Evaluation of Sex and Relationship Education (SRE) Service in Waltham Forest Schools

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# Contents

Acknowledgements 3

1. Introduction 4
   1.1 National policy 4
   1.2 The Equality Act 2010 and SRE 5
   1.3 Literature review 5
   1.4 Local picture 7
   1.5 Aim 8
   1.6 Objectives 8
   1.7 The service 8
   1.7.1 Structure 8
   1.7.2 Process 8
   1.7.3 Output/outcomes 8

2. Methods 10
   2.1 Data collection 10
   2.2 Data analysis 10

3. Results 11
   3.1 Interviews with teachers 11
   3.2 PSHE audit 13
      3.2.1 Summary of findings 13
   3.3 Young people’s participation 13
      3.3.1 Survey of young people 14
   3.4 Performance against SLA 17

4. Discussion 20
   4.1 Limitations 22

5. Conclusions and recommendations 23
   5.1 Recommendation 23

6. Appendices 25
Acknowledgements

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Special thanks to all the students and teachers who took part.
1. Introduction

The teenage pregnancy rate in England is currently at its lowest since the publication of the Teenage Pregnancy Strategy in 1999. Conception rates are calculated on the basis of live births and abortions. Consequently there is a fourteen month delay in the publication of statistics, which means 2009 data is the most current data available.

The teenage pregnancy rate in Waltham Forest remains high and the national target of reducing pregnancies by 50% between 1998 and 2010 has not been achieved.

Waltham Forest’s teenage pregnancy rate only fell slightly from a baseline of 56 conceptions per 1000 in 1998 to 55 per thousand in 2009 (compared to 40.8 in London and 32.8 in England in 2009). This gave a 1.8% reduction overall, well short of the 50% target by 2010.

Despite evidence that Sex and Relationships Education (SRE) in schools is effective in reducing teenage pregnancy rates, it is not statutory in the school curriculum. Where SRE is delivered, there are variations in the quality and levels of provision.

*Sex and relationships education (SRE) is learning about the emotional, social and physical aspects of growing up; relationships; sex; human sexuality; and sexual health*\(^1\).

It is worth noting, however, that SRE is one of a number of interventions to reduce teenage conceptions and sexually transmitted infections.

1. 1 National Policy

The status of sex and relationships education has not changed under the current coalition government. The government outlined their commitment to SRE in the Schools White Paper *The Importance of Teaching*\(^2\) published in 2010. The White Paper emphasises that children need high-quality sex and relationships education to enable them make wise and informed choices.

Therefore the most up-to-date legislation relating to sex and relationships education (SRE) is contained within the Education Act (1996) and the Learning and Skills Act (2000). Some of the requirements are that:

- It is compulsory for all maintained schools to teach some aspects of sex education i.e. the biological aspects of puberty, reproduction and the spread of viruses. These topics are statutory parts of the National Curriculum Science which must be taught to all pupils of primary and secondary age

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\(^1\) Sex Education Forum (2010) *does sex and relationships education work? Evidence Briefing* [www.sexeducationforum.org.uk](http://www.sexeducationforum.org.uk) (Accessed 30/12/10)

\(^2\) Department of Education (DfE) (2010) *The Importance of Teaching: Schools White Paper*
• There is also a requirement for secondary schools to teach about HIV, AIDS and sexually transmitted infections as part of the National Curriculum Science.

• The SRE Guidance states that sex and relationship education should be supported by a school’s wider curriculum for personal, social and health education (PSHE). PSHE Education is currently non-statutory, however the government has recognised the importance of this area of the curriculum and has stated, in the recent white paper, its intention to support schools in the delivery of high quality PSHE.

• Both primary and secondary schools are legally obliged to have an up-to-date SRE policy that describes the content and organisation of SRE taught outside the Science Curriculum. In primary schools if the decision is taken not to teach SRE outside the Science Curriculum this should be documented in the policy.

• To qualify for Healthy School status, there must be a planned programme of PSHE which includes SRE, in place.

• Schools have a legal duty to ensure the well-being of their pupils and SRE contributes to this duty.

1.2 The Equality Act 2010 and Sex and Relationships Education

The Equality Act 2010 covers the way the curriculum is delivered. Schools and other education providers must ensure that issues are taught in a way that does not subject pupils to discrimination.

An example of good practice given in guidance for education providers on the Equality Act is that PSHE should cover equality and diversity based subjects including gender equality and non-violent, respectful relationships between women and men.

1.3 Literature review

International evidence shows that the most effective ways of preventing teenage pregnancies are:

• Effective sex and relationships education (SRE) – which helps young people gain the skills to handle the pressure to have sex as well as equips them with the knowledge and skills to avoid unwanted pregnancies and sexually transmitted infections (STIs).

• Youth development programmes – focusing on personal development including self confidence and self-esteem.

