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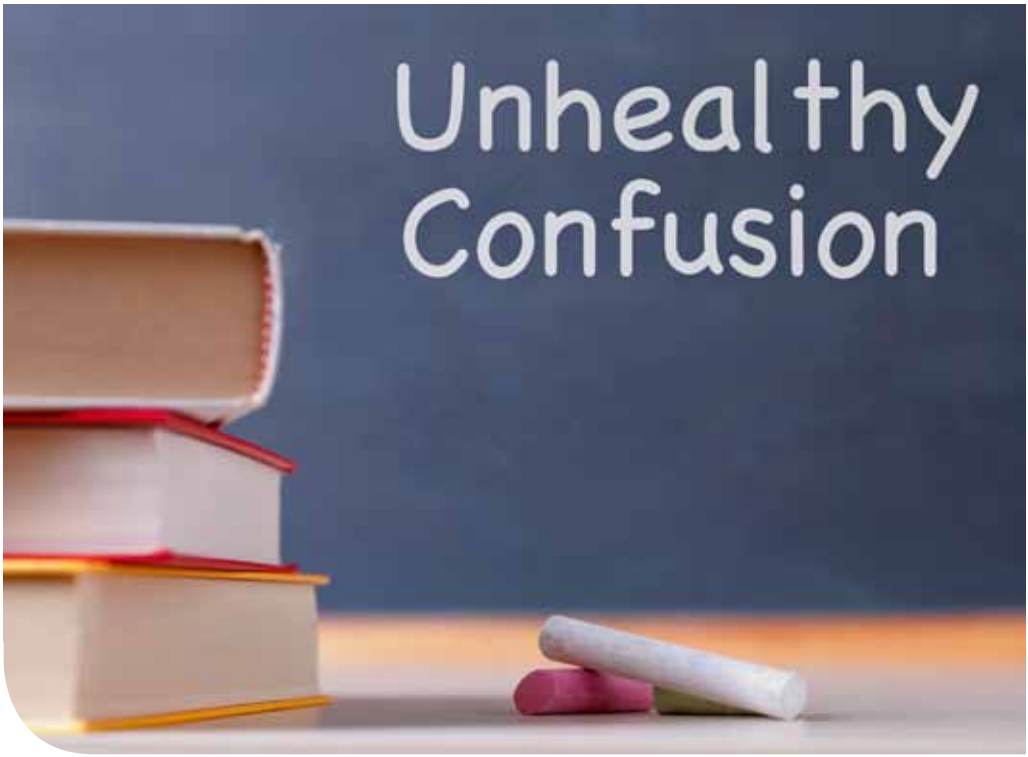

The impact of the Healthy Schools Programme on sexual health messages in our children's education

Family Education Trust

Unhealthy Confusion

The impact of the Healthy Schools Programme on sexual health messages in our children's education

Contents

Introduction

This report is concerned with the impact that the National Healthy School Standard has had both on the delivery of sex and relationships education in primary and secondary schools and on school referrals to sexual health clinics and abortion providers.

Over recent months, Family Education Trust has received anecdotal reports that *primary schools* in some parts of the country have been advised that the provision of sex and relationships education beyond the requirements of the science curriculum is a condition of qualifying for the Healthy Schools Award.

Meanwhile, *secondary schools* have been warned that if they use external agencies which stress the positive benefits of saving sex for marriage or give a pro-life presentation, they will not qualify for National Healthy School Status.

It has also been reported that some local authorities take the view that where a secondary school has a policy of not referring pupils to contraceptive and sexual health clinics, it fails to meet the national criteria for the Healthy Schools Award.

In an attempt to assess whether there is any substance to these anecdotal reports, Family Education Trust reviewed the National Healthy Schools Programme guidance documents in relation to sex and relationships education and sexual health, and wrote to all 152 local authorities in England under the provisions of the Freedom of Information Act. This report presents a summary of the Trust's findings, together with its conclusions and recommendations.

1. Healthy Schools – the background

The National Healthy Schools Programme was launched in 1999 as a joint initiative of the Department for Education and Employment (DfEE) and the Department of Health (DH). Local healthy schools programmes, based in education and health partnerships, were established in every area, with the aim of supporting schools to become healthier places for staff and pupils to work and learn.[1]

A new phase in the Healthy Schools Programme was signalled in the Health White Paper, *Choosing Health: making healthy choices easier*, published in February 2005. The White Paper stated that:

> From 1 April 2005, a healthy school will provide:
>
> a supportive environment, including policies on smoking and healthy and nutritious food, with time and facilities for physical activity and sport both within and beyond the curriculum; and
>
> comprehensive PSHE [Personal, Social and Health Education]. This includes education on relationships, sex, drugs and alcohol as well as other issues that can affect young people's lives, such as emotional difficulties and bereavement.
>
> The Healthy Schools Programme will therefore focus particularly on key health priorities and will contribute directly to the delivery of national targets including those on childhood obesity and teenage pregnancy.

Rigorous criteria

From September 2005, the government introduced more rigorous and nationally consistent criteria to the programme, which had previously been managed locally. The hope was expressed that all schools would be working towards achieving National Healthy School Status by 2009.

[1] Department for Education and Employment, ***National Healthy School Standard Guidance, 1999.***

The stated aims of the National Healthy Schools Programme were: 'to support children and young people in developing healthy behaviours, to help to raise pupil achievement, to help to reduce health inequalities, and to help promote social inclusion'.[2]

In order to achieve National Healthy Schools Status, schools were required to provide evidence that they met 41 criteria across four key areas:

- personal, social and health education including sex and relationship education and drug education (including alcohol, tobacco and volatile substance abuse);
- healthy eating;
- physical activity; and
- emotional health and wellbeing (including bullying).[3]

Once achieved, National Healthy Schools Status was valid for three years, after which schools were required to review their performance against the national criteria.

Towards the end of 2006, a process of self-validation was introduced. Local Healthy Schools teams remained on hand to offer advice and to perform a quality assurance function, with 10 per cent of schools randomly selected for moderation each academic year.

By the beginning of 2010, the Labour government was close to achieving its target of universal participation in the programme, with the Schools Minister, Diana Johnson, reporting that 99 per cent of schools were taking part.[4]

Financial investment

Most local authorities do not offer any financial incentives for schools who achieve Healthy Schools Status. According to Derby City Council, 'Schools recognise the benefits of Healthy Schools Status from the positive impact it has on the entire school community, so no incentives are required.'[5] Herefordshire County Council is typical of a larger number

[2] Department for Education and Skills and Department of Health, ***National Healthy Schools Status: A guide for schools, 2005***.

[3] ***Ibid.***

[4] HC Deb, 19 January 2010, col 311W.

[5] Response to Family Education Trust Freedom of Information request from Derby City Council.

of authorities when it reports that:

> Schools do not receive financial incentives. They do however, receive status and therefore are able to use the Healthy Schools branding, receive a plaque and certificates for their setting and are invited to celebrate their success at an awards ceremony.

Nevertheless, considerable sums of money have been spent on the National Healthy Schools Programme. From 2006/2007 to 2010/2011, the Department of Health and the Department for Children, Schools and Families jointly invested over £100 million in the scheme.

	Total Spend (£m)
2006-07	16.05
2007-08	14.4
2008-09	18.7
2009-10	25.7
2010-11	28.7

Source: Department of Health, July 2011.

Central funding for the Healthy Schools Programme ceased at the end of March 2011. Since April 2011, it has been the coalition government's intention that the Healthy Schools Programme will become 'schools led' and will be locally determined according to local needs and priorities to support health improvement and the adoption of healthier behaviours in children and young people.

