MINUTES OF THE SCRUTINY REVIEW - SEXUAL HEALTH IN TEENAGERS
TUESDAY, 3 NOVEMBER 2009

Councillors Bull (Chair), Newton, Santry and Scott

Co-opted Members: Ms. Y. Denny (Church representative), Ms. H. Kania (Haringey LINk) and Ms. S. Marsh (Parent Governor)

LC7. APOLOGIES FOR ABSENCE

None.

LC8. URGENT BUSINESS

None.

LC9. DECLARATIONS OF INTEREST

None.

LC10. MINUTES

AGREED:

That the minutes of the meeting of 5 October 2009 be approved.

LC11. IMPROVING SEXUAL HEALTH IN TEENAGERS - EVIDENCE FROM STAKEHOLDERS

The Panel received evidence from:

- Joan McVittie, the Vice Chair of the Secondary Heads Association
- Jan Dunster from the College of North East London
- James Lane, the Chair of the Primary Heads Association; and
- Belinda Smith from the Youth Service.

Ms. McVittie stated that, whilst the role of secondary schools in teaching SRE and promoting good sexual health was paramount, children needed to be introduced the subject at an earlier stage. The mechanics of sexual behaviour were dealt with at key stage 3 and beyond as part of the national curriculum. Sex within relationships and the emotional aspects were explored as part of PHSE. However, the messages that were put forward were not always supported within communities or individual homes.

The school promoted the message of safe and responsible sex and also focussed on implications. The school had used borrowed models of babies to work with students. Their use had proven to be very successful and they were now looking to buy some as none were available through PHSE. The school wished to ensure that all children got the chance to take one home. Some children had not realised before what caring for a baby entailed and many were very relieved to hand back the dolls. Sexually transmitted infections were covered in biology as part of the national curriculum and also included within PHSE lessons. Some work had also been undertaken within

assemblies, including one that students had chosen to do on the implications of unsafe sex.

The biological aspects were compulsory as part of the national curriculum but reference to relationships, values and morals was not and a small number of parents chose to opt their children out of this. Efforts were made to persuade those parents to change their minds. Many of these were from extreme religious backgrounds.

It was noted that a greater amount of sex education was now becoming compulsory due to changes in the national curriculum. The same challenges existed in primary schools and it was very difficult to get parents who decided to opt out to change their mind as this could mean them changing their entire belief system.

Ms. McVittie stated that children were given information sheets with details of a range of relevant websites. She had found that a lot of children did not have a GP and the school had therefore decided to bring in a nurse for three days per week, although this had since been reduced to two due to funding issues. 278 children out of the school roll of 946 had used her in the last year. It was not known specifically what issues the students had seen the nurse about as this was confidential. The nurse could help with information, refer students to 4YP and help them to register with a GP. Other schools did not have such a facility, which required significant investment. Only one student from the school had recently become pregnant and she had been a non attendee.

A lot of young people were inhibited from seeking advice due to embarrassment. Large numbers still relied on their peers for guidance. There were still cultural barriers in some communities against the use of contraception which could be considered as even worse then engaging in unprotected sex. It was difficult for young people from some communities to seek advice and they often felt it necessary to go to neighbouring boroughs to access services. Drugs and alcohol could loosen inhibitions and make the situation worse.

The least effective way of reaching young people was through older people. The most effective way was through the use of peers. They had on occasion invited young people attending college, some of whom had babies, to come back to the school and talk to students. This had proven very effective.

Woodside believed in using properly trained specialist teachers to deliver sex education. However, some schools still used form tutors. The healthy schools initiative was labour intensive but the school was nevertheless pursuing enhanced status. Support was provided by the LEA including regular training.

Home should provide the start for children but some parents found the subject difficult to approach and did not wish to explore it with their children. Many parents of children at the school were not educated in Britain and did not have an understanding of the health service.

She felt that the NHS needed a higher visibility within schools and their services made more accessible through, for instance, adopting opening hours that fitted in better with young people. A large number of young people did not like accessing services locally and efforts needed to be made to make it easier for them to be more open by reducing stigma.

One key area which could be improved was the availability of appointments with GPs. A large number still worked from 9 till 5 which could make it difficult for young people to get appointments. Another possible area of improvement would be to provide services in locations which were less stigmatising. For example, people often felt less stigmatised visiting their GP then attending a special sexual health clinic.

She felt that all secondary heads were likely to hold similar views to her own on the importance of teaching and promoting sexual health.

Ms Dunster reported that sexual health was covered at CoNEL as part of the tutorial system. This was provided as part of the enrichment programme. Amongst other things, advice on how to register with a GP was provided. The college had also held a sexual health week, drink awareness events and undertook collaborative work with the NHS. They had links with 4YP and had a nurse on site for one day per week. They also had a counsellor, who could make referrals to a range of services, and a dedicated youth worker. Work was undertaken with the teenage pregnancy team and the college was soon to get a Medi+vend machine.