• Easy access to young people-oriented contraceptive and sexual health services.


However, maintaining a sustained reduction in teenage pregnancy would require actions to address the underlying risk factors such as low educational attainment, low aspirations, lack of engagement in learning post-16 and poverty\(^6\).

Further evidence suggests that good PSHE, which includes SRE, is needed alongside better access to services to reduce teenage conception\(^7\).

There is evidence from research in England that areas of the country which have achieved the greatest reductions in teenage conception rates in recent years provided accessible sexual health services for young people addition to good quality school based SRE\(^8\).

There is evidence that the quality and extent of SRE provision in English schools varies greatly\(^9\). There are concerns about the patchiness of SRE provision and its poor quality, particularly where teachers have not received training. Many teachers have no training on SRE. For example a study found that one in ten teachers did not know that Chlamydia is an STI\(^10\).

The Independent Advisory Group on Sexual Health identified that a barrier to ensuring effective outcomes from Personal Social and Health Education (PSHE) programmes is the lack of appropriate method of assessment and evaluation being built into PSHE programmes\(^11\).

The most effective interventions use trained teachers/facilitators, include content that is specific to reducing risk and involve interactive and participatory techniques. The use of small group work, focussed on skills and attitudes (rather than knowledge) is effective in reducing sexual risk behaviour\(^12\).

In a study of 48 SRE programmes, 40% of them were found to have a significant impact on three aspects of behaviour: delaying the initiation of sex; reducing the number of sexual partners; and increasing condom or contraception use\(^13\).

\(^6\) Department of Health (2011) Teenage pregnancy national Support Team commended public health practice. London DH


\(^12\) Trivedi D, Bunn F, Graham M, Wentz R (2007) Update on review of reviews on teenage pregnancy and parenthood. Hertfordshire. Centre for Research in Primary and Community Care

There is some concern about SRE in schools but evidence has shown that knowledge about sex through SRE does not encourage early sexual experimentation\textsuperscript{14, 6}. None of the evidence reviews suggest that provision of SRE led to increased levels of sexual activity, in fact the complete opposite.\textsuperscript{15,16,12}

Despite the evidence highlighted above, a survey by the UK Youth Parliament (UKYP) of over 20,000 young people found that more than 50% have never been taught about teenage pregnancy in school and would not know where to find their local sexual health clinic\textsuperscript{17}.

The UKYP survey also highlighted that 40% of young people described the SRE they had received as either ‘poor’ or ‘very poor’, while 33% described it as ‘average’. Forty three percent of respondents reported not having been taught anything about SRE. The report recommended delivery of SRE by trained teachers; more information about relationships and teenage pregnancy and better access to confidential sexual health services\textsuperscript{12}.

Locally, the TellUs4 survey highlighted that Waltham Forest scored below the national average (47% vs. 53%) for pupils who thought the information they receive on SRE was helpful\textsuperscript{18}.

\textbf{1.4 Local picture}

NHS Waltham Forest contributes towards the activities and outcomes outlined in the local Children and Young People’s Action Plan under the objective \textit{Improve the sexual health of young people and reduce teenage pregnancies} through commissioning Babcock 4S Change for Children Team (CFC Team) to provide the following:

- Improving the quality of SRE provision in Primary Schools
- Supporting schools to achieve PSHE (including SRE) criteria of the National Healthy Schools Programme
- Developing and disseminating resource packs for mainstream schools on inclusive/ targeted SRE for pupils with SEN & disabilities
- Working with three schools/alternative provisions to develop and pilot peer led lesson plans and visits to local health services

\textsuperscript{15} UNESCO (2009) \textit{International guidelines on sexuality education; an evidence informed approach to effective sex, relationships and HIV/STI education}. Paris: UNESCO.
\textsuperscript{17} UK Youth Parliament (2007) Young people voice concerns over their sex and relationship education. \url{http://www.ukyouthparliament.org.uk/179081/209982.html} (Accessed 20/01/2011)
• Developing a framework for SRE and culturally sensitive Family SRE Pack
• Undertaking an audit of quality of PSHE including SRE in secondary schools/colleges

The highest teenage pregnancy rates are in Higham Hill, Lea Bridge, Leyton and Cathall. Teenage pregnancy rates tend to mirror deprivation, with higher rates in the most deprived wards.

Due to a recent reconfiguration of services, all young people’s sexual health and contraception services are now centralised at Oliver Road Polyclinic in Leyton. The clinic has a teenage pregnancy link nurse who works with young people attending clinic, and provides some outreach to schools and teenage mothers in the community.

The Teenage Pregnancy Team, which will soon cease to exist, also provides support to schools through small group work and delivering talks at assembly.

1.5 Aim

To assess the impact of sex and relationship education provision in Waltham Forest and make recommendation for the future.