During the week prior to the closure of the Healthy Schools helpdesk and website, the Health Minister, Ann Milton, indicated that the Department of Health would publicly request expressions of interest for running Healthy Schools later in 2011.[6]

In the meantime, schools that have previously achieved National Healthy School Status may continue to use the Healthy Schools logo. Also, in order to assist schools in the task of continuing to identify, plan and implement health behaviour change, a Healthy Schools Toolkit has been added to the Department for Education website.[7]

[6] HC Deb, 22 March 2011, col 1010W.

[7] *http://www.education.gov.uk/schools/pupilsupport/pastoralcare/a0075278/healthy-schools* [Accessed 30 August 2011]..

2. Healthy Schools and sex and relationships education

The initial National Healthy School Standard guidance produced by the Department for Education and Employment in 1999 laid down the following criteria for assessing a school's sex and relationships education provision:

- the school has a policy which is owned and implemented by all members of the school including pupils and parents and which is delivered in partnership with local health and support services
- the school has a planned sex and relationships education programme (including information, social skills development and values clarification) which identifies learning outcomes, appropriate to pupils' age, ability, gender and level of maturity and which is based on pupils' needs assessment and a knowledge of vulnerable pupils
- staff have a sound basic knowledge of sex and relationships issues and are confident in their skills to teach sex education and discuss sex and relationships
- staff have an understanding of the role of schools in contributing to the reduction of unwanted teenage conceptions and the promotion of sexual health.[8]

The guidance lists eight resources to support sex and relationships education, all of which were commissioned and/or published by the Sex Education Forum, an umbrella body which describes itself as 'the leader, authority and trusted voice on SRE'.[9]

[8] National Healthy School Standard Guidance, DfEE 1999.

[9] *http://www.ncb.org.uk/sef/about_us.aspx* [Accessed 30 August 2011]. See chapter 3 for more on the Sex Education Forum and its influence.

Sex Education Forum

Two years later, the DfEE and DH published a document on sex and relationship education in relation to the National Healthy School Standard, jointly authored by Simon Blake, the director of the Sex Education Forum and Claire Jones, the Standard's National Adviser.[10] In many ways the paper reads as a publicity document for the Sex Education Forum, with no less than 21 references to the forum in its 40 pages, including a list of its factsheets and an order form.

In 2005, the criteria which schools were to meet in order to achieve National Healthy School Status made mention of involving sexual health outreach workers and making referrals to professionals offering advice on contraception and sexual health. The guidance to schools stated that a Healthy School:

- involves professionals from appropriate external agencies to create specialist teams to support PSHE delivery and to improve skills and knowledge, such as a school nurse, sexual health outreach workers and drug education advisers;
- has arrangements in place to refer pupils to specialist services who can give professional advice on matters such as contraception, sexual health and drugs.[11]

Separate guidance was issued to schools specifically on PSHE [Personal, Social, Health and Economic] education towards the end of 2008. This guidance listed the criteria and minimum evidence for the PSHE education theme and offered advice for schools in the form of a checklist under each criterion.[12]

Under the requirement to '[use] the PSHE framework to deliver a planned programme of PSHE, in line with relevant DCSF/QCA guidance', the guidance referred schools to the Sex Education Forum publication, *Are you getting it right? A toolkit for consulting young people on SRE*.[13]

[10] Simon Blake, Claire Jones, *National Healthy School Standard: Sex and Relationship Education (SRE)*, Department for Education and Employment and Department of Health, May 2001.

[11] Department for Education and Skills and Department of Health, *National Healthy Schools Status: A guide for schools*, 2005.

[12] NHS and Department for Children, Schools and Families (Healthy Schools), *PSHE Education: Guidance for Schools*, January 2008.

[13] *Ibid.*

Likewise, under the requirement to '[Assess] children and young people's progress and achievement in line with QCA guidance', the guidance again recommended the Sex Education Forum toolkit, but this time schools were not asked whether or not they had used it, but 'how' they used it, suggesting an expectation that it would be used:

- How does the school use the assessment and evaluation information produced by the National Children's Bureau Sex Education Forum?
- How does the school make use of the SRE Audit Toolkit produced by the NCB?[14]

The toolkit is based on the premise that children have the maturity and discernment to know what they need in terms of sex and relationships education and reflects the view of the Sex Education Forum that there are no rights and wrongs when it comes to sexual relationships. The activity on a 'moral and values framework' makes it clear that the purpose is 'not to agree the rights and wrongs' of various statements, 'but rather to discover the range of opinions on the subject'.[15] The aim is to steer children away from a belief in moral absolutes and to encourage them to think that everything is relative.

Although several guidance documents connected with the National Healthy Schools Programme commend resources produced by the Sex Education Forum, there is nothing to rule out the inclusion of pro-life messages in sex and relationship education lessons, nor the presentation of the physical, emotional and social benefits of saving sexual intimacy for a lifelong mutually faithful marriage. Neither do the criteria insist on schools arranging referrals for pupils to sexual health clinics or abortion providers as a condition of qualifying for National Healthy School Status.

[14] *Ibid.*

[15] Sex Education Forum, *Are you getting it right? A toolkit for consulting young people on sex and relationships education*, February 2008. *http://www.ncb.org.uk/dotpdf/open_access_2/sre_audit_toolkit.pdf* [Accessed 30 August 2011].

3. The influence of the Sex Education Forum

The Sex Education Forum (SEF) identifies itself as a 'key partner' in the development of the National Healthy School Standard and its influence is reflected in the documents referred to in the previous chapter.

Based at the National Children's Bureau, the Forum was founded in 1987 and currently has over 50 member organisations with an interest in sex and relationships education (SRE). It has an eight-member advisory group, which currently includes representatives from Brook, the *fpa*, the Terrence Higgins Trust and Stonewall. It has been in receipt of government funding since 1990, and between 2006/2007 and 2010/2011 received over £700,000 from the Department for Education.

Grant payments to the Sex Education Forum from the Department for Education, 2006/2007 – 2010/2011[16]

	Grant (£)
2006-07	143,000
2007-08	143,000
2008-09	158,000
2009-10	156,000
2010-11	116,000

In response to a Parliamentary Question, the Schools Minister, Nick Gibb, explained:

> The overall purpose of grant funding for the SEF over the last five years was to support schools in providing sex and relationship education. More specifically in years 2006-07 and 2007-08, £27,000 was allocated to develop guidance and set-up and maintain a support network for health advisers

[16] HC Deb, 20 October 2010, cols 750-1W..

working in drop-in centres in schools and FE colleges. In 2008-09 the grant included funding to cover work related to the previous Government's review of Sex and Relationships Education in schools. Funding for 2009-10 was set at £156,000 to continue the development of networks, promulgate best practice and work towards making PSHE, including Sex and Relationship Education, statutory in the National Curriculum (part of the previous Government's policy). Grant funding for 2010-11 has been provisionally profiled at £116,000.[17]

Core beliefs

The Forum states that its 'core belief is that ALL children and young people are entitled to good quality sex and relationships education in a variety of settings' (emphasis in original).[18] It therefore believes that 'maintaining the parental right of withdrawal from SRE is not in the best interests of children'.[19] The Forum is also committed to 'improving access to confidential advice and support on relationships, contraception and sexual health' and 'recommends that all schools, together with their local authorities and primary care trusts, consider setting up on-site sexual health services'.[20]

Among its achievements the Sex Education Forum lists the repeal of Section 28 of the Local Government Act 1988, which prohibited the promotion by local authorities of 'the teaching in any maintained school of the acceptability of homosexuality as a pretended family relationship'.[21] It also was involved in a campaign to ensure that the Sexual Offences Act 2003 made it clear that sex educators and health professionals could provide information and advice of a sexual nature to children and young

[17] *Ibid.*

[18] *http://www.ncb.org.uk/sef/about_us.aspx* [Accessed 30 August 2011].

