- 3.4 In terms of sexually transmitted diseases (STD's), the post Second World War advent of antibiotics meant that for decades a fear of STD's played little part in thinking behind most sex education programmes. This, however, changed in the 1980's with the appearance of Aids and today the issue of STD's forms an important part of sex and relationship education.
- 3.5 Sex and relationship education is now rooted deeply in the framework for Personal, Social and Health Education and further details of current strategies will be outlined during the course of presentations later in the meeting.

#### **4. PREVIOUS SCRUTINY INVESTIGATION -**

- 4.1 The issue of sexual health is not a new one for scrutiny in Hartlepool. Whilst this is the first time that a specific investigation has been undertaken into the provision of sex and relationship education, in 2002 the Education and Childcare Scrutiny Forum undertook an investigation of teenage pregnancy and associated issues. A copy of the Forums 2002 Report is provided at **Appendix A** for Members information.

#### **5. MEASURING THE EFFECTIVENESS OF SEX AND RELATIONSHIP EDUCATION (SRE) PROVISION IN HARTLEPOOL**

- 5.1 Members will recall that at the previous meeting the importance of a subjective/qualitative assessment of the effectiveness of SRE was identified. This will be undertaken during the course of the investigation through:-
  - i) A survey to be undertaken by the young people co-opted on to the Forum. Details of the progress of the survey will be reported at the meeting;
  - ii) A presentation for the UK Youth Parliament; and
  - iii) Subject to the approval of the relevant Local Authority, participation of young people from their area during the course of the site visit.
- 5.2 In addition to this, the level of sexually transmitted diseases and pregnancies in Hartlepool will also be looked at as part of the investigation. A further report on this will be presented to a future meeting of the Forum.

#### **6. RECOMMENDATIONS**

- 6.1 That Members note the report.

**Contact Officers:-** Joan Wilkins – Scrutiny Support Officer  
Chief Executive's Department - Corporate Strategy  
Hartlepool Borough Council  
Tel: 01429 523339  
Email: joan.wilkins@hartlepool.gov.uk

## **BACKGROUND PAPERS**

The following background paper was used in the preparation of this report:-

- (i) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into the Provision of Sexual Health Education for Young People in Hartlepool Schools – Scoping Report' presented to the Children's Services Scrutiny Forum on 8 January 2007.
- (ii) Department of Health – Hartlepool 2006 Health Profile.
- (iii) Article by Michael Reiss (Professor of Science education at the Institute of Education, University of London).

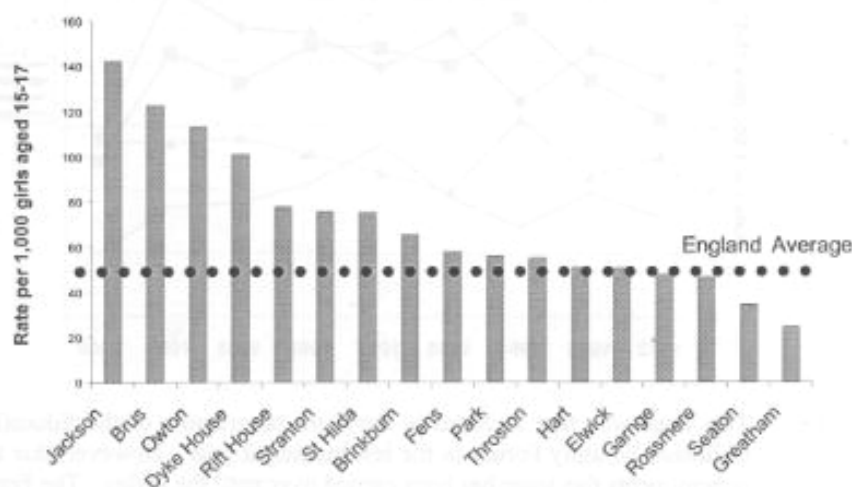
## Education and Childcare Scrutiny Forum