1.6 Objectives

• To review the literature to find out what works
• To measure the impact of interventions on teacher’s knowledge, confidence and ability to undertake SRE lessons
• To measure the impact of interventions on young people’s knowledge, attitude and behaviour in relation to sexual health
• To assess performance against Service Level Agreement

1.7 The service

1.7.1 Structure

CFC Team has been working in Waltham Forest for over 10 years in supporting schools in different areas including substance misuse and SRE. The current value of the SRE contract is £44,000 per annum. For SRE there are two dedicated part-time workers and occasional specialist consultants. The team is based in Leyton but provides services across the borough.

The team also manage the local National Healthy School Programme

In the past the team provided more frontline work, providing services directly to young people. However, for some time the work has been more focused on training teachers and other staff to work with students, with very little direct contact with young people.
1.7.2 Process
The CFC Team provides support for schools in developing policies, and programmes in line with national guidance. This includes mainstream, special (children and young people with learning difficulties and disabilities), pupil referral units (PRU), and alternative provisions.

The team also supports teachers and PSHE co-ordinators through developing their competencies and confidence in the delivery of SRE lessons. In addition, they work with contraception and sexual health services to broker links between schools and service providers. They have worked in partnership with sexual health services at Oliver Road, Whipps Cross and other sites in the centre and north of the borough to develop a pack designed to improving young people’s access to sexual health services.

1.7.3 Outputs/outcomes
Through policies, programmes, resources and direct work with staff, the CFC Team aims to increase staff knowledge, skills and confidence in delivering sessions on sex and relationships, contraception and STIs. They also work with schools to develop partnership working with parents/carers and faith groups to increase awareness and understanding of the content of sex and relationship education.

The team works with a number of agencies and sits on various boards within the borough. For instance, they work with school nurses towards Continuing Professional Development (CPD) accreditation. The CFC team involves young people in developing resources and programmes through focus groups to review resources and provision in schools. This feedback then informs further development.

In the broader scheme of things, SRE work would be expected to contribute towards reduction in teenage pregnancies and sexually transmitted infections among young people. However, it would be difficult to measure the specific contribution of SRE in schools towards achieving these goals.
2. Methods

The Donabedian framework was used to structure the evaluation. This examines

- Structure: resources (financial, capital, human)
- Process: what the service does
- Output/Outcome: what the service delivers

2.1 Data collection

Data was collected from a variety of sources using a variety of methods:

- Semi-structured interviews with Babcock 4S CFC team, teachers and PSHE (Personal, Social and Health Education) co-ordinators
- Focus group with school children to assess their knowledge, attitude and views on service provision
- Documentary analysis – including an audit of quality of PSHE including SRE in Waltham Forest Schools conducted by Babcock in 2010

2.2 Data analysis

Qualitative data from semi-structured interviews with teachers were analysed by identifying recurrent themes. Quantitative data collected from the questionnaires completed in the student survey were summarised into percentages.
3. Results

3.1 Interviews with teachers and SRE co-ordinators

Six semi-structured interviews were conducted in the summer of 2010 to elicit the views of teachers and SRE co-ordinators on the current SRE provision in Waltham Forest schools. This included:

- three deputy Head teachers
- one Head teacher
- one college lecturer
- one PHSE coordinator

All participants indicated that the CFC team had provided a number of services to the schools involved at different levels depending on the SRE needs of the schools. This confirms the findings from a Waltham Forest PSHE review in July 2010 and the OFSTED reports in 2007 and 2010 highlighting that SRE delivery in England varies from school to school.

All participants felt that the services provided by CFC Team contributed to improvement in knowledge, confidence and enthusiasm of teachers in the delivery of SRE. Responses also indicated that both teachers and pupils felt supported, and that children have become more comfortable in talking about SRE.

Participants highlighted that the programme has contributed significantly to improved open dialogue with children and improved parental understanding of SRE.

Most participants also reported that the support provided by CFC Team have enhanced their professional development and added value to the quality of SRE across the schools.

Almost all participants (5/6) reported that SRE was covered adequately by the support programmes offered, highlighting that they were thorough and suited to the needs of children with different abilities. Participants were also happy with the overall design and process of the service and rated it as very good.

However, majority (5/6) of participants felt that there was insufficient time allocated by schools to SRE delivery. This was perhaps due to the lack of dedicated curriculum time for PSHE in a number of schools, which affects consistent delivery of the SRE elements.

Half of the participants highlighted the need to involve local religious representatives and for more support to schools; especially new teachers should be given the opportunity to be trained to deliver PSHE (including SRE).

Four participants felt that teachers needed more training on SRE, while two identified no unmet needs regarding SRE delivery, indicating that the support that they receive from CFC Team meets their needs.
All participants highlighted the importance of continuing to receive the SRE support provided by CFC Team and felt there would be a big gap if this support was withdrawn.