[19] Sex Education Forum Response to the Curriculum Reform Consultation: PSHE Review, July 2009. The response went onto state that 'in the interests of progressing legislation for statutory PSHE, which is very clearly in the best interests of children, the Forum will support the maintenance of this right.' *http://www.ncb.org.uk/pdf/SEF_PSHEReview_Response_Jul09.pdf* [Accessed 30 August 2011].

[20] Lucy Emmerson, *National mapping survey of on-site sexual health services*, Sex Education Forum, 2008.

[21] *http://www.ncb.org.uk/sef/about_us/history.aspx* [Accessed 30 August 2011].

people under the age of consent to sexual intercourse without fear of criminalisation.[22]

The Forum advocates an approach to SRE in which nothing is to be regarded as off-limits. Its principles and values statement refers to the need for SRE to cover 'a comprehensive range of information' to help children and young people make 'informed choices'. The statement goes on to assert that quality SRE must be 'positively inclusive' and 'part of lifelong learning', but it makes no reference to marriage, commitment, faithfulness, monogamy, or the need for self-control.[23]

Antipathy to the 'saved sex' message

The SEF professes to draw on 'the best existing practices to identify positive strategies and approaches'. However, its mind is emphatically closed to the possibility that programmes aimed at encouraging young people to save sex for marriage might be effective in reducing the teenage sexual activity that leads to teenage conceptions and sexually transmitted infections. In 2001 it published a booklet entitled *Just Say No! to Abstinence Education*, based on a sex education study tour of the United States by Simon Blake and Gill Frances. The authors spoke with sixteen individuals or organisations interested in sex education in the USA of which only three could be described as advocates of abstinence-only education. In their report, they lumped together many programmes of varied quality and focussed on the weakest as if they were representative of all the programmes available.

According to the SEF, sexual health is promoted when people 'have freedom to choose their sexual and reproductive behaviour', but there is no recognition of the fact that the exercise of 'sexual choices' outside a lifelong monogamous and mutually faithful relationship lead to the impairment of the 'physical, emotional and social well-being' that lies at the heart of the Forum's definition of sexual health.[24]

[22] *Ibid.* There were widespread concerns among sex educators that the Sexual Offences Bill, as originally drafted, might lead to teachers, youth workers and health professionals who provided contraceptive advice to under-16s being prosecuted for 'arranging or facilitating commission of a child sex offence'. Concerned groups, including the Sex Education Forum, successfully pressed for an amendment to the Bill the grant an exemption for sex educators and contraceptive providers. Section 14 of the Sexual Offences Act 2003 therefore states that a person does not commit an offence but 'acts for the protection of a child if he acts for the purpose of— (a) protecting the child from sexually transmitted infection, (b) protecting the physical safety of the child, (c) preventing the child from becoming pregnant, or (d) promoting the child's emotional well-being by the giving of advice.'

[23] *http://www.ncb.org.uk/sef/about_us/values_and_principles.aspx* [Accessed 30 August 2011].

[24] *Ibid.*

Curriculum design

In its guidance to schools on what to include in their SRE curriculum and how to structure the programme, the Sex Education Forum suggests that children as young as 9-10 are taught about sexual feelings, masturbation, sexual intercourse, sexually transmitted infections and the meaning of the words 'lesbian' and 'gay'.[25] Questions that the Forum suggests for consideration by 11-13 year-olds include:

- How do I know when I am ready to have sex/be intimate with my boyfriend/girlfriend?
- What does it mean to be gay, lesbian, bisexual or transgender?
- What is the difference between transvestite and trans-sexual?
- What is acceptable touching and behaviour amongst my peers?
- What is an orgasm and how can I have one?
- Do males and females experience orgasm in the same way?
- Is it normal to be attracted or in love with someone of the same gender? Does this mean I am gay or lesbian?
- What is safer sex?
- Should everyone who is sexually active carry condoms?
- Are there ways of enjoying sex that don't risk pregnancy or infection?
- What are the different methods of contraception? Are some easier to use than others?
- When should emergency contraception be used?
- If a woman gets pregnant, what choices does she have?
- How can I find out about local contraception and sexual health services, and what should I expect from them?[26]

Suggested questions for 14-16 year-olds, most of whom will still be below the age of consent to sexual intercourse, include:

- What should I expect of my partner in a sexual relationship?
- What can I do to make a sexual relationship more enjoyable?

[25] *http://www.ncb.org.uk/sef/resources/curriculum_design/questions_to_explore/ages_9-10.aspx* [Accessed 30 August 2011].

[26] *http://www.ncb.org.uk/sef/resources/curriculum_design/questions_to_explore/ages_11-13.aspx* [Accessed 30 August 2011].

- What are the challenges of being a single parent? What help is available to single parents?
- How do I use a condom and does it affect sexual performance?
- What are my rights as a young person to information, sexual health services and confidentiality?
- What is the full range of services, help and information available to me, where can I find out about them and how can I make the most of these services?
- If a woman gets pregnant, what choices does she have and what influences these choices?[27]

[27] *http://www.ncb.org.uk/sef/resources/curriculum_design/questions_to_explore/ages_14-16.aspx* [Accessed 30 August 2011].

4. Questions to local authorities

In an attempt to assess the extent to which the National Healthy Schools Programme has been used as a mechanism to insist that primary schools teach sex and relationships education and to place secondary schools under pressure to exclude abstinence and pro-life perspectives from the classroom and to put in place referral systems to sexual health services, including abortion providers, Family Education Trust wrote to each local authority in England requesting the following information:

1. Under section 1.7 of the PSHE education criteria for the Healthy Schools Award, schools are expected to involve:

   "professionals from appropriate external agencies to create specialist teams to support PSHE delivery and to improve skills and knowledge, such as a school nurse, sexual health outreach workers and drug education advisers".

- Given that widely differing views are held with regard to what is appropriate teaching in PSHE, and particularly in SRE, what guidance does the local authority give to schools in identifying appropriate external agencies? And which external agencies does the local authority particularly recommend are involved in supporting the SRE/sexual health component of PSHE?
- Would an agency that taught pupils under the age of consent how to use condoms and supplied free condoms be considered an appropriate external agency in terms of fulfilling this criterion?
- Would an agency that emphasised the benefits of saving sex for marriage and talked about the limitations of condoms as a means of protection against STIs be considered an appropriate external agency in terms of fulfilling this criterion?

- Would a primary school which had adopted a policy of not teaching SRE beyond the requirements of national curriculum science be eligible for Healthy School Status? If so, how many such schools have received the Healthy Schools Award in your local authority?

2. Under section 1.8 of the PSHE education criteria for the Healthy Schools Award, schools are expected to have:

   "arrangements in place to refer children and young people to specialist services who can give professional advice on matters such as contraception, sexual health and drugs".

- Where the governing body of a school, after consultation with parents, decides that it would not be in accordance with the ethos of the school to refer pupils to contraceptive and sexual health clinics, would it still be possible for the school to achieve Healthy School Status?
- What arrangements are primary schools expected to have in place to refer pupils to specialist services offering professional advice on contraception and sexual health?

(a) Guidance on the use of external agencies

Given that widely differing views are held with regard to what is appropriate teaching in PSHE, and particularly in SRE, what guidance does the local authority give to schools in identifying appropriate external agencies? And which external agencies does the local authority particularly recommend are involved in supporting the SRE/sexual health component of PSHE?

Summary of responses

Response	Number of authorities	Percentage
Schools may decide for themselves which external agencies to use	90	59%
General guidelines and/or a directory of services are provided	63	41%
Advice is offered by school nurse team and local trained professionals	30	20%
Advice is given in line with the Sex Education Forum guidelines	11	7%
Schools are referred to the Department for Education guidance on SRE	6	4%
The local authority works in partnership with the PCT/NHS Trust to identify appropriate partners	5	3%
External agencies are not used	3	2%
Schools are referred to PSHE Association guidance	3	2%
All external agencies are screened	2	1%
Schools are advised to contact the local authority PSHE consultant if approached directly by any external agency	2	1%
The local authority discusses with schools the positives and negatives of using particular external agencies	2	1%
Schools are referred to Ofsted guidance on the use of visitors	2	1%

The percentage figure is based on the total number of 152 local authorities who responded. Percentages do not add up to 100 per cent as the responses given by several local authorities fell into more than one category.