### Investigation into teenage pregnancy and associated issues within Hartlepool

#### 1. Background

- 1.1 The UK has the highest level of teenage birth rate<sup>1</sup> in Western Europe. There are around 90,000 conceptions every year to teenagers, including around 7,700 who are under 16. Around three fifths of these result in live births. A range of social and health problems often accompany teenage pregnancy. Young mothers are less likely to find employment or finish their education and therefore to bring their child up in poverty. The health risks associated with pregnancy at a young age include a much higher rate of infant mortality and low birth weight and an increased potential for accidents, gastro-enteritis and post-natal depression in the mother. Additionally, the children of teenage mothers have an increased chance of becoming teenage parents themselves.
- 1.2 This problem is particularly acute within Hartlepool. Around 90 per 1000 females aged 15-19 become pregnant every year; the highest rate in the North-East and one of the highest in the country, although this rate has fallen significantly in the latest figures. High birth rates amongst teenagers are often associated with areas of economic disadvantage, predominantly for two reasons. Firstly, there are a greater number of conceptions and secondly, there is also less chance of the mother terminating the pregnancy in poorer areas.

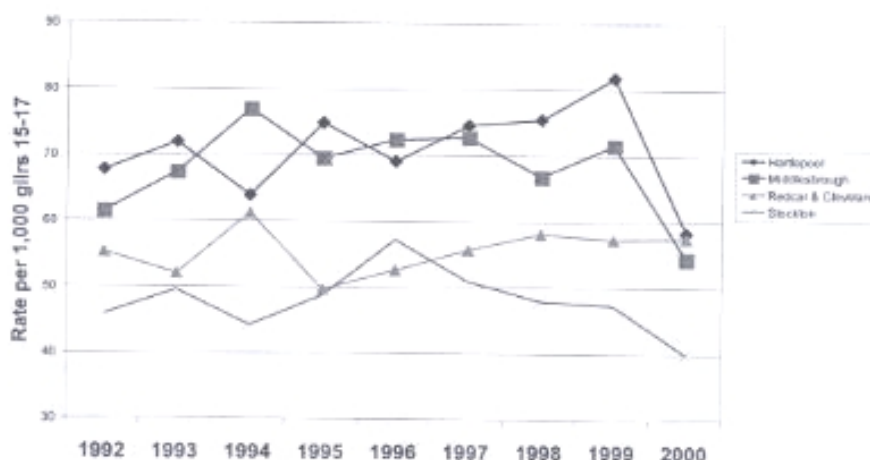
**Under 18 Conception by Ward - Hartlepool  
1995-97**



<sup>1</sup> The methods and criteria defining teenage pregnancy and teenage birth rate vary between countries and government departments. The terms are therefore defined here as conception between the ages of 15 and 19 unless otherwise stated.

- 1.3 Because the UK has such a problem, the Prime Minister launched the Social Exclusion Unit's report on teenage pregnancy in 1999. This report contained a thirty-point action plan towards two main goals. These are:
1. Halving the rate of conceptions among under 18 year olds in England by 2010, with an interim target of a 15 per cent reduction by 2004.
  2. An accompanying reduction in the risk of long term social exclusion for teenage parents and their children, measured by participation in employment, training or education.
- 1.4 Hartlepool has been set a higher target by the government because of its particular problem, of a 55 per cent reduction in teenage pregnancy by 2010.
- 1.5 Each local and health authority, alongside their partner organisations, has now submitted a detailed strategy, stating how they will tackle teenage pregnancy in their area, to comply with the Social Exclusion Unit's report. The local teenage pregnancy co-ordinator has overseen a range of initiatives to combat this issue and this has been accompanied by a large fall in conception rates in the latest figures within Hartlepool (2000 - see accompanying graph). Since 1998, conception rates for under 18s have reduced nationally by more than 6%.