Even though the participants in this interview were not representative of all school teachers in Waltham Forest, as is the case in qualitative studies, their views highlight the important role played by CFC Team in the delivery of SRE in their schools.

3.2 Audit of quality of PSHE including SRE in Waltham Forest Schools

An audit of the quality of PSHE (with a focus on SRE) in Waltham Forest schools and colleges was conducted in July 2010 by the CFC Team to inform the evaluation. A total of sixteen schools and colleges participated in the review - eleven mainstream secondary, two sixth-form colleges and three special schools (SEN). The views of both PSHE co-ordinators and students/pupils on PSHE including SRE in their schools/collages were collated and analysed. A summary of the key findings and recommendations is given below.

Sex and relationships education is generally an integral part of PSHE in most Waltham Forest schools. However, sixth form colleges would like support and guidance in developing policies.

The audit highlighted many examples of excellent lesson plans with varied activities, including group work. In many cases lessons were based on pupils’ needs, with strategies to support pupils to feel safe and confident in taking part.

There were variations (in time allocated, content, dedicated staff) in the levels of effective delivery of SRE within the schools and colleges that took part. This is in line with evidence from the literature, which cites variations in the quality and levels of SRE delivery in schools nationally.

Co-ordinators value the support they receive from the CFC team but are concerned that some successful partnerships with other services such as young people’s clinics are under threat due to cuts in funding.

Co-ordinators were keen to incorporate visits from sexual health experts and outside agencies into their programmes of work, and saw this as essential to supporting young people in their learning. This would help increase young people’s awareness of local sexual health and contraception services and improve access.

All co-ordinators emphasised that they would like more support from outside agencies, for example sexual health experts and theatre groups. They felt that inclusion of these within a planned programme greatly enhanced learning.
3.2.1 Summary of key findings

Strengths:
- Schools and colleges in Waltham Forest generally have a strong commitment to promoting the health and wellbeing of the pupils/students.
- Schools recognise the importance of PSHE including SRE in contributing to pupils/students attainment as well as their health and well being.
- PSHE co-ordinators were experienced, committed and enthusiastic, some with many years of practice.
- Schools/colleges felt well supported by the Waltham Forest Babcock 4S CFC Team.
- Most schools had a specialist department, generally in a related subject area such as Citizenship or SRE. The majority of lessons were taught by PSHE co-ordinators or assistant co-ordinators.
- PSHE has strong status in schools where it is delivered by a member of the Senior Leadership Team (SLT). Only the 6th Forms and one school had tutor-led PSHE and prompted the most negative responses from young people towards the subject.
- Programmes of work were of a high quality in the majority of schools and in line with national guidance.

Areas for development:
- Consistent planning of assessment tasks into units of work so that students'/pupils' progress can be assessed through programmes of study.
- More effective monitoring and evaluation of programmes including views of students.
- SRE programmes to include units of work to ensure links are made to services with the aim of improving young people's access to local health services.
- External support for policy and programme development in Special Schools and Sixth Form colleges.
- Continued Professional Development (CPD) in SRE and Drug and Alcohol Education for teachers, particularly non-specialists.
- Departmental meeting time allocated for the team delivering PSHE.
- Time tabling for discrete PSHE elements of the curriculum.
- Ongoing support for resource development that include consultation and varied assessment activities.
- Strategies to improve effective pupil/parental participation and consultation on policy and programmes.

3.3 Young people's participation
There were many examples of whole school provisions including school/student councils and a variety of peer mentoring schemes. However, many young people did not feel well represented within these.
Some pupils reported that they were rarely asked what they would like to learn in SRE, and strongly felt that they should be involved in deciding the contents to ensure that it was relevant to them. Ownership of a personal subject such as SRE was important to them.

None of the schools had undertaken consultation with young people on policy development. Most young people stated that they would very much like to be consulted on programme and policy development. Although most schools had processes in place for school councils to comment on policies, this did not lead to wider consultation to include more students.

**Case study from a school that had received Specialist Team training from the Babcock 4S team to skill up a team of identified teachers in the delivery of SRE:**

Year 9 students were consulted to assess preferred groupings of lessons. In previous years the students had opted to learn in separate gender groups. However, this particular group opted to be in mixed groups. Young people benefited from working in groups which they had selected and felt ownership over their learning. SRE was delivered by an enthusiastic and committed trained team. This school had also set up a drop-in clinic once a week to further support young people, which were well used.

Pupils agreed with the co-ordinators’ view of having outside agencies to support the delivery of SRE. Many stated they would rather have SRE delivered by experts than by a teacher they knew in a different context, for example ‘Maths teacher’. One pupil noted ‘It’s embarrassing to have your teacher talk to you about sex’.