Commentary

The majority of local authorities indicated that schools were free to decide for themselves which external agencies it would be appropriate to involve in the delivery of sex and relationships education. The following response from Nottinghamshire County Council is typical:

> The local authority recommends that outside visitors are used to complement the existing provision of SRE where they can add value to the existing programme. It is up to each individual school to decide which external providers will be used.

However, a small minority of authorities stated that external agencies were not used at all. For example, the London Borough of Bexley stated:

> External agencies are not used in Bexley to deliver PSHE. Provision is through 'in house' SRE services for schools by working in partnership with the borough school nurse team, head teachers & PSHE teachers, parents & Governors. We have developed SRE resources that include lesson plans, teaching resources & schemes of work that are appropriate to the needs of the whole school community. These are based on national guidance & local strategies.

Several authorities mentioned that they had compiled a list of recommended external agencies. For example:

> Haringey has compiled a directory of local support agencies which can help schools in their Healthy Schools work. There is a specific section on SRE support agencies and local services include 4YP, Christopher Winter Project and Outzone. The directory also signposts to national agencies including Brook, fpa (Family Planning Association) and the Sex Education Forum. We commissioned the TIE play SexFM which has been running in our secondary schools for 8 years. It has been nationally recognised and the DVD adopted by the fpa as a national resource. The play explores the risks of unprotected sex and stresses the importance of being part of a stable relationship before embarking on a sexual relationship. *(Haringey)*

Others, however, had not prepared any guidance of their own, but referred schools to the Sex Education Forum publication on *External visitors and sex and relationships education*:

> As part of the local Healthy Schools programme schools have been directed to the national guidance such as the Tacade 'Use of Visitors' guidance and the more recent Sex Education Forum Guidance on use of visitors in Sex and Relationship Education. *(Cheshire East)*

> We recommend schools use the guidance from the Sex Education Forum 'External Visitors and Sex and Relationships Education' National Children's Bureau. *(Enfield)*

Several authorities mentioned that they were available to respond to queries from schools about the suitability of particular agencies. For example:

> As a local authority service we are not in a position to draw up lists of recommended agencies but, on individual request from a school, we will examine resources and materials and give a view about their appropriateness and quality. Similarly where we have reliable information about the in-school provision of a service or agency we will tell a school if we think their service reliable and of sufficient quality and integrity. There have been rare occasions when reliable and compelling information about a specific resource or service has led us to alert all schools. *(Cambridgeshire)*

> As a Local Authority, we discuss the positives and negatives of external agencies suggested by schools and encourage schools to develop External agencies/visitors policies linked to safeguarding. *(Cheshire West and Chester)*

Other authorities, however, were more prescriptive.

> External agencies are screened by the School Improvement Service and will be recommended to schools where their input would complement the class teacher in the implementation of the school policies and the teaching of specific Intended Learning Outcomes. *(Barking and Dagenham)*

The LA is approached once or twice a year by other agencies wanting to contribute to SRE in schools. In such cases, the PSHE Adviser will assess the quality of their provision against the national programmes of study for PSHE and the locally approved PSHE and SRE curriculum programmes. *(Bournemouth)*

The Local Authority recommends that schools only use external visitors whose work is known and quality assured either by the Local Authority or through organisations such as the PSHE subject association. *(Peterborough)*

(b) External agencies and instruction on the use of condoms

Would an agency that taught pupils under the age of consent how to use condoms and supplied free condoms be considered an appropriate external agency in terms of fulfilling this criterion?

Summary of responses

Response	Number of authorities	Percentage
Schools may decide for themselves whether condoms are distributed on school premises, in line with the school's SRE policy	85	58%
It is appropriate for external agencies to teach pupils how to use condoms	19	13%
Yes	12	8%
It is appropriate for external agencies to teach pupils how to use condoms, but not to supply them	9	6%
No information held	8	5%
The school nursing service gives lessons on condom use, but condoms are not distributed	3	2%
No	2	1%
Advice would be sought from the National Healthy Schools Team	2	1%
'Possibly yes and possibly no'	1	1%
Teachers are responsible for teaching about condoms, not external agencies	1	1%
The local PCT is the only recommended external agency	1	1%
No agencies supply condoms to pupils aged under 16	1	1%
Pupils are referred to the Youth Advisory Clinic for condoms	1	1%
All agencies involved with condom instruction and distribution have received 'Get It On' training	1	1%
Condoms are made available to pupils through the school nurse and links with local GPs	1	1%
Total responding to this question	147	100%

Commentary

Again, a clear majority of local authorities stated that schools are responsible for deciding for themselves whether to employ external agencies and, if so, which to use. For example, Worcestershire County Council stated:

> National and local guidance both stress that all external agencies should work within the policy context of each individual school. Therefore it is at the discretion of each governing body to consider the appropriateness of an external agency. If a school is working to this principle, then they would meet the criterion for Healthy Schools.

Other authorities responded along similar lines:

> It would be for the school to decide if an agency that taught pupils under the age of consent how to use condoms and supplied free condoms was appropriate or not, as they are best placed to consider the needs of their own student populations. *(North Somerset)*

> It is not against the law to give contraceptive advice or treatment to young people aged under 16 and as stated in the last government review of SRE, 'SRE is more effective if begun before the onset of sexual activity.' *(Peterborough)*

Some authorities drew a distinction between external agencies that gave instruction on condom use, and those who supplied condoms to pupils in a classroom setting. Wiltshire County Council was particularly emphatic on this point:

> In no circumstance would specific advice on, or provision of, contraception to an individual be considered appropriate in the classroom setting. *(Wiltshire)*

Several authorities expressed the view that it would not be good practice to distribute condoms in the classroom, but pointed out that many schools provided free condoms through 'drop-in' clinics on school premises:

> [W]hile it is recommended practice to show pupils how to use condoms it is not recommended practice to issue condoms in a classroom situation and this would not be approved. It is important to remember that some secondary schools have specially prepared provision for the issue of condoms usually through youth provision or through approved and regulated "drop in" provision or school based health services. This is not the same as an agency supporting the curriculum giving out "free condoms". *(Cambridgeshire)*

> Under certain circumstances the above agencies can, in agreement with the school, give out free condoms i.e. the C-Card scheme, school nurse drop-in, however, they do not give out condoms during SRE sessions. *(Coventry)*

A number of authorities referred positively to the use of condom demonstrators in the classroom. In identically-worded responses, both Leicestershire and Northamptonshire County Councils supported giving pupils as young as 12 and 13 the opportunity to practice putting a condom on a demonstrator in the classroom:

> A lesson in Year 8 providing an 'Introduction to Contraception' which would include students witnessing a condom demonstration and having the chance to put a condom on a demonstrator themselves would be considered appropriate. It would not be appropriate to supply free condoms in this situation. *(Northamptonshire)*

In the London Borough of Lewisham, pupils are given a single condom to practise using on the condom demonstrator, after which they are expected to dispose of the condom:

> Showing young people how to use a condom when those pupils are 'under the age of consent' is not in itself inappropriate. The practice of the Sexual Health Team in Lewisham with regards to condoms is that condoms are never given out freely in schools. In a pre-planned lesson…each pupil may be given a condom demonstrator and a single condom. Pupils use this

> condom on a demonstrator to learn about this form of contraception and then the condom is placed in the bin. *(Lewisham)*

A minority of local authorities, however, had no inhibitions about external agencies supplying condoms to pupils in addition to teaching them how to use them. For example, South Tyneside stated:

> [A]n agency that taught underage condom use and supplied free condoms (14+ only) in an informative, safe and age appropriate way would be viewed as good practice. (South Tyneside)

> The 'giving' of condoms to school age young people should only be done within the context of a planned teaching environment and as part of a comprehensive PSHCE [Personal, Social, Health and Citizenship Education] programme. *(Kirklees)*

(c) External agencies and the benefits of saving sex for marriage

Would an agency that emphasised the benefits of saving sex for marriage and talked about the limitations of condoms as a means of protection against STIs be considered an appropriate external agency in terms of fulfilling this criterion?

