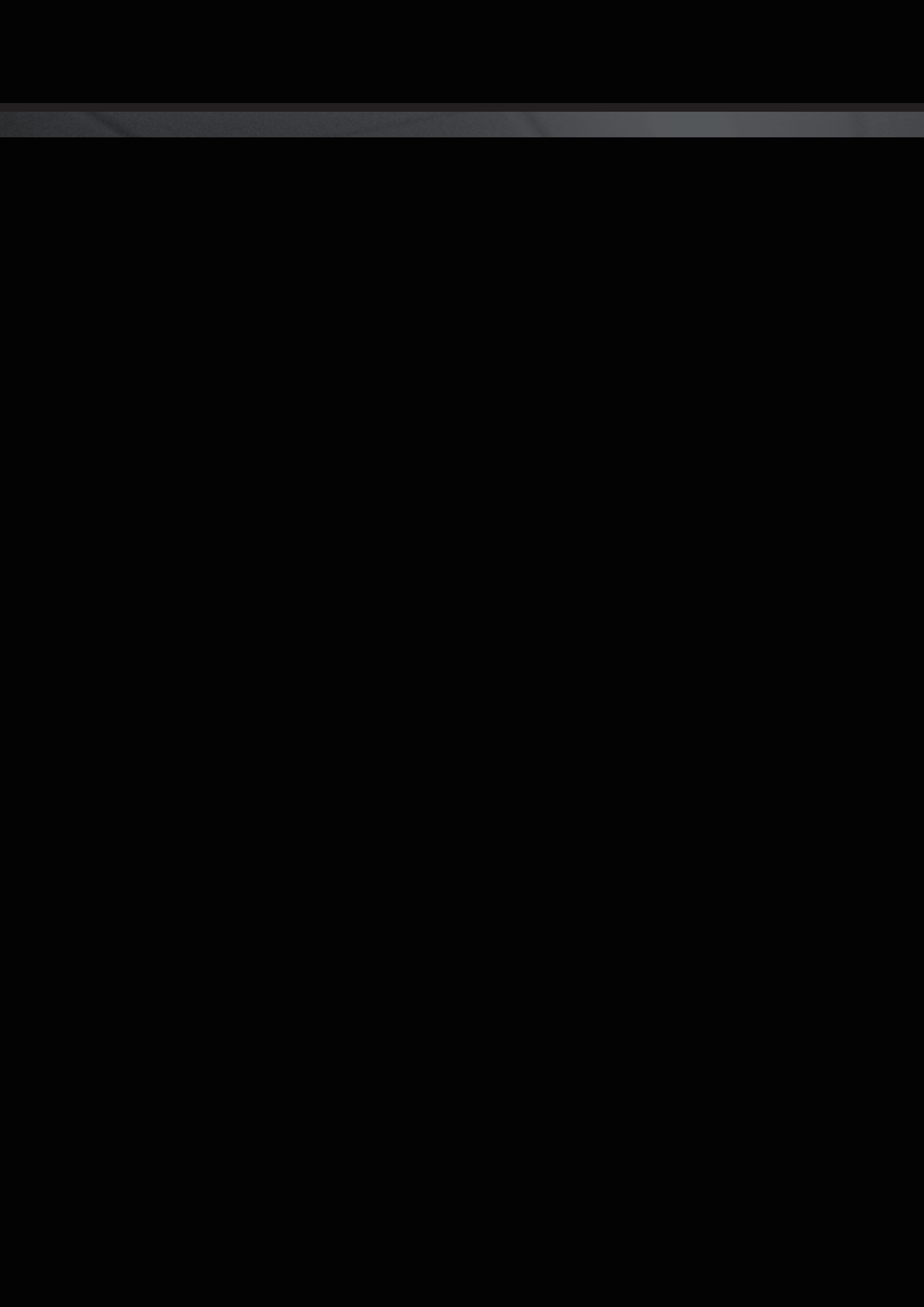


# Sexual Health in Schools 2009



A briefing for headteachers on government policies and proposed legislation to make schools a primary target for the provision of contraceptives and abortion information.