### Tees area - Under 18 conceptions: Rates per 1,000 girls aged 15-17



- 1.6 This issue was first included in the work programme of the Education and Childcare Scrutiny Forum in the last municipal year. However, due to work commitments this issue has been carried over until the spring. The Forum has undertaken an extensive investigation hearing from
- The Teenage Pregnancy Co-ordinator;
  - Tees Health Authority;

- North Tees and Hartlepool NHS Trust's Genito-Urinary Medicine (GUM) Department;
- The Head of Service (Family Support) within Social Services;
- A Senior Education Officer with specialist knowledge of this area;
- The Healthy Schools Co-ordinator;
- The Pupil Referral Unit Manager;
- A Health Promotion Specialist from Hartlepool Primary Care Trust.

- 1.7 This report sets out how the Forum undertook the inquiry, the main issues discussed, and its conclusions and recommendations for consideration by the Executive. More details of the discussions that took place and the issues covered can be found in the minutes, briefing notes and submissions that were prepared for the Forum's consideration.

## 2 Conduct of the inquiry

- 2.1 The inquiry was conducted in three meetings, each looking at a particular issue surrounding teenage pregnancy. A number of presentations were given at each meeting from council officers or from representatives from other agencies, followed by questions and discussion. All of the meetings were open to the public.

- 2.2 The agreed timetable was as follows:

### **Meeting one – 24<sup>th</sup> January 2002. Overview of teenage pregnancy and suggested course for the inquiry.**

This meeting gave Members a general overview of the problems and extent of teenage pregnancy within Hartlepool and the UK, allowing them to agree a timetable for the inquiry.

### **Meeting two – 28<sup>th</sup> March 2002. The teenage pregnancy strategy and a briefing on sexually transmitted diseases.**

This gave members a detailed account of the content of the teenage pregnancy strategy and was accompanied by a presentation by a consultant from Hartlepool's Genito-Urinary Medicine Unit outlining the prevalence of sexually transmitted diseases (STDs) and the problems his unit face because of the increase in demand.

### **Meeting three – 18<sup>th</sup> April 2002. Sex and relationship education in schools, the APAUSE scheme and support given to pregnant pupils.**

This meeting was arranged to inform Members on the national curriculum and relevant programmes within schools, as well as giving an overview of the support that is given to females who become pregnant whilst still at school.

- 2.3 The meetings typically included presentations from senior officers and representatives from outside agencies with responsibility for teenage



pregnancy, sexual health and education. These presentations were followed by questions and discussion from Members.

### **3 Issues emerging during the investigation**

- 3.1 Members were advised that the government has asked health and local authorities, along with other partners, to jointly prepare a ten year teenage pregnancy strategy and a three year action plan, reporting progress annually. Hartlepool's strategy was agreed by Members in October 2001 and submitted to government. This strategy aims to provide extensive support and information to each young person in Hartlepool, by working with all relevant agencies, groups and individuals within the Hartlepool partnership.

#### **Sex and Relationship Education (SRE) within schools**

- 3.2 The Forum heard that much of SRE provision within schools is not included on the national curriculum, other than some references to anatomy and physiology, reproduction and some aspects of health. As such, any provision of sex and relationship education is largely at the discretion of the individual school or Local Education Authority (LEA).
- 3.3 All of the schools in Hartlepool include an increased provision of SRE, starting in year 7, as part of their teaching schedule. This is achieved in later years through the APAUSE (Added Power And Understanding Sex Education) scheme developed at Exeter University. This programme aims to provide pupils with the skills and knowledge necessary to make informed choices about relationships and to resist unwelcome pressure to become sexually active. It also aims to increase tolerance, respect and mutual understanding between the pupils.
- 3.4 APAUSE is ran between years nine and eleven and includes sessions with adults, health specialists and also trained younger peers (16 or 17 years) recruited from local colleges. It uses fictional scenarios focusing on topics such as pregnancy, contraception and health to enable discussion of surrounding issues. Exeter University state that 'APAUSE is not an abstinence project, but an enabling programme supporting young people in their decision to delay intercourse until a time when they are less likely to regret it, assisting them to negotiate stages of intimacy, appropriate contraception and access to services'.
- 3.4 The available evidence suggests that APAUSE works. It is regularly accompanied by increased knowledge of sexually transmitted infections (STIs) and contraception, a reduction in young men under 16 having sex and a reduction in the belief that sexual activity under the age of 16 is the norm. The sessions are popular with the pupils who see them as a good source of knowledge about sex and relationships.
- 3.5 The APAUSE project is funded through health sources; however, this is the final year of funding. Negotiations are currently underway to secure alternative arrangements to enable sustainability.