Summary of responses

Response	Number of authorities	Percentage
Schools may decide for themselves which external agencies to use	100	69%
Only if other perspectives were also taught in order to ensure a 'balance'	23	16%
No	4	3%
No information held	4	3%
Yes	3	2%
Not aware of any agencies focussing on abstinence	3	2%
Advice would be sought from the National Healthy Schools Team	2	1%
'Possibly yes, possibly no'	2	1%
Only in the context of a discussion of different faith perspectives	1	1%
The local authority does not have a policy or any guidelines on this	1	1%
No external agencies are used	1	1%
Total responding to this question	144	100%

Commentary

As in their responses to the earlier questions, most local authorities were clear that individual schools were free to make their own decisions about the use of external agencies that emphasised the benefits of saving sex for marriage and talked about the limitations of condoms as a means of protection against STIs. Rochdale Metropolitan Council, for example, stated:

> This would be determined by the individual school in accordance with their own school ethos and policies.

Peterborough City Council was clear that this was not a position that it would wish to promote, but nevertheless, recognised the freedom of individual schools to teach such a perspective where it was in keeping with the school's SRE policy:

> The Local Authority would not promote the use of any agency that held strong moral views which they wish to promote as a single perspective, although individual schools could access such an agency if fitting with their SRE policy.

While Medway Council respected the position of 'faith-based schools that adhere to the benefits of saving sex for marriage' and reported that such schools had achieved National Healthy School Status within its area, it was more common to find local authorities qualifying their acceptance of abstinence-based approaches. Twenty-three authorities stressed the need for a 'balanced' approach if the benefits of saving sex for marriage were to be taught.

For example, Derby City Council stated:

> If the school deems it appropriate to invite such an agency into school then this is fine as long as it only represents one of many viewpoints and we would hope that this would be covered as part of a broader programme to meet the differing needs and life experiences of pupils.

Dudley Metropolitan Borough Council expressed the view that abstinence education is permissible 'only if [it] is done as part of a programme that [covers] a full range of options or viewpoints available so that pupils get a balanced view of these issues and are then able to make their own informed choices'. Other authorities shared this outlook:

> Again it is a matter for schools to decide which agencies are invited to join their "partnerships". We would, however, expect all agencies to provide a

balanced view when exploring these issues. (Bath & North East Somerset)

Both points of view would have to be considered so if this was all that was being offered, no. *(Enfield)*

An external agency would be considered appropriate, as long as it used an inclusive approach and did not promote one lifestyle over any other. *(Greenwich)*

Without providing students with a balanced approach it would be difficult for a school to achieve National Healthy School Status. *(Kirklees)*

This input should form part of a comprehensive programme which is inclusive of all young people and emphasises the range of different relationships that people enjoy. *(Nottinghamshire)*

Our guidance to schools is not to use agencies that promote a one-sided point of view that closes down discussion of alternative points of view. *(Sefton)*

There was a striking difference between the way in which many local authorities responded to this question compared with their responses to the question about condoms. A large number of authorities were very wary about external agencies teaching about the benefits of saving sex for marriage without also teaching about condoms, but there was no corresponding concern that condom education should be 'balanced' by teaching on the benefits of keeping sexual intimacy within marriage.

Indeed, Halton Borough Council did not appear to appreciate the fact that when a man and woman embark on marriage without any previous sexual history and remain faithful to each other, they are at no risk of contracting a sexually transmitted infection. In their view condom usage is 'the best way' for any sexually active person to be protected against STIs. According to Halton, giving instruction on the benefits of saving sex for marriage amounts to 'indoctrination':

Any agency or member of staff in a school delivering this area of the curriculum should provide a balanced and informed view to educate rather

> than indoctrinate whilst maintaining the schools values for example in a faith school… There would be an expectation that the use of condoms as the best way to protect against STI's when someone is sexually active would be the message that would be shared with young people.

The London Borough of Havering also suggested that an external agency that focussed on the positive benefits of saving sex for marriage would not be consistent with Healthy Schools Status:

> Although discussions of the emotional aspects of sex, and delaying sex until they are ready are important as part of the overall curriculum, an agency that that restricted SRE advice to abstinence only would not be appropriate.

There was a marked division of opinion among local authorities on the question of whether a Healthy School could advise its pupils about the limitations of condoms as a means of protection against STIs.

Some local authorities readily acknowledged that condoms had limitations and did not believe that these should be concealed from pupils in their area:

> An agency that emphasised the importance of stable, respectful and loving relationships as a positive context for sex would be considered an appropriate external agency. Furthermore, we would expect the agency concerned to discuss the relative benefits and limitations of all forms of contraception, including the level of protection they provide against STIs. (Bournemouth)

> Any lesson on STIs should include a discussion of the limitations of condoms as a means of protection from transmission of STIs such as pubic lice, herpes and genital warts, which can manifest themselves away from the area of protection a condom provides. (Ealing)

> It is expected that any agency who delivered sessions on condom use would also emphasise their limitations as a means of protection against STI's. The

> 'Saving Sex for Marriage' message would be the choice of the individual school. However, the 'Delay Programme' which schools are encouraged to deliver does promote the message that sex is special and should only be engaged in when individuals are in a mutually consenting, loving and stable relationship which may or may not encompass marriage. (Knowsley)
>
> In Secondary Schools it is recommended that age appropriate Sexual Health sessions be included within the curriculum and that these include the limitation of condoms as a protection against STIs. (Rotherham)

However, there were other local authorities which were clearly unaware of the extent of the limitation of condoms to protect against different STIs. In identically worded responses, the London Boroughs of Hounslow and Haringey asserted:

> We operate within the national and London guidance on SRE and are informed by our Sexual Health strategy which makes clear that condoms are the only barrier method to give 99% protections against STIs and HIV. Therefore an agency that questioned the protective nature of condoms would not be appropriate to work in schools and would be contrary to all local and national guidance.[28]

Other authorities may or may not have been aware of the limitations of condoms, but they did not consider it appropriate to inform pupils of them:

> [T]he Brighton & Hove Healthy Schools Team and the local NHS Trust actively promotes the correct use of condoms as an effective method to

[28] The notion that condoms are 99 per cent effective in preventing the transmission of STIs is a common myth. In reality the level of effectiveness varies between different infections. Where condoms are used every time, they appear to reduce the probability of infection from HIV from an infected partner by between 85-90 per cent. However, they are much less effective in providing protection against other infections, including the most common ones such as chlamydia, herpes and human papillomavirus (HPV). It is estimated that using a condom may reduce the risk of acquiring chlamydia from an infected partner by around 50 per cent. While condoms appear to offer some reduction in the risk of getting genital warts and cancer of the cervix, even correct and consistent condom use offers only limited protection against HPV transmission, especially from females to males. Karen R Davis and Susan C Weller, 'The Effectiveness of Condoms in Reducing Heterosexual Transmission of HIV', *Family Planning Perspectives*, 1999, 31(6):272-9; S Ahmed, T Lutalo, M Wawer *et al.*, 'HIV incidence and sexually transmitted disease prevalence associated with condom use: a population study in Rakai, Uganda', AIDS, 2001, 15(16):2171-2179; Rachel L Winer et al, 'Condom Use and the Risk of Genital Human Papillomavirus Infection in Young Women', *New England Journal of Medicine*, 2006, 354(25):2645-2654.

prevent sexually transmitted infections and unwanted pregnancy and would express concern to colleagues in schools who invited in visitors who talked about the limitations of condoms as a means of protection against STIs. (Brighton & Hove)

The Lewisham Healthy Schools Programme would query the validation of advocating the limitations of condoms as a means of protection against STIs and would seek to establish the nature of the proposed limitations and the evidence base of such a proposal. (Lewisham)

An agency that talked about the limitations of condoms as a means of protection against STIs would not be something that would be necessarily appropriate. (Trafford)

(d) Primary schools that do not teach sex and relationships education beyond the requirements of the science curriculum

Would a primary school which had adopted a policy of not teaching SRE beyond the requirements of national curriculum science be eligible for Healthy Schools Status?