Some of the schools had also been involved in the development of resources in partnership with Babcock 4S such as the *Improving Links to Local Sexual Health Services Pack*. Young people played a key role in developing this resource.

**3.3.1 Survey of young people**

Part of the evaluation was to run focus groups with young people to elicit their knowledge and attitudes to contraception; awareness of services and their views on the quality of SRE in schools. Due to logistic reasons focus groups could not be conducted. However, questionnaires were sent out to students in years 9, 10 and 11 in different parts of the borough with the support of the CFC Team. See appendix. There are variations in their completeness across the different types of school. It was not always possible to identify which questionnaires were from which part of the borough.
All the 76 questionnaires were completed from different types of school, as shown in table 1 below:

Table 1: Number of questionnaires from different types of school

<table>
<thead>
<tr>
<th>Type of school</th>
<th>Number of questionnaires</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainstream schools</td>
<td>50</td>
</tr>
<tr>
<td>Alternative Provision</td>
<td>19</td>
</tr>
<tr>
<td>Special schools</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>76</td>
</tr>
</tbody>
</table>

Of the fifty questionnaires from mainstream schools seven were from year 9, twenty-six from year 10 and seventeen from year 11. Generally there was good knowledge of contraception and most of the respondents indicated that they obtained the knowledge from school/college. Participants also gave other sources of sexual health and contraception information including sexual health clinics, GP and TV/media. Some specific local services were also mentioned as sources of information – Face-to-Face, 722, 4YP and More than 98% of the young people think contraception is useful and the main reason given was that it prevents pregnancy. About 10% indicated that it prevents STIs as well.

Young people obtain sexual health and contraception advice form a number of sources such as school/college, GP, sexual health clinic, hospital, media/TV, and some specific local services as mentioned above. The most popular sources were school/college, sexual health clinic and GP.

A number of factors influence young people’s views about contraception. The young people who took part in this survey indicated that their views were influenced by family and friends, information from college and the media (approximately 30% each). A minority mentioned young people becoming pregnant as the main factor that influenced their views on contraception.

There was generally very good knowledge of different types of contraception, particularly condom and the pill. Almost all the years 10 and 11 students mentioned Emergency Hormonal Contraception (EHC) as well; however, none of the students from special schools mentioned EHC. In addition, about 80% of respondents knew how to use a condom. Most of them learnt this from school/college and had a positive attitude towards its use.

Many students did not answer the question asking for their views on getting pregnant under 18 years old. For those who answered this question, their views were mainly negative but one respondent stated

“It depends on the relationship”.

The vast majority of the students knew about SRE from school/college and mentioned contraception and relationships as the main issues that were taught. Most found the sessions useful. However, about 10% of respondents did not find the sessions useful. Some comments were:
“I think it’s good because it is getting us ready and showing us the consequences so like it’s our choice to make it right” – Year 9 male

“The SRE that we learn in school only make you aware of the consequences of sex and relationships so is not that good.” – Year 10 male

“It was not good because they didn’t explain a lot of information” – Year 9 male

“Don’t receive enough” – Year 9 female

“Was very helpful, there are difference between sex and relationship” – Alternative Provision

About 70% of the students knew about services that help young people avoid unwanted pregnancies, and most rated them highly. One student rated the services:

“Average; because there is still high number of teenage pregnancies”

Examples of services that were mentioned include sexual health clinic, 722, pharmacies and Student Services. It is significant that some 30% of this sample did not know of such services; and that no one mentioned the Teenage Pregnancy Team.

Less than 5% of the students knew of health promotion activities that help raise awareness of avoiding unwanted pregnancies in the borough.

Majority of respondents did not answer the question on barriers to accessing sexual health and contraception services for young people. Among those who did, the common features were:

- It’s embarrassing
- Not available everyday, clinic days only
- Doctors are barriers

The students gave some useful comments for improving young people’s access to sexual and reproductive health services. These are summarised below.

- More sexual health clinics
- More awareness and advice centres
- More workshops and visits to schools to talk to students
- More education for years 6 and 7
- Schools should give out free condoms for those aged 14+, not just in colleges
• Offer different types of contraception
• Provide information in clubs
• More awareness sessions in the community
• More SRE lessons
• Use of assembly to give appropriate messages

3.4 Performance against SLA

In line with the borough’s Children and Young People’s Action Plan, the SRE service provided by Babcock 4S Change for Children Team had to achieve these outcomes in 2010/11:

• Improving access to sexual health services
• SRE Guidance for children with special education needs and DVD completed and disseminated to all schools
• Audit of SRE in secondary schools and summary report complete – identifying areas for development

In terms of improving access to sexual health services, CFC Team worked in partnership with services to organise visits to clinics as part of the development of resource pack. This involved young people being given a tour of the services to enable them to see the premises and demystify sexual health services. The young people involved found these very useful and prepared reports to present to their peers back at school. CFC Team have produced a DVD showing a virtual tour of a clinic highlighting some of the issues raised by students who took part in the pilot. This will be disseminated to schools to form part of the SRE resources. The aim is to help break down barriers and improve access.