# Introduction

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**This document is addressed to those headteachers who are uneasy about the extent to which the government is manipulating schools to further its sexual health agenda for young people.**

The Teenage Pregnancy Strategy, launched in 1999, is well short of its target to halve the number of teenage conceptions in England and Wales. Both primary and secondary schools are being used in increasingly direct ways, as part of the government's flawed strategy to reduce teenage pregnancies.

Schools offer unprecedented access to children and young people, away from parental and family influence.

The government is now legislating to further harness schools to its sexual health agenda for children and young people. This includes legislation to make PSHE and SRE compulsory from Key Stage 1 onwards.<sup>1,2</sup>

Every maintained school is a target of government policy to control the sexual behaviour of children and young people. For those schools which do not believe that they should be used as a main source of access to contraception and abortion advice for young people, this publication is essential reading.

This document looks at what is going on and reveals what the government really thinks matters for every child.

## Three key documents examined in this briefing

**The three key documents examined here are:**

- *Review of Sex and Relationship (sic) Education (SRE) in Schools – A report by the External Steering Group, Department for Children, Schools and Families, October 2008.*
- *Government Response to the Report by the Sex and Relationships Education (SRE) Review Steering Group, DCSF, October 2008.*
- *Independent Review of the proposal to make Personal, Social, Health and Economic (PSHE) education statutory, Sir Alasdair Macdonald, DCSF, April 2009.*

# The government's approach to sexual health in schools

## Sexually explicit SRE programmes

**Choosing an appropriate SRE programme, which truly reflects their ethos, can be difficult for many schools. Schools make a sincere choice from what is available. However, many programmes reflect the approach taken by the government's Teenage Pregnancy Strategy.**

There is a presumption in these schemes of work for SRE, including those for primary schools, that unmarried teenagers will often be sexually active and that more information about sex and about how to practise "safe sex" will reduce teenage pregnancies.

Schemes for SRE include content on relationships as well as information about puberty and sex. However, a significant learning outcome of many of the programmes available for primary schools is explicit knowledge of the names and functions of the male and female reproductive organs and the way in which sexual intercourse is performed<sup>1</sup>.

The approach at primary level leads on to the approach at secondary level. This is characterised by the promotion of sexual health services to pupils. From 11 onwards, a significant focus of SRE is what is available for schoolchildren. They are told about contraceptives, the morning-after pill and abortion referral agencies – and how to access them. The general approach is "where to get it; how to use it". Pupils in secondary schools will receive much of this information from the school nurse.<sup>2</sup>

## Undermining the role of parents

**Many schools recognise and value the support of parents, particularly in helping to maintain the ethos of the school. Statutory SRE and more prescriptive PSHE will mean less scope for parental input.**

The government pays lip service to parents. One of the five principles of the government's Children's Plan is "Government does not bring up children - parents do – so the government needs to do more to back parents and families."<sup>3</sup>

Yet there is very little which actually supports parents. Sir Alasdair Macdonald advocates that the government should have a "key role in supporting children and young people's personal development and wellbeing".<sup>4</sup> Indeed the extent to which the government wants to involve itself in the personal development of young people could be seen precisely in the fact of making PSHE statutory in schools. The government is legislating in order to get access to the personal lives of children and young people, which is a direct conflict with the right and duty of parents to bring up their children.

How do parents themselves feel about school sex education? This question is addressed by the External Steering Group in the October 2008 review of SRE. This document asserts that “surveys of parents over many years show that the vast majority of parents do want schools to teach a comprehensive programme of SRE and often want topics to be taught earlier than they are currently.”

In fact the study referred to in this assertion found almost exactly the opposite. The study reports parents saying, “Children may become too sexually aware at a young age” and “If the child is taught too early he/she may be inclined to try certain things for themselves.”<sup>5</sup>

The same report found that parents “reported knowing little of what was being taught to their children in sex education classes.” And it concluded that: “Almost 80% of parents expressed some concerns regarding the topics taught during sex education classes.”

**A cause for concern in schools which value a strong relationship with parents and families will be those government initiatives for young people which deliberately exclude parents.**

A central plank of many sexual health services for young people, initiated or promoted by the government, is the exclusion of parents.