Summary of responses

Response	Number of authorities	Percentage
Yes	62	41%
Not aware of any such schools, so question does not apply	31	20%
No	27	18%
Ambiguous response	25	16%
Not known, as schools self-validate	7	5%
Total responding to this question	152	100%

Commentary

There was a wide divergence of opinion among local authorities on the question of whether primary schools are required to go beyond the requirements of national curriculum science in terms of their sex and relationships education provision in order to qualify for Healthy Schools Status

Just over four in ten local authorities considered that primary schools that did not teach sex education would be eligible for the award, while almost a fifth of authorities took the opposite view. A further fifth said they were not aware of any such schools in their area and so the question did not apply, and one in six authorities submitted an ambiguous answer.

Under education law, primary school governing bodies are required to consider whether sex education should be taught as part of the school curriculum, but they are free to decide not to teach it. Where a governing body decides not to teach sex education, a written policy statement to that effect must be kept.

The London Borough of Brent accordingly responded:

> Yes, because the teaching of SRE is not statutory in primary schools, whereas National Curriculum Science is. The statutory element is making clear in the PSHE/SRE policy what the school's intention is around SRE and parental rights of withdrawal; this has to be ratified by governors. If a school chooses not to teach SRE outside of National Curriculum Science, they should state this in their policy.

Nottingham City Council also reported that:

> [I]f a primary school had consulted widely with representatives from the whole school community (i.e. pupils, parents, teaching and non-teaching staff, governors, school nurses, local faith representatives) and found that teaching SRE beyond the science curriculum would not be meeting the needs of its pupils and could evidence this then they would be eligible for Healthy School Status.

Other authorities responded in a similar vein:

> Yes, in Tower Hamlets we consider that schools have met the Healthy Schools criteria if they are fulfilling the statutory requirements of the national curriculum in terms of teaching SRE. If a school had taken the decision not to teach any further SRE within the PSHE curriculum and they had clearly stated this in their SRE policy this would not prevent them gaining Healthy Schools Status. *(Tower Hamlets)*

> All schools, including primary schools, are required to have an SRE policy (Education Act 1996). The content of the policy must describe the content and organisation of SRE outside of National Curriculum provision for Science, or give a statement of the decision not to provide SRE other than that provided through the National Curriculum Science Order. The National Healthy Schools Programme, as minimum evidence, asks schools to state that they have 'an SRE policy approved by Governors'. The criterion does not distinguish between schools who only deliver National Curriculum Science and schools who deliver more. In addition, schools are not required to submit specific content of their policies. *(Wolverhampton)*

Northamptonshire County Council indicated that it would normally expect primary schools to teach SRE beyond national curriculum science, but had been prepared to exercise discretion with regard to one school, given its particular cultural and religious ethos:

> There is one such school who has achieved NHSS [National Healthy School Status] that does not teach SRE beyond the requirements of the NC. This was agreed in full by the LA Curriculum advisor for SRE due to the fact that the entire school population come from the travellers' community who hold very strong cultural beliefs regarding SRE. The decision to award NHSS was taken in line with the NCC SRE guidance which states: "It is important that individual schools consult about the cultural differences within their school community which may impact on Sex and Relationships Education."

However, 18 per cent of local authorities were equally emphatic that a primary school which had adopted a policy of not teaching SRE beyond the requirements of national curriculum science would not be eligible for Healthy Schools Status:

> A primary school which had adopted a policy of not teaching SRE beyond the requirements of national curriculum science would not be eligible for Healthy Schools status. *(Bournemouth)*

> No. Schools should not be able to achieve National Healthy School Status by solely following the Science National Curriculum for their SRE provision… [I]f a school purely relied on the Science curriculum to deliver SRE they would if quality assured by the local programme be challenged on their self validation as a National Healthy School. *(Cheshire East)*

> Primary schools who taught no SRE outside the science curriculum would not be able to get NHSS, as they would have no relationship education eg SEAL, friendships, assertiveness, anti bullying work, safety etc in place. As a side, as the law currently stands they would find it impossible to fulfil their OFSTED obligations of Every Child Matters with no relationship education outside the national curriculum. *(Croydon)*

> A primary school which has a policy that does not teach SRE beyond the requirements of the National Curriculum Science would not be eligible for National Healthy School Status as it would not reflect the non-statutory Framework for PSHE (NC1999). *(Essex)*

> We would expect there to be additional teaching of SRE beyond the national science curriculum in order for a school to be eligible for Healthy Schools status. *(Havering)*

> It is a requirement of NHSS that schools go beyond those elements of sex education contained within the science curriculum. There is a requirement for them to deliver Sex and Relationships Education which is broader and more reflective than the learning of body parts and facts. *(Lincolnshire)*

> The school would not be eligible and no such schools would receive the award. *(Sutton)*

> A primary school that was not teaching SRE beyond its provision in Science would not be eligible for Healthy Schools Status. *(Thurrock)*

Among the ambiguous answers received was the following response from Slough Borough Council:

> They need to have an SRE policy and identify where they do it. Yes they would be allowed providing within science they do not just talk about the plumbing and actually talk about loving relationships within other areas of the curriculum such as in the SEAL programme and maybe even through assemblies and through topics such as All about me, or Living Things etc. *(Slough)*

At first glance, Slough appears to be allowing for the possibility of a primary school achieving the Healthy Schools Award without providing sex education beyond the requirements of national curriculum science. However, the local authority then appears to be suggesting that additional sex and relationships education would have to be provided, within science lessons and/or in other curriculum areas or school assemblies.

The identically-worded responses of Hartlepool Borough Council and Middlesborough council are similarly ambiguous:

> Any primary school which adopted a policy of not teaching SRE beyond the requirements of national curriculum science would be eligible for Healthy Schools Status if they could provide evidence that they cover issues such as personal hygiene, friendships, relationships, emotional wellbeing, keeping safe, puberty etc.

(e) Schools that do not refer pupils to contraceptive and sexual health clinics

Where the governing body of a school, after consultation with parents, decides that it would not be in accordance with the ethos of the school to refer pupils to contraceptive and sexual health clinics, would it still be possible for the school to achieve Healthy School Status?