Lesson plans and sexual health services information packs were distributed to all secondary schools. In addition, a parents’ leaflet has been developed to help parents to discuss sex and relationships issues with young people.

The CFC Team have completed the SRE guidance for children with special educational needs and this is currently being disseminated to schools, together with a DVD made with young people with LDD giving their views on relationships, family and SRE.

The audit of SRE in secondary schools was completed in 2010 and summarised above.

The target for National Healthy School achievement by December 2010 was 80% this was achieved. Currently 86% of schools have achieved this status.

Table 2 provides a summary of best practice in reducing teenage pregnancy, and what happens in Waltham Forest. It shows that SRE is one of a number of interventions delivered across different settings and organisations.
<table>
<thead>
<tr>
<th>Best practice</th>
<th>What happens in Waltham Forest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective sex and relationship education helps young people gain the skills to handle the pressure to have sex as well as equips them with the knowledge and skills to avoid unwanted pregnancies and STIs</td>
<td>The vast majority of the young people who took part in the survey for this report had some knowledge of contraception and positive attitude towards contraception. Most of them reported that this was gained from school. Almost all of them thought that getting pregnant under 18 years was not a good idea</td>
</tr>
<tr>
<td>Easy access to young people-oriented contraceptive and sexual health services</td>
<td>The SRE that is delivered in Waltham Forest schools incorporates a focus on increasing access to services. However, about 30% of the students who took part in the survey as part of this evaluation were not aware of the location of young people’s sexual health services. This may be due to the fact that all the young people’s clinics provided by the ONEL CS community sexual health and gynaecology service have been centralised to the Oliver Road hub. CFC Team have developed a DVD in consultation with young people, which highlights the services available. This will help raise awareness and improve access</td>
</tr>
<tr>
<td>Lack of appropriate method(s) of assessment and evaluation being built into PSHE programmes is a barrier to ensuring effective outcomes</td>
<td>Support is provided to schools through training and promotion of the SRE Core Curriculum for London which includes assessment. However, there are still improvements to be made in this area. The Healthy Schools whole school review provides a mechanism for monitoring and evaluating policies and programmes in PSHE.</td>
</tr>
<tr>
<td>The most effective SRE programmes use trained teachers/facilitators, include content that is specific to reducing risk and involve interactive and participatory techniques</td>
<td>Most schools in Waltham Forest use PSHE co-ordinators or assistant coordinators to deliver PSHE including SRE lessons. The 6th Forms use ‘generic’ tutors to deliver PSHE, and this generates negative comments from students</td>
</tr>
<tr>
<td>The use of small group work, focused on skills and attitudes (rather than knowledge) is effective in reducing sexual risk behaviour</td>
<td>The PSHE departmental reviews undertaken by CFC highlighted many examples of excellent lesson plans with varied activities, including group work</td>
</tr>
<tr>
<td>Provide one to one advice on how to prevent unwanted pregnancies, covering all methods of reversible contraception including LARC. This should include vulnerable young women such as those from disadvantaged backgrounds, those who are in or leaving care, and those who have low educational attainment</td>
<td>This is provided by clinicians at the young people’s sexual health clinics, the teenage pregnancy link nurse and the teenage pregnancy team. The abortion service offers this advice and fitting of LARC to all women who undergo termination of pregnancy. The condom distribution scheme in Waltham Forest has not been very effective in getting young people registered to receive free condoms. Waltham Forest has recently signed up to the pan London scheme, which would help</td>
</tr>
<tr>
<td>Action</td>
<td>Details</td>
</tr>
<tr>
<td>--------</td>
<td>---------</td>
</tr>
<tr>
<td>Regularly visit vulnerable women aged under 18 who are pregnant or who are already mothers and support them towards preventing unwanted pregnancies</td>
<td>The teenage pregnancy team members regularly visit young mothers on their caseloads from all backgrounds but there is a gap in terms of those in care. The Family Nurse Partnership also works with pregnant mothers from all over the borough.</td>
</tr>
<tr>
<td>Where appropriate, refer young women aged under 18 who are pregnant or who are already mothers to relevant agencies, including services that support reintegration into education and work</td>
<td>The teenage pregnancy team has a reintegration officer who supports young mothers towards reintegration. The team also has a connexions worker specifically targeting young fathers. With the team being wound down, these need to be picked up by youth workers.</td>
</tr>
<tr>
<td>Youth development programmes – focusing on personal development including self confidence and self-esteem</td>
<td>The Youth Service has generic youth workers who work with young people on various issues including personal development. It is not clear how effective it is due to lack of capacity.</td>
</tr>
<tr>
<td>Actions to address the underlying risk factors such as low educational attainment, low aspirations, lack of engagement in learning post-16 and poverty</td>
<td>These are part of the Waltham Forest Joint Inequalities Strategy which is yet to be implemented.</td>
</tr>
</tbody>
</table>

improve access.