Services are offered to children and teenagers on a “confidential” basis. The idea that “young people have the same right to confidentiality as adults”<sup>6</sup>, is frequently asserted. If children are deemed mature enough to ask for sexual advice, the very fact that they have done so acts as confirmation of this under the Fraser Guidelines. Young people can access sexual health information and treatment without parental knowledge or consent.

NHS TeenLife Check, launched in January 2009, is described as “a confidential, online tool that has been designed to empower young people aged between 12 to 15 to take greater control of their health and well being by ...signposting further sources of support and advice.”<sup>7</sup>

Young people who complete the TeenLife Check questionnaire on safe sex are signposted to: **[www.ruthinking.co.uk](http://www.ruthinking.co.uk)**. This website is funded by the government’s Teenage Pregnancy Unit in association with the DCSF. Typical of the advice on this website is: “If you want to speak to someone about puberty then visit your local GP, nurse or young person’s clinic – advice is free and confidential, even if you are under 16”. There is little on this website which directs children to their parents or other relatives.

Ruthinking directs young people to local GPs, pharmacies, the nearest Connexions office or abortion referral services.

## The government's approach to sexual health in schools continued...

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### Healthy schools

**Many government initiatives for schools offer valuable services to children, young people and their families. However, in addition to formal education, schools are increasingly being used to deliver health services, which include sexual health.**

The National Healthy Schools programme is described as a "key vehicle for giving support to schools on improving the quality of SRE".<sup>8</sup>

A requirement for Healthy Schools status is that schools 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."<sup>9</sup> This advice was produced in January 2008.

By October 2008, the government had accepted a recommendation that the quality assurance process for Healthy Schools accreditation should be made "sufficiently robust".<sup>10</sup> This suggests that, currently, schools are getting Healthy Schools status with insufficient SRE in place.

The government is now committed to developing more detailed guidance on the evidence which schools must have in place to show that PSHE criteria are being met.<sup>11</sup>

### Extended schools

Extended schools are seen, along with Healthy Schools, as the twin national programmes to deliver health services to children and young people. Extended schools need to be able to demonstrate that they provide "Swift and easy access to targeted and specialist services for children".<sup>12</sup> In the document "Extended schools – Building on experience", a teenage pregnancy strategy is recommended to offer a "co-ordinated attempt to tackle both the causes and the consequences of teenage pregnancy."<sup>13</sup>

The government is also committed to developing School Health Teams in every area. These teams will be guided by the Healthy Child Programme, yet to be published. School Health Teams will "provide a universal service for all pupils, as well as more targeted health advice..." The range of services offered includes sexual health.

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## School nurses

School nurses have been promoted for some time to take a central role in contributing to SRE in schools and making sexual health services available to young people.<sup>14</sup> The government is committed to having a school nurse in every secondary school and cluster of primary schools by 2010.<sup>15</sup>

## Sexual health clinics in schools

**The pastoral care offered by schools is important for both individual students and for the school community. For those schools which do not consider that the provision of contraception and abortion advice is the way they wish to care for their students, the establishment of on-site sexual health clinics will be an unwelcome government intrusion into their pastoral life. Schools should be wary of operating any sort of confidential clinic. Whatever may be said publicly about such clinics, the confidentiality ensures that schools and parents will never know what is being done.**

In June 2008 the Sex Education Forum, a government advisory body, published the results of a national survey of on-site sexual health clinics in schools and pupil referral units. The findings showed that between a quarter and a third of secondary schools, in the sample of 627, had on-site services.

The primacy of schools in ensuring that all teenagers get access to sexual health services is clearly stated in the report as “a place where the majority of young people go, schools are central to making this vision a reality.”<sup>16</sup>

The Sex Education Forum concluded its report with recommendations to the government (which funds it). Action to be taken includes local authorities taking a “strategic and coordinated approach to service development in schools.”<sup>17</sup> It also recommends that heads and school governors should have “support” to understand the benefits of on-site clinics.

Primary care trusts have a major role in setting up on-site clinics. Senior officials in PCTs are to be briefed by the DCSF “encouraging them to bring pressure to bear on schools that do not prioritise SRE/allocate resources to help schools improve their delivery of SRE.”<sup>18</sup> An on-site clinic will be offered as a beneficial resource to schools. This carrot and stick approach by PCTs is going to increase pressure on schools to open a clinic.