- 3.6 There are also other projects within Hartlepool aimed at educating young people on sex and relationships. These include a primary school resource pack, building upon the requirements of the national curriculum and a sex education roadshow to help target at-risk and vulnerable young people who may be absent from school, and therefore more likely to fall pregnant or take part in unsafe sex.

#### **Support for pregnant pupils**

- 3.7 The authority has a responsibility to ensure that pupils who do become pregnant continue their education as fully as possible. It is also desirable to encourage these young women to continue into post 16 education or to seek employment/training after the birth, to increase their life chances. A Team Leader is assigned to each pregnant teenager still at school to co-ordinate all aspects of their pregnancy and to ensure the pupil is re-integrated back into the education system after the birth. This Team Leader has regular contact with the pupil, the parents/carer, social workers, the school nurse, tutors, etc. as appropriate, to draw up an individual integration plan (IIP) ensuring complete coverage of support both before and after conception.
- 3.8 A range of other initiatives are being planned to encourage pregnant teenagers to return to education and to increase their chances of succeeding both at school and in later life. These schemes include the loaning of laptop computers to pupils on maternity leave to prevent them falling behind with their schoolwork, a more effective use of devolved grants, increased links with Connexions and the setting up of a database to track post secondary progression.

#### **Sexually Transmitted Infections (STIs)**

- 3.9 Dr Tayal from the North Tees and Hartlepool NHS Trust's Genito-Urinary Medicine (GUM) Department gave a detailed presentation describing the situation regarding STIs in the town, nationally and internationally. There has been a huge rise in cases of STIs in the UK, from 800,000 in 1995 to around 1.2 million in 2000. This has been accompanied by almost a trebling in attendance rates at GUM clinics in the period 1995 to 2001.
- 3.10 Dr Tayal told the Forum that the problem in Hartlepool was particularly acute, and that teenagers tended to be particularly prone to certain diseases. These figures from Hartlepool include:
- 65 per cent of female patients diagnosed with gonorrhoea are under 19;
  - 20 per cent of male patients diagnosed with gonorrhoea are under 19;
  - 40 per cent of female patients diagnosed with genital warts are under 19;
  - 35 per cent of patients diagnosed with chlamydia are under 19.
- 3.11 Unfortunately, these dramatic increases have not been matched by an accompanying rise in resources. This lack of money has led to an average appointment in Hartlepool taking 4-6 weeks rather than the recommended 48

hours. Although there are initiatives taking place, including within the APAUSE programme, to educate people about the prevalence and dangers of STIs, the lack of available resources limits the work that can be done.

#### **4 Recommendations**

- 4.1 The following paragraphs set out the Forum's recommendations for consideration by the Executive. The Forum welcomes the recent fall in the number of teenagers becoming pregnant and congratulates those who work within this area for their continued hard work. The Forum also believe that the work being done in and out of schools, to dissuade young people from practising unsafe sex is essential and welcomes any initiative to improve this.
- 4.2 However, despite this valuable work which has undoubtedly had an effect on the fall in the number of conceptions, much work remains to be done. Hartlepool still has an unacceptably high rate of teenage pregnancy and in the past the community often had to deal with the associated problems of early pregnancy, such as poverty and benefit dependency, poor educational attainment, lack of childcare and the ill health of the child and parent.
- 4.3 The Forum believes that the problems described above should not be inevitably associated with teenage parents and their children. If the levels of support are effective, there should be no barrier to a pregnant or postnatal female succeeding in education, employment or training to their full potential. The Forum would like to congratulate the team's work in providing inclusive support throughout and after pregnancy.