Summary of responses

Response	Number of authorities	Percentage
Yes	96	69%
Not aware of any such schools, so question does not apply	15	11%
No	9	6%
Ambiguous response	9	6%
No information held	5	4%
All schools signpost drop-in sessions with school nurse	4	3%
Not known, as schools self-validate	2	1%
Total responding to this question	140	100%

Commentary

Over two-thirds of authorities responding to this question stated that schools were eligible for Healthy Schools Status without having systems

in place to refer pupils to contraceptive and sexual health clinics. Many of these authorities pointed out that paragraph 1.8 of the PSHE education criteria for the Healthy Schools Award does not insist that schools must refer pupils to contraceptive and sexual health services, but merely refers to them as *examples* of services to which referrals may be made:[29]

> The language of this standard implies contraception and sexual health as examples of specialist services. Thus it is possible for schools to gain NHSS if their policy was not to refer pupils to such agencies, but utilized other types of support for example emotional health. (Birmingham)
>
> Section 1.8 gives the EXAMPLE of sexual health clinics and contraceptive services as a referral pathway but is a mere example only which may be appropriate for some schools but not all. (Bradford)
>
> It is up to individual schools to which services they refer individual pupils. Schools are not required to include particular services to gain national healthy school status. (Camden)
>
> It is important to stress that the examples given in this criterion are only examples and that some schools, particularly at the Primary phase, may consider that they are not relevant. It is up to schools to decide which specialist services they feel are appropriate and any examples given which support children and young people are accepted as evidence. Schools have achieved Healthy Schools Status without referring pupils to the agencies given as examples in this criterion. (North Somerset)
>
> Yes, because the required evidence is for a range of referral services, not just sexual health services. In the example above, sexual health and drug services are included as examples not as recommendations. If the school can show that they are referring young people onto a range of services that would be sufficient evidence to achieve Healthy School status on this criterion. (Southwark)
>
> The wordage of this particular criteria can be interpreted in more than one way. It is widely accepted by most Local programme coordinators that the 'such as' can be interpreted as 'for example'… A primary school

[29] The relevant section of the criteria states that a Healthy School 'has arrangements in place to refer children and young people to specialist services who can give professional advice on matters *such as* contraception, sexual health and drugs' (emphasis added).

> would have rigorous systems in place for referral for vulnerable pupils for a whole range of needs [personal, physical, emotional, learning etc] and be able therefore to meet this criteria without including advice/referral for contraception and sexual health. (Westminster)

Several local authorities expressed the view that the wording of the criteria was open to varying interpretations, and some understood the reference to 'referring' pupils to specialist services in terms of making information about the services available to them, rather than making a formal referral. For example, Norfolk County Council stated:

> The wording of the criterion is extremely broad covering all phases and the example given is misleading if taken in isolation. *The word refer should be interpreted as 'make information available' rather than in any specific way.* Schools are expected to make children and young people aware of where they can seek advice on a range of issues. This could range from the school nurse to bereavement support. Secondary schools would also be encouraged to signpost older pupils to agencies that might offer more specialist support. As long as the school makes a range of information available to pupils it could meet the criteria. (emphasis added)

In the view of Cambridgeshire County Council, it was important to draw a distinction between 'giving children and young people clear, appropriate information about the forms of contraception available and the location of sexual health clinics/service, (which schools are required to do as specified within the 2000 DFES Guidance for SRE in Schools), and referring individuals to clinics etc. which is not part of a school's remit'. Since Cambridgeshire understood the Healthy Schools criteria in terms of the former rather than the latter, the authority considered that 'the Healthy Schools criteria is poorly worded in this respect' and concluded:

> [A]s there is no expectation for schools to refer pupils to sexual health agencies, there is no case where they would not be awarded Healthy School status if they specifically said they would not do so. Indeed they would be following national and local guidelines.

Nottinghamshire County Council also took the view that the criteria could legitimately be understood in different ways, and suggested that the criteria could be satisfied by means of advice given by the school nurse on matters such as contraception, sexual health and drugs:

> Schools will interpret this requirement in different ways. For some it will be about making pupils aware that there are agencies both nationally and locally that support people with information and advice on sexual health and contraception. For others it will be about providing elements of these services on-site. All schools, however, have access to a school nurse who can offer confidential support to young people in line with Fraser guidelines and will therefore be able to evidence this element.

The London Borough of Sutton was opposed to schools referring young people to clinics, but, like Nottinghamshire, considered that the school nurse could satisfy the criteria:

> [I]t is not appropriate for a school to refer a young person to a clinic. All schools have access to a school nurse who work within their guidelines and is able to perform this function. It is unlikely that a governing body would wish to deter a school nurse from looking after a young persons safety and well-being.

Wirral Borough Council indicated that it was content to leave it to the discretion of individual schools to determine how they interpreted and applied the criteria on this point:

> Each school has made its own journey towards this status and the school, not the Local Authority holds the information as to how they might have resolved any possible ethical conflict.

While Bristol City Council encouraged schools to refer pupils to contraceptive and sexual health agencies, but accepted that not all would wish to do so, nine authorities were less accommodating. Torbay Council responded in one word: 'No'. Bournemouth Borough Council was equally emphatic:

> It would not be possible for a school that adopted a blanket policy like this to achieve Healthy School status.

Other authorities agreed that if, after consultation with parents, a school decided that it would not refer pupils to contraceptive and sexual health clinics, it could not qualify as a Healthy School:

> No, it would not be possible for this school to achieve Healthy School Status and it would be inconsistent with the school's statutory duty to support pupil wellbeing. *(Hounslow)*

> No it would not be possible for this school to achieve Healthy School Status and it would be inconsistent with the school's statutory duty to support pupil well-being. If a governing body made a decision not to engage with agencies supporting the wellbeing of young people, they would potentially be putting their vulnerable young people at risk. *(Haringey)*

> Bracknell Forest has no experience of this happening. The immediate health and safety needs of pupils occasionally overrule all other policies. *(Bracknell Forest)*

West Sussex County Council responded that it had no experience of a school refusing to refer pupils to contraceptive and sexual health services, but considered it 'unlikely' that such a school would be eligible for Healthy School Status:

> The immediate health and safety needs of pupils occasionally overrule all other policies and the Government's recently published 'Better Teaching' white paper places even greater responsibility on schools to ensure the safety of their pupils. A school where the governors are unaware of their greater responsibility to protect the safety of all pupils is unlikely to achieve National Healthy School Status. *(West Sussex)*

(f) Primary schools and referrals for advice on contraception and sexual health

What arrangements are primary schools expected to have in place to refer pupils to specialist services offering professional advice on contraception and sexual health?

Summary of responses

Response	Number of authorities	Percentage
Child protection/safeguarding procedures would apply	61	40%
Primary schools would not be expected to have such arrangements in place	50	33%
The school nurse is the key point of contact	17	11%
Age-appropriate signposting	16	11%
Ambiguous response	9	6%
Arrangements for referral to general advice services	6	4%
The school would seek the advice of the PCT	2	1%
Posters referring pupils to Childline, police, doctor, nurse, counsellor etc	1	1%

The percentage figure is based on the total number of 152 local authorities who responded. Percentages do not add up to 100 per cent as the responses given by several local authorities fell into more than one category.

Commentary

There was widespread agreement among local authorities that primary schools would not be expected to have arrangements in place to refer children to specialist services offering professional advice on contraception and sexual health. Oldham Council responded:

> Primary schools would be expected to offer pupils support in personal hygiene, puberty and getting on and falling out (relationships). School Health Advisors (nurses) may support schools to deliver this education. Primary schools would not be expected to have referral processes in place to contraceptive and sexual health services.

A large proportion of respondents indicated that if a primary school became aware that one of its pupils was engaging in sexual activity, it would be treated as a safeguarding issue. For example:

> Any referral or specialist advice around sexual health and contraception would be offered by health professionals and schools in partnership via an established safeguarding protocol and in line with professional codes of practice and duties of care. *(Newcastle)*

> [S]uch arrangements would be highly unusual for a primary school. Any such issues would certainly fall within the context of child protection procedures. *(Wiltshire)*

> Primary schools are not expected to have any sexual health services on site but a referral may be included as part of a response to a CAF/ safeguarding issue if deemed appropriate following investigation. *(North-East Lincolnshire)*

> We have no arrangements in primary Schools to refer pupils to services offering contraception and sexual health services. If pupils needed this it would be a Child protection referral. *(Enfield)*

Some local authorities referred to the minimum evidence required under the Healthy Schools criteria in relation to referrals to specialist services, which state that in secondary schools, children/young people and staff must be aware of how to access specialist services, whereas in primary schools only the staff need to be aware of how to access specialist services.[30] Peterborough City Council therefore wrote:

> The majority of primary schools would not feel the need to access these services for sexual health and contraceptive advice for the children but staff should still be aware in case of extreme circumstances.