## Is government policy working?

**Does access to contraception and information about abortion facilities reduce teenage pregnancies and abortion? This is the question every school must ask.**

**Schools are being used in an unparalleled manner by the government to achieve a reduction in teenage pregnancies. If this strategy doesn't work, should schools allow themselves to be used in this way?**

Much of the pressure for schools to refer pupils to sexual health services (or to locate them onsite) comes from policies based on the notion that this will reduce the likelihood that pupils will get pregnant at a young age. In fact, there is now considerable peer-reviewed evidence that access to contraception does not lead to lower teenage pregnancy rates.<sup>19 20 21 22</sup> To take just two examples, a review of existing studies on emergency birth control (the 'morning-after pill') concludes that "to date no study has shown that increased access to this method reduces unintended pregnancy or abortion rates", whilst a recent analysis of the Government's Teenage Pregnancy Strategy found that decreases in conceptions were "generally greater in those (areas) where contraceptive services and access to contraceptive services were poorer".

## Forthcoming legislation and regulation for schools

### Compulsory PSHE

**Every school aims to create a distinctive culture within which they feel their students will thrive. Many schools give a very high priority to maintaining their particular ethos. How will this be affected when PSHE is part of the statutory National Curriculum?**

The first of the twenty recommendations made by Sir Alasdair Macdonald to the government is: "PSHE education should become part of the statutory National Curriculum, in both primary and secondary phases."<sup>23</sup> This echoes the earlier recommendation to the government in the October 2008 review of SRE that "PHSE should be made a statutory subject in Key Stages 1- 4".

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This recommendation was welcomed by the government.<sup>24</sup> However, it is worth noting that as recently as February 2008, the government rejected calls to put PSHE on a statutory footing. Yet by the end of the year PSHE was considered such a critical part of the curriculum that legislation was required to enforce it.<sup>25</sup>

It is clear that the content of PSHE is to become much more prescriptive. All three key documents (see above) state that there is to be a “common core of PSHE knowledge and skills”.<sup>26</sup> Sir Alasdair Macdonald recommends that the “DCSF should ... publish in due course an overarching document that sets out the common principles underpinning effective PSHE education and applies them to delivery of the core entitlement”.<sup>27</sup>

Among the schools most likely to be sensitive to maintaining their values and ethos are faith schools, particularly on topics such as SRE.

While the government expresses a wish to accommodate faith schools, it is also demanding conformity. This point is clearly made in Sir Alasdair Macdonald’s review. This states that governing bodies should retain the right to determine the school’s approach to SRE, “in line with the context values and ethos of the school”,<sup>28</sup> yet the same recommendation also states that “this must be consistent with the core entitlement to PSHE”.<sup>29</sup> Will faith schools have the freedom to ensure that their ethos can be reflected in their policy and delivery of SRE? A core entitlement prescribed by the government may well contradict the values of a faith-based school.

Sir Alasdair’s review recommends that the DCSF should consult with faith schools “about any supplementary resources, guidance and support they need and to work with them to ensure that this is in place before statutory PSHE education comes into force”.<sup>30</sup> This will be offered to faith schools to enable them “to better understand their responsibilities regarding PSHE education”.<sup>31</sup> Although this wording may seem benign, schools are clearly going to be told what to do. Many schools will be challenged by the government’s agenda on sexual matters being imposed on their delivery of PSHE.

**Schools, already heavily burdened by government requirements, will feel the additional pressure from increased regulatory procedures. Forthcoming legislation will place a further requirement on schools to provide for pupils beyond formal education and the pastoral care they feel appropriate.**

## Forthcoming legislation and regulation for schools continued...

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### Monitoring PSHE

As with other subjects, the government is making provision to monitor PSHE. While it is not recommended that PSHE education should have statutory levels of attainment, there is a recommendation to find "appropriate and innovative ways of assessing pupil progress."<sup>32</sup>

**Schools and parents will be concerned as to how a pupil can be assessed on SRE without violating the child's integrity.**