#### **Funding**

- 4.4 The Forum heard from Hartlepool Primary Care Trust that the APAUSE scheme is in its final year of funding from health sources. Whilst other funding options are currently being investigated, these are not yet in place.
- 4.5 The Forum was also concerned about the level of funding to Hartlepool's genito-urinary medicine clinic. The Forum was most alarmed about the prevalence of STIs within the town and the unacceptable wait that people regularly had to receive essential treatment. It was felt that allowing people with infectious diseases to remain untreated for so long could increase the chances of passing on the disease to others, further exacerbating the problem.
- 4.6 The Forum therefore urges the Executive to examine ways to allocate funding to both of these projects. It was felt strongly that a little money spent wisely in education and health would repay itself over many times. The initiatives described above would help to cut down on teenage pregnancy and enable greater inclusion of those females who do conceive. These approaches would help stop benefit dependency and enable these young women to achieve their potential.
- 4.7 Also, improving the provision of medical help to those with STIs would have an immediately beneficial impact. Early treatment is often vital in curing



some sexually transmitted diseases and initiatives such as targeting nightclubs with information and free contraceptives may help to cut down on the transmission of sexual diseases, including HIV. At present the resources are not available for such proactive schemes, therefore the Forum considers the allocation of funding to some programmes as essential.

#### **Increased support for fathers and teenage parents post 16.**

- 4.8 The Forum welcomes the essential work being done to support those females who become pregnant whilst still at school. We would urge the Executive and other agencies however, to do all it can to maintain this level of support if the female leaves school at sixteen, either to go into further education, or to move into or seek employment. Most of the teenage pregnancies within Hartlepool occur after the young person has left school, and these females deserve at least the same level of support as that given to those still in education when needed. We would welcome assurances that support is given to pregnant females both before and after the age of sixteen if this support is required.
- 4.9 We would also urge the relevant bodies not to forget the father's role in any pregnancy. Whilst we recognise that much of the help automatically offered to the female is quite proper and to be commended, the feelings and wishes of the father who is often of a similar vulnerable age, should regularly be taken into account. We feel it is important not to exclude the male, who may help to provide support to the young female.

#### **The recent Ofsted report**

- 4.10 The Forum welcomes the recently published report from Ofsted "Sex and Relationships Education in Schools". We are sure that this report will be duly noted by the relevant agencies and Departments and their recommendations on SRE are considered in line with the strategy and curriculum in place.

#### **Support for parents and advice**

- 4.11 The Forum is concerned that there may be insufficient support and encouragement given to parents to enable them to talk frankly about relationships or sexual matters with their children. Whilst we realise that it may be difficult for some parents to discuss such matters because of embarrassment or a lack of knowledge, we feel that parents are often in the best position to approach these subjects with their own children. We recommend therefore, that the Executive examine the possibility of setting up a scheme in schools, if there is sufficient public interest, to work with parents to develop the skills to approach the subject with confidence and knowledge.
- 4.12 We also believe that more could be done within schools, youth clubs, libraries etc. to promote other sources of information regarding relationships, sex and sexuality, STDs and contraception. Posters and other media advertising advice lines and relevant Internet sites, sources of contraception (including out of hours and weekend provision) and information about STDs, should be disseminated as widely as possible among the young. We as a Forum believe



## CHILDREN'S SERVICES SCRUTINY FORUM

2 February 2007



**Report of:** Scrutiny Support Officer

**Subject:** SCRUTINY INVESTIGATION INTO THE PROVISION OF SEX AND RELATIONSHIP EDUCATION FOR YOUNG PEOPLE IN HARTLEPOOL SCHOOLS – EVIDENCE FROM THE UNITED KINGDOM YOUTH PARLIAMENT (UKYP)

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### 1. PURPOSE OF REPORT

- 1.1 To inform Members of the Forum that Doug Hallam (Regional Co-ordinator North East), United Kingdom Youth Parliament (UKYP), and a number of Youth Parliament members, have been invited to attend this meeting to provide evidence in relation to the ongoing investigation into the provision of sex and relationship education for young people in Hartlepool schools.

### 2. BACKGROUND INFORMATION

- 2.1 Members will recall that at the meeting of this Forum on 8 January 2007 the Terms of Reference and Potential Areas of Inquiry/Sources of Evidence were approved by the Forum for this scrutiny investigation.