There is a gap in terms of outreach to young women who are in or leaving care.
4. Discussion

Waltham Forest schools recognise the importance of SRE in improving students’ health and wellbeing as well as educational attainment; and are generally committed to the delivery of good quality SRE. The CFC Team provide a centralised co-ordinating role in terms of SRE support to schools.

This would ensure some consistency in delivery across the borough, though more needs to be done to address the variations in provision which is also a national problem. It is worth noting, however, that some variation is inevitable due to the different needs of individual schools.

There is no national guidance or evidence from the literature on the ideal structure of SRE service provision. Schools are legally obliged to have an up-to-date SRE policy that describes the delivery of SRE. In Waltham Forest Babcock 4S CFC Team provides centralised support to schools, working with teachers and PSHE co-ordinators to ensure they have appropriate policies in place that respond to the needs of their students.

Even though this evaluation did not check whether or not the policies were in place, the audit conducted by CFC Team identified greater involvement of young people and parents in policy development as an area for improvement. All of the mainstream schools, the PRU and one of the special schools audited have achieved Healthy Schools status. Having policies for PSHE including SRE are part of the criteria to be evidenced in attaining status. This would suggest that the schools already develop policies but need to involve young people.

The processes that the CFC Team employ to support schools to deliver high quality SRE appear to be effective, as teachers find the service very useful. These involve providing direct support to teachers and brokering links between sexual and reproductive health services and schools to raise awareness and improve access to services. A system of ongoing monitoring and evaluation needs to be built to monitor effectiveness.

In terms of outputs, the service has consistently met its SLA obligations, though more needs to be done at proactively supporting new teachers

Specific outputs include the development of:

- Guidance for mainstream schools on inclusive SRE for children with special education needs and disabilities
- Pack developed to increase young people’s knowledge and understanding of sexual health services, including contraceptive services together with a DVD showing a virtual tour of a clinic
- Parent information pack developed to increase parental confidence and involvement in SRE
- Supporting 86% of local schools to achieve National Healthy Schools status (target was 80%)
The audit of the quality of PSHE, including SRE highlighted excellent lesson plans with varied activities, including group work. Evidence from the literature suggests that this is effective in reducing sexual risk behaviour. The teachers were unanimous in endorsing the service provided by the CFC Team, and would like to continue receiving this support. However, some teachers felt that schools allocated insufficient time for SRE, which might affect the quality.

While most of the young people surveyed found SRE to be useful, the evidence highlights that good quality SRE is not enough in reducing teenage pregnancies unless it is supported by better access to appropriate services like the sexual health clinics and the Teenage Pregnancy Team.

However, around 30% of the students who took part in this survey were not aware of such services. In addition, both students and teachers highlighted the need for sexual health services to work more closely with schools. The CFC Team can help facilitate such partnerships, which is already one of their core functions.

The fact that none of the students mentioned the Teenage Pregnancy Team as a service that helps young people avoid unwanted pregnancies suggests that more needs to be done to promote the team and the services that it provides. As the team will be disbanded shortly, any successor set up should establish how it links with schools.

With the recent move to centralise young people’s sexual health services at Oliver Road Polyclinic, it is important to monitor attendance to identify variations in access from different parts of the borough.

The DVD that the CFC Team produced following the ‘virtual tour’ of sexual and reproductive health services is a good way to increase awareness of and access to services. This can also help address the barrier identified by young people that sexual health services were “embarrassing”. Such resources need to be regularly updated to keep pace with changes in service configuration.

The Borough’s Youth Service is working with contraception and sexual health services towards achieving You’re Welcome status, a national quality mark for young people friendly services. This will help make the services more accessible to young people.

Students identified clinic availability (opening times) and doctors as barriers. To address this, there need to be discussions between commissioners and service providers, in consultation with young people, to agree a way forward in overcoming these barriers.

Responses to the student survey suggest that students had learned some skills from school (for example about 80% knew how to use a condom) in addition to having positive attitudes towards contraception. However, from
this survey, few students knew how to access/use EHC. There is a need to improve knowledge of this.

It is significant to note that less than 5% of the students surveyed knew of health promotion activities in relation to avoiding unwanted pregnancies. This suggests that health promotion activities in the borough are either non-existent, very limited or not accessible to young people. This is an important gap that needs to be addressed.

4.1 Limitations

There are some important limitations to this evaluation. The samples for teachers to be interviewed were selected by CFC Team who also sent out student surveys to schools. This was to facilitate access utilising their established relationship with schools. It is possible that this might bias responses.