### Ofsted assessment

There is also going to be very careful monitoring of exactly what schools are delivering in PSHE. The DCSF and Ofsted "are jointly developing a package of school-level indicators."<sup>33</sup> And in order to ensure that the "school's contribution to all aspects of wellbeing are properly recognised, the Department for Children Schools and Families has announced its intention to develop a new 'School Report Card'<sup>34</sup>, which will provide "simple and clear information about each school's performance and achievements across the full range of responsibilities, including the contribution it is making to its pupils' wellbeing."<sup>35</sup>

Despite the use of soft language such as "properly recognised", it is clear that the government wants to make sure that PSHE is being executed according to government policy. It will be difficult, if not impossible, for schools to maintain a different ethos.

### Children's Trusts

Schools are being further harnessed to the government's health agenda through Children's Trusts. Children's Trusts "work closely with other local agencies with a legal duty to be part of the Trust";<sup>36</sup> including primary care trusts and Connexions partnerships, both of which are committed to delivering sexual health services to young people.

The government is now legislating to extend this legal duty, (to be part of Children's Trusts), to schools via the Apprenticeships, Skills, Children and Learning Bill. This is in order to make schools "a hub for a wider range of children's services within the local community."<sup>37</sup>

## A comparison between the successful government policy on smoking and the failing strategy on teenage pregnancy

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**Why has the Department of Health's strategy on smoking succeeded in reducing smoking, while the strategy on teenage pregnancy has made no impact on reducing abortions?**

The 2009 annual report from the Department reports that "Ten years after the publication of the "Smoking kills" White Paper in 1998, the UK has developed a reputation as a leader in Europe and across the world in effective tobacco control."<sup>38</sup> By comparison Britain is notorious for having one of the highest teenage pregnancy and abortion rates in Europe.

At the heart of the campaign to reduce smoking are measures to control behaviour. An example is the ban on smoking in public and work places. This strategy is going to be extended: "During 2009, the department will be taking forward legislative proposals on tobacco displays and cigarette vending machines and will work closely with key stakeholders to develop regulations in these areas."<sup>39</sup> The government recognises that it has to reduce the availability of cigarettes to help people not to smoke.

By comparison the government is increasing the provision of contraceptives to young people. The Department of Health has a stated aim to "raise the profile of contraception in schools."<sup>40</sup>

## How schools can promote an ethical environment

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- Revisit your SRE policy. Is it rigorous enough to reflect the true ethos of your school or are there loopholes which give access to the promotion of abortion and contraception?
- Check that information about sexual health services which offer abortion and contraception are not present in school planners and posters displayed in the school.
- Look carefully at the materials used in SRE and also in GCSE RE text books, to make sure that abortion and contraception are not implicitly or explicitly promoted.
- Do not allow a sexual health/confidential clinic to be opened in your school.
- What remit does the school nurse have? Consider dispensing with a named school nurse.
- Does your school welcome visiting speakers to promote ideals in keeping with the ethos of your school, for example the sanctity of life, or chastity as a healthy lifestyle?
- Do members of staff from all disciplines support and promote the ethical culture of the school?
- Are parents well informed of the ethical environment in which their children are studying?
- Would your school join a national forum to promote best practice in creating an ethical environment in schools?