Consequently, Doug Hallam (Regional Co-ordinator North East), United Kingdom Youth Parliament (UKYP), and a number of Youth Parliament members, have been invited to attend this meeting to provide information on:

- The views of the UK Youth Parliament in relation to the provision of sex and relationship education in schools; and
  - The work being undertaken nationally and regionally by the Youth Parliament in relation to the provision of sex and relationship education in schools.
- 2.2 During this evidence gathering session it is suggested that questions asked should include clarification as to:-
- a) Has the Youth Parliament undertaken any surveys to gain and understanding of young people's views of the effectiveness of sex and

relationship education in schools, nationally and regionally? If yes what were the results?

- b) From the Youth Parliaments experience what are young people's views on:-
  - i) The need for sex and relationship education to be a compulsory part of the school curriculum;
  - ii) The age at which sex and relationship education should start in schools;
  - iii) How sex and relationship education in schools could be improved?
  - iv) The importance of the role of parents in educating young people about sex and relationships; and
  - v) The role which agencies/bodies outside schools have in the provision of sex and relationship education? How effective is it and how could it be improved?
- c) How could the Local Authority assist the Youth Parliament in its work?

### **3. RECOMMENDATIONS**

- 3.1 That Members of the Forum consider the evidence provided by Sandra Saint (Healthy Schools Co-ordinator) and Deborah Gibbin (Teenage Pregnancy Co-ordinator) in relation to the questions outlined in section 2.2.

**Contact Officers:-** Joan Wilkins – Scrutiny Support Officer  
Chief Executive's Department - Corporate Strategy  
Hartlepool Borough Council  
Tel: 01429 523339  
Email: joan.wilkins@hartlepool.gov.uk

### **BACKGROUND PAPERS**

The following background paper was used in the preparation of this report:-

- (i) Report of the Scrutiny Support Officer entitled 'Scrutiny Investigation into the Provision of Sexual Health Education for Young People in Hartlepool Schools – Scoping Report' presented to the Children's Services Scrutiny Forum on 8 January 2007.



**Sex and Relationship Education Campaign**  
**Update Feb 2007**

Negotiations with the Department of Health regarding UKYP's SRE Campaign with regard to funding the production of a report, ended positively.

Additional questions to the questionnaire were added by their request, to obtain a broader picture of the delivery of health issues by PSHE (eg – education on alcohol, drugs, health lifestyles, etc).

Kate Parish (UKYP) accompanied Katrina Mather MYP (the MYP who created the questionnaire) to the House of Commons Health Select Committee. The Select Committee were very impressed, and are looking at ways in which they can use the final data to put added pressure on the Government.

Kate Parish wrote to Lord Andrew Adonis at DFES and Cardine Flint MP at the DoH the two Ministers with responsibility for Sexual Health and SRE, and its teaching in schools. They have been informed that UKYP's SRE Campaign is ongoing, and that at the Annual Sitting evidence from people working in the field of genitor-urinary medicine and sexual health was taken, and that UKYP is now in the process of gathering evidence from other young people from across the country about the provision of SRE where they live.

Response from the Department of Health.

Geoff Dessent, the DoH's lead policy advisor on the issue of sexual health suggested MYPs focus on two areas in particular during their campaign:

1. Teenage Pregnancy Strategy

The Government's Teenage Pregnancy Unit recently published its autumn strategy document. In this document there are 20 Local Authorities who have high and/or increasing teenage pregnancy rates, these are –

- ☐ London Borough of Lambeth
- ☐ Blackpool
- ☐ Barking & Dagenham
- ☐ Haringey
- ☐ Stoke-On-Trent
- ☐ Manchester
- ☐ Greenwich



- ☐ **Redcar & Cleveland**
- ☐ **New castle Upon Tyne**
- ☐ Swindon
- ☐ Sheffield
- ☐ Tameside
- ☐ Brent
- ☐ Bolton
- ☐ Hounslow
- ☐ Enfield
- ☐ Torbay
- ☐ **Stockton on Tees**
- ☐ Hillingdon
- ☐ Luton
- ☐ Solihull

The Department of Health says it would help our case enormously if we can prove that Sex & Relationships Education in these 20 areas is poor and uncoordinated.