The questionnaires used for the student survey were designed as topic guides for discussion in focus groups – which would allow for probing and more detailed discussion. However, due to time constraints and to allow a larger number of students to participate, they were sent as questionnaires. This did not allow for probing and generation of discussion.

The student survey was anonymous so in most cases it is not possible to associate particular responses to specific schools. This would have allowed for more targeted work with schools that showed the greatest lack of awareness.
Conclusions and recommendations

This evaluation has highlighted an important role that Babcock 4S Change for Children Team plays in improving the quality of SRE in Waltham Forest schools. Teachers and SRE co-ordinators find the support they receive extremely valuable and see no alternative if this was withdrawn. However, not all schools receive this support due to capacity at Babcock 4S. In addition, there is some concern that not enough time is devoted to SRE in some schools.

Young people generally found the SRE lessons useful, with a few exceptions. The main reason given by those who did not find the lessons very useful was that they gave very limited information.

There is a high level of awareness of different types of contraception (apart from EHC) among the young people who participated in the questionnaire. A significant minority did not know about local contraception and sexual health services; and most of them were not aware of any health promotion activities in the borough in relation to sexual health and contraception.

Finally, teenage pregnancy rates in Waltham Forest remain high compared to the national average. SRE is only one of a number of effective interventions that help reduce the rates of under-18 conceptions. Efforts to reduce teenage conceptions and STIs should include different interventions delivered across various agencies, including SRE in schools.

5.1 Recommendations

1. Due to limited capacity, the SRE provision is not currently available to all schools all the time. Commissioners should work with CFC Team to make the service more widely available to schools

2. Sixth form colleges have historically relied on outside expertise to deliver SRE programmes. CFC Team should support them to develop policies and in-house SRE delivery

3. CFC Team should provide more support to schools to improve young people’s and parents’ involvement in SRE policy development

4. Schools should allocate curriculum time each week to deliver a planned, progressive PSHE programme including SRE

5. Schools should standardise SRE related training day(s) to ensure consistency in delivery across the borough

6. Sexual health leads in Waltham Forest should work with other PCTs in the ONEL cluster to harmonise SRE provision in schools within the sector
7. CFC Team should develop a system of monitoring and evaluating the effectiveness of outside agency participation in the delivery of PSHE including SRE

8. Latest teenage pregnancy data show high rates in Higham Hill, Lea Bridge, Leyton and Cathall wards. CFC Team should review its support to schools to ensure that schools within these wards receive appropriate SRE support

9. This evaluation has highlighted the important service provided by Babcock 4S Change for Children Team in supporting SRE delivery in Waltham Forest. Commissioners should ensure continuity of SRE provision in schools together with good access to services

10. The Public Health Department should work with partners through the Sexual Health Steering Group to ensure that the Waltham Forest Sexual Health Strategy includes a comprehensive health promotion plan that is accessible to young people
6. Appendices

6.1 Evaluation of Change for Children SRE programme Questions for teachers and PSHE Co-ordinators

1. What has been your school’s/college’s involvement with the Change for Children SRE programme? (E.g. what did they deliver, when, how long, how many sessions?)

2. How would you describe the impact of the programme on teachers and pupils in your school?

3. What has been positive about the programme? Please name three.

4. What has not been so good?

5. What would you like to be done differently?

6. How would you describe the appropriateness of the programme in terms of
   a. Content
   b. Objectives – were they achieved
   c. Level of detail
   d. Duration (too long, too short, just right)
   e. Meeting the needs of children with different abilities?

7. How would you rate the work that Change for Children carried out with your school/college? 1 = very poor ....... 10 = Excellent

8. Do you have any unmet needs regarding SRE work? Please elaborate.

9. What are your views on continuing with the programme?
6.2 SRE service evaluation

Questions for young people (not in any order)

What do you think about contraception?

Where do you normally get contraception advice from?

Where do you normally get sexual health advice from?

Who or what influences your views about contraception use?

What types of contraception do you know about? Prompt re condoms, EHC, LARC if not mentioned.

Do you know how to use condoms correctly? How did you learn it?

Do you know how to use emergency contraception correctly? How did you learn it?

What is your attitude to condom use?

What are your views about getting pregnant under 18 years old?

What do you know about SRE?

How would you describe the SRE that you receive in school?

Are there any services or initiatives in colleges to help young people learn more about sexual health and contraception? How do you find them?

Which services do you know about that help young people avoid unwanted pregnancies?

Do you know of any health promotion activities in the borough that help raise awareness about how to avoid unwanted pregnancies? Please explain.

How would you rate local services that help young people avoid unwanted pregnancies? Very good, Good, Average, Poor (Please explain why)

What are the barriers to accessing sexual health and contraception services for young people? How can we overcome those barriers?

How can we improve services for young people to help prevent unwanted pregnancies?