## References

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- <sup>1</sup> Examples of such programmes are: *All that I am*, Diocesan Department of Religious Education, RC Archdiocese of Birmingham (UK), 2004. This was part funded by the Teenage Pregnancy Unit. *A Journey in Love*, RC Diocese of Brentwood. *Living and Growing*, Channel 4.
- <sup>2</sup> *The School Nurse: Practice Development Resource Pack*, Department of Health, March 2006. This states that as part of “best practice” school nurses should “support young women to access services to make timely choices about emergency contraception, pregnancy or abortion.”
- <sup>3</sup> *The Children’s Plan*, Department for Children, Schools and Families, April 2008, p4.
- <sup>4</sup> *Independent Review of the proposal to make Personal, Social, Health and Economic education statutory*, Sir Alasdair Macdonald, April 2009, point 14.
- <sup>5</sup> Stone N and Ingham R, *Exploration of the factors that affect the delivery of sex and sexuality education and support in schools*, Centre for Sexual Health Records University of Southampton, July 1998, p.45
- <sup>6</sup> *Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sex and reproductive health*, Department of Health., July 2004.
- <sup>7</sup> *Healthy lives, brighter futures – the strategy for children and young people’s health*, DCFS and Department of Health, February 2009, p.45
- <sup>8</sup> *Government Response to the Report by the Sex and Relationships Education (SRE) Review Steering Group*, Department for Children, Schools and Families, 2008, p.11
- <sup>9</sup> *PSHE education Guidance for Schools*, DCFS, NHS and Healthy Schools, January 2008, p.28
- <sup>10</sup> *ibid* page 10
- <sup>11</sup> *ibid*
- <sup>12</sup> *Healthy lives, brighter futures The strategy for children and young people’s health*, DCFS and Department of Health, 2009 p.39
- <sup>13</sup> A case study in *Healthy lives, brighter futures*, describes the drop-in centre on the premises of Kidbrooke Secondary School in Greenwich. TeenTalk is a “teacher free zone” offering confidential sexual advice. This school is listed as having the full range of Extended Services.
- <sup>14</sup> *Looking for a School Nurse?* Department of Education and Skills and the Department of Health, 2006.
- <sup>15</sup> Public Health White Paper.
- <sup>16</sup> *National mapping of on-site sexual health services in education settings*, Sex Education Forum, published by the National Children’s Bureau, June 2008 ,p.7
- <sup>17</sup> *ibid* p.22
- <sup>18</sup> *Government Response to the Report by the Sex and Relationships Education (SRE) Review Steering Group*, Department for Children, Schools and Families, October 2008.
- <sup>19</sup> Girma. S and D. Apton (2006). *Matching estimates of the impact of over-the-counter emergency birth control on teenage pregnancy*, Health Economics.
- <sup>20</sup> Paton, D (2002), “*The Economics of Abortion, Family Planning and underage Conceptions*”, *Journal of Health Economics*, 21 (2 March): 27-45
- <sup>21</sup> Raymond EG, J Trussell and CB Polis 2007 “*Population Effect of Increased Access to Emergency Contraception Pills: a systematic review*” *Obstetrics and Gynaecology*, 109 (1 Jan): 181-8 (quote is from p184)
- <sup>22</sup> Wilkinson Paul, Rebecca French, Ros Kane et al (2006), *Teenage conceptions, abortions and birth in England, 1994-2003, and the national teenage pregnancy strategy*, *Lancet*, 368: 1879-86

References continued...

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- <sup>23</sup> *Independent Review of the proposal to make Personal, Social, Health and Economic education statutory*, Sir Alasdair Macdonald, April 2009, headline recommendation no.1
- <sup>24</sup> *Government Response to the Report by the Sex and Relationships Education (SRE) Review Steering Group*, Department for Children, Schools and Families, October 2008.
- <sup>25</sup> For a comprehensive view of the campaign to legislate on PSHE see, Norman Wells, *Too Much, Too Soon – The government's plans for your child's sex education*, Family Education Trust, 2009.
- <sup>26</sup> *ibid.*
- <sup>27</sup> *Independent Review of the proposal to make Personal, Social, Health and Economic education statutory*, Sir Alasdair Macdonald, April 2009,headline recommendation no.8
- <sup>28</sup> *ibid* headline recommendation no.4
- <sup>29</sup> *ibid*
- <sup>30</sup> *ibid*, headline recommendation no 6.
- <sup>31</sup> *ibid*, paragraph 43
- <sup>32</sup> *ibid*, headline recommendation no 18.
- <sup>33</sup> *Healthy lives, brighter futures The strategy for children and young people's health*, DCFS and Department of Health, 2009 p.43
- <sup>34</sup> *ibid*
- <sup>35</sup> *ibid*
- <sup>36</sup> *What is a Children's Trust?* DCSF 2008
- <sup>37</sup> *Securing better health for children and young people through world class commissioning*, DCSF and the Department of Health, February 2009, p.5.
- <sup>38</sup> Department of Health: Departmental Report 2009, 11 June 2009, paragraph 13.56
- <sup>39</sup> *ibid*
- <sup>40</sup> *ibid* paragraph 13.71





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