The college had 15 peer mentors, one of whom was present at the meeting. Mentors provided a range information for students and had undertaken presentations. They could liaise with staff about referrals. The mentors undertook a two day training course to prepare them for work with their peers. Their brief was wider then just sexual health.

It was noted that the Children and Young People's Service was currently also developing a peer mentoring scheme. It was currently identifying suitable graduates from within its Teens and Toddlers scheme.

Ms Dunster felt that barriers to improved sexual health included language difficulties and cultural issues. Many ESOL students did not have a GP and did not understand the concept of one. They merely went to the hospital when ill. Measures could be taken by the NHS to encourage such young people to register.

It was noted that many young people did not realise they were carrying an infection and felt that periodic check ups might assist in addressing this issue.

Ms Dunster reported that there was high take up for tests from 4YP when they visited CoNEL and a lot of young people felt comfortable with the approach that they adopted.

She felt that services could be improved by better accessibility to services such as a dedicated phone line. The college provided details of where to get information, such as national websites. She felt that NEETs were probably the group at greatest risk. These tended to be boys.

Mr Lane felt that primary schools had an important role to play in educating younger children about sex and reproduction. However, they had more of a pastoral role then secondary schools. Children at risk often had low self esteem and schools tried to provide an environment where they felt valued and able to bring their concerns to an adult. At primary school level, the teaching mainly covered acknowledging parts of the body and feelings.

He felt that some primary schools were currently fulfilling their role well whilst others were not performing quite so well. He would be surprised if any schools were not covering the relevant issues in some way. However, it was a crowded curriculum and it could be difficult to fit in. The teaching was led by non expert staff. He felt that the quality of teaching could perhaps be improved if there was a core team that supported primary schools. Alternatively, support could be proved through secondary schools.

The role of parents was very important. There was clear evidence that they were considerably more effective at guiding their children on sexual issues then teachers. His school invited parents in, told them what the school was doing and tried to get them involved. Another initiative that could be undertaken was the development of a specific programme for schools involving active participation by parents.

He felt that training and support for primary school teachers could be improved. He could not recall any specific training that had been provided for primary school teachers. PHSE covered a large range of issues as did the Healthy Schools and SRE had to compete for space.

It was noted that new guidelines were being produced for schools on the teaching of SRE in the light of changes to the national curriculum. These would cover children between the ages of 5 – 16. There was a clear role for primary schools within these.

Ms Denny stated that it was important that faith schools were engaged as there was evidence that they were not playing as active a role as other schools. She stated the issue could be raised via the SACRE.

Ms Smith reported that youth service staff had received training on Chlamydia screening. The service worked closely with 4YP and this was written into their service plan. Connexions also referred to sexual health in their consultations. Medi+vend machines were being installed in two youth service facilities. The service also undertook specific work with teenage fathers and was involved in the Teens and Toddlers scheme. The effectiveness of the service in addressing sexual health issues was not specifically evaluated.

Her service came into contact with a high percentage of young people in the Borough between the ages of 13 and 19 and she felt that young people were generally well informed. However, there was always room for improvement. Peer educators could be effective as young people learnt well from each other. Assistant youth workers, between the ages of 18 and 25, had been appointed and were being trained in SRE so they could work with their peers. The least effective way of getting the message across to young people was from literature alone – there needed to be at least some dialogue. Some people accessed information on line but the numbers were comparatively small.

She felt that there was a need to improve the work that was undertaken with young people with special needs. The service was undertaking specific work with the Roma community. In addition, a lot of training had taken place on Chlamydia and its implications.

A lot of young people stated that they wanted good local provision and would prefer this to the option of going elsewhere. She also thought that greater parental involvement would assist although this was a sensitive issue and could put some

young people off. Some young people could learn more from webpages whilst others benefited more from group discussions. A range of options needed to be available to satisfy different preferences.

It was noted that the Teens and Toddlers youth development programme was a 20 week programme that involved participants working in a nursery. There was a mentoring aspect to the course with facilitators used to assist. There was also access to a life coach. The programme aimed to raise aspirations and asked to question of what was need to become a good parent? Referrals came form schools and youth workers. 84 young people had been on the course so far and only one had become pregnant, albeit before the course had begun. The majority of young people on the course were girls. There was a follow up session after 18 months.

The Panel thanked all the participants for their kind assistance.

LC12. PROGRESS WITH THE REVIEW

It was noted that the Chidren's and Young Peoples Service had been approached regarding a possible consultation with the Youth Council by the Panel.

Cllr Gideon Bull
Chair