However, while the vast majority of local authorities did not expect primary schools to refer pupils to specialist contraceptive and sexual health services, some did not rule it out entirely. For example, Brighton and Hove City Council stated, 'We would not expect our schools to promote directly to primary age children specialist services for contraception and sexual health', leaving the door open to the *indirect* promotion of such services. In its response, Worcestershire County Council implied that there might be exceptions to the general rule of not promoting contraceptive and sexual health services when it wrote: 'Primary schools, *on the whole*, would not advertise contraceptive and sexual health services to their pupils' (emphasis added).

Darlington Borough Council was also open to the possibility of primary schools referring pupils to sexual health services:

> Each school is awarded status on merit and having arrangements in place to refer to specialist services which are wide ranging, some of which may be a sexual health services.

Rochdale Borough Council left the matter to the discretion of individual schools:

> This would be determined by the individual school in accordance with their own school ethos and policies.

[30] National Healthy Schools Programme, National Audit Tool, 2006.

However, Bedford Borough Council went further and expected both primary and secondary schools to be ready to refer pupils to contraceptive and sexual health services:

> All primary and secondary schools are expected to have arrangements in place to refer pupils to specialist services offering professional advice on contraception and sexual health.

Conclusions and recommendations

Conclusions

- The broad range of responses received from local authorities reveals considerable levels of inconsistency across the country with regard to the manner in which the Healthy Schools criteria and guidance are being interpreted and applied. Some authorities are taking an overly prescriptive approach and insisting on policies and practices that are not required by the criteria.
- Although the majority of local authorities recognised that schools are entitled to decide for themselves which external agencies they invite to contribute to their sex and relationship education programme in theory, there were significant differences in the level of local authority prescription in practice.
- Most local authorities were supportive of schools using the services of external agencies teaching pupils how to use condoms in sex and relationship education lessons. However, while a clear majority of authorities were comfortable with condoms being distributed to pupils on school premises, several indicated that they considered it inappropriate for condoms to be handed out to pupils in the context of the classroom.
- While the contribution of external agencies that provide instruction on the use of condoms was welcomed without qualification, several local authorities expressed caution regarding agencies that emphasised the benefits of saving sex for marriage and addressed the limitations of condoms as a means of protection against sexually transmitted infections.
- A significant minority of local authorities stated that external agencies that presented a 'saved sex' message could be used in a Healthy School

only if they were 'balanced' by other options or viewpoints. No local authority expressed any such reservation or qualification in connection with the contribution of external agencies teaching about condom use.

- It is ironic that in some local authority areas, the 'Healthy Schools' programme is undermining the most healthy messages of all (e.g. the physical, emotional and social benefits of keeping sex within a lifelong, mutually faithful marriage).
- There is considerable confusion and ignorance among local authorities about the extent to which condoms provide protection against sexually transmitted infections. Some local authorities readily acknowledged that condoms have significant limitations and accepted that this fact should not be concealed from pupils. However, other authorities showed that they were unaware of the considerable limitations of condoms and vastly overstated their effectiveness.
- Some local authorities considered it inappropriate to inform pupils of the limitations of condom effectiveness. This policy runs the risk of placing some pupils at increased risk of contracting a sexually transmitted infection where they decide to embark on a sexual relationship on the basis of a false understanding that they will be safe provided they use a condom.
- Almost one in five local authorities took the view that primary schools which do not teach sex and relationships education beyond the requirements of national curriculum science could not qualify for Healthy Schools Status.
- In the view of a minority of local authorities, a school that adopted a policy of not referring pupils to contraceptive and sexual health services would not be eligible for Healthy Schools Status.
- Although there was widespread agreement among local authorities that primary schools were not expected to refer children to specialist services offering advice on contraception and sexual health, some did not rule it out entirely and one authority went so far as to state that all primary schools were expected to have such arrangements in place.

Recommendations

Recommendation 1

Local authorities should be encouraged to have greater regard to the fact that schools are responsible for determining their policy on sex and relationships education on a local basis, in consultation with parents. Authorities should therefore pay greater respect to local school autonomy and guard against taking an overly prescriptive approach.

Recommendation 2

The Department for Education and the Department of Health, together with local authorities, should recognise that the Sex Education Forum is not the sole authority on sex and relationships education, but represents only one point of view. In the formulation of any policy or future guidance on sex education, equal regard should be had for the views of the Sex and Relationships Education Council[31] which takes a different approach from the Sex Education Forum on many key issues.

Recommendation 3

The Department for Education should review its funding of the Sex Education Forum in the light of the fact that its view of what constitutes age-appropriate sex education and its support for the imposition of a centralised approach to sex education and the removal of the parental right of withdrawal, are at variance with the widespread views of parents.

Recommendation 4

The Department for Education should make it clear to all schools that it is unacceptable under all circumstances for condoms to be given to pupils in a classroom setting.

Recommendation 5

Local authorities should respect the position of schools which, after

[31] The Sex and Relationships Education Council consists of the Challenge Team UK, Evaluate, Family Education Trust, LIFE, Lovewise, Right to Life, and the Silver Ring Thing.

consultation with parents, decide that they would like to use external agencies that emphasise the benefits of saving sex for marriage.

Recommendation 6

The Department of Health and other health agencies should make it explicit in all sexual health guidance that condoms have significant limitations in the protection they offer against sexually transmitted infections, and that the surest way to avoid infection is to confine sexual intimacy to a lifelong, mutually faithful, monogamous relationship with an uninfected partner.

Recommendation 7

Schools should be honest with their pupils about the health risks of engaging in sexual activity outside the context of a lifelong, mutually faithful, monogamous relationship with an uninfected partner.

Recommendation 8

The Department for Education and Department of Health should make it clear to local authorities that primary schools should not be required to provide sex and relationships education beyond the requirements of the science curriculum in order to qualify for Healthy School Status.

Recommendation 9

The Department for Education and Department of Health should make it clear to local authorities that schools should not be denied Healthy School Status for having a policy of not referring pupils to contraceptive and sexual health services.

Recommendation 10

The Department for Education and Department of Health should make it clear to primary schools that under no circumstances should they refer pupils to specialist services offering advice on contraception and sexual health.

For further reading

Books

HIV and Aids in Schools: The political economy of pressure groups and miseducation
Barrie Craven, Pauline Dixon, Gordon Stewart and James Tooley, IEA, 2001.

Hooked: New science on how casual sex is affecting our children
Joe S McIlhaney and Freda McKissic Bush, Northfield Publishing, 2008.

Questions kids ask about sex: Honest answers for every age
J Thomas Fitch and Melissa R Cox (eds), Revell, 2005.

Sex Education or Indoctrination? How ideology has triumphed over facts
Valerie Riches, Family Education Trust, 2004.

Sex Under Sixteen? Young people comment on the social and educational influences on their behaviour
Clifford Hill, Family Education Trust, 2000.

Waking Up to the Morning-After Pill: How parents are being undermined by the promotion of emergency hormonal birth control to under-16s
Norman Wells and Helena Hayward, Family Education Trust, 2007.

Leaflets

Chlamydia and You

HPV and You

Respect Begins at Home: Why the government needs to show parents more respect

Sexual Spin: Sorting fact from fiction about sexually transmitted infections

Why Save Sex?

All the above titles are available from Family Education Trust, Jubilee House, 19-21 High Street, Whitton, Twickenham TW2 7LB email: info@famyouth.org.uk website: www.famyouth.org.uk

Deconstructing the Dutch Utopia: Sex education and teenage pregnancy in the Netherlands by Joost van Loon is now out of print, but can be downloaded free of charge from the Family Education Trust website at http://www.famyouth.org.uk/issues.php?pagename=DDUinfo

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