## 2. Health Schools Initiative

Is your school “A Health School”? Well if it is it is supposed to be “promoting positive sexual health and reducing teenage pregnancy” through the PSHE framework. In order to be “A Healthy School” and receive the Health School’s Standard, the school must demonstrate that it providing effective SRE and “has arrangements in place to refer pupils to specialist services who can give professional advice on matters such as contraception, sexual health and drugs.”

OFSTED has responsibility for inspecting Healthy Schools – if OFSTED are not satisfied with the school’s performance they can remove their Healthy Schools’ status.

MYP’s and Deputies have been collating evidence and signatures over the past few months and forwarded this now to Central office in London

It is hoped that by the end of March 2007 UKYP will be able to publish a report with the findings of the questionnaires circulated, with additional evidence from MYP’s and young people.

## CHILDREN'S SERVICES SCRUTINY FORUM

2 February 2007



**Report of:** Scrutiny Support Officer

**Subject:** SCRUTINY INVESTIGATION INTO THE PROVISION OF SEX AND RELATIONSHIP EDUCATION FOR YOUNG PEOPLE IN HARTLEPOOL SCHOOLS – EVIDENCE FROM THE CHILDREN'S SERVICES DEPARTMENT –

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### 1. PURPOSE OF REPORT

- 1.1 To inform Members of the Forum that Sandra Saint (Healthy Schools Co-ordinator) and Deborah Gibbin (Teenage Pregnancy Co-ordinator) have been invited to attend this meeting to provide evidence in relation to the ongoing investigation into the provision of sex and relationship education for young people in Hartlepool schools.

### 2. BACKGROUND INFORMATION

- 2.1 Members will recall that at the meeting of this Forum on 8 January 2007 the Terms of Reference and Potential Areas of Inquiry/Sources of Evidence were approved by the Forum for this scrutiny investigation.

Consequently, Sandra Saint (Healthy Schools Co-ordinator) and Deborah Gibbin (Teenage Pregnancy Co-ordinator) have been invited to attend this meeting to provide information on the local position relating to the provision of sexual health education for young people, with particular reference to:-

- (i) The sexual health issues affecting young people in Hartlepool;
- (ii) The history of sexual health education in Hartlepool;
- (iii) The strategies/practices being implemented in Hartlepool schools for the provision of sexual health education;
- (iv) Effectiveness of strategies/policies being implemented in Hartlepool; and
- (v) Sources of advice outside schools and how outside bodies/agencies assist in the provision of sexual health education in Hartlepool.

2.2 During this evidence gathering session it is suggested that questions asked should include clarification as to:-

- a) Whether sex and relationship education should be a compulsory part of the school curriculum?
- b) How high a priority is the provision of sex and relationship education in Hartlepool schools?
- c) At what age does sex and relationship education begin in Hartlepool's schools? Are there any plans to introduce the subject earlier?
- d) How has the provision of sex and relationship education in Hartlepool changed in recent years? Has it been for the better?
- e) What partner agencies do we work with and how effective are these arrangements?
- f) How does the provision of sex and relationship education differ across schools in Hartlepool? Are there any particular examples of good practice?
- g) The importance of the role of parents in educating young people about sex and relationships?
- h) How are experiences of good practice shared between schools?
- i) What are your views on the effectiveness of the provision of sex and relationship education in Hartlepool? How is its effectiveness measured in Hartlepool?
- j) Do you feel that there are sufficient resources in place (staffing and otherwise) for the effective provision of sex and relationship education in Hartlepool?
- k) How do you feel the provision of sex and relationship education in Hartlepool can be improved?

### 3. RECOMMENDATIONS

3.1 That Members of the Forum consider the evidence provided by Sandra Saint (Healthy Schools Co-ordinator) and Deborah Gibbin (Teenage Pregnancy Co-ordinator) in relation to the questions outlined in section 2.2.

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