

By: Mr G Gibbens, Cabinet Member for Public Health
Dr T Robinson, Cabinet Member for Children & Family Services
Mr J Simmonds, Cabinet Members for Education & School Improvements

To: Cabinet – 16 April 2007

Subject: Select Committee: PSHE/Children's Health

Summary: To receive and comment on the Select Committee Report: PSHE/
Children's Health

Introduction

1. The Children, Families and Education Policy Overview Committee, at its meeting on 6 July 2006 noted the proposal to establish a Select Committee to look at the issue of children's health, focusing in particular on aspects of Personal, Social and Health Education (PSHE). This was agreed by the Policy Overview Co-ordinating Committee at its August meeting.

Select Committee Process

Membership

2. The Select Committee commenced its work in October 2006. The Chairman of the Select Committee was Ms J Cribbon, other members being Mrs A Allen, Mr J Curwood, Mrs M Featherstone, Ms A Harrison, Mr D Hirst, Mr P Lake and Mr R Tolputt.

Terms of Reference

3. (1) The Terms of Reference of the Review were as follows:
- (a) To explore the educational effectiveness of Personal, Social and Health Education (PSHE), and particularly of Sex and Relationships Education (SRE), primarily in secondary schools.
 - (b) To recommend a robust strategy directed at teaching young people sexual health, and aimed at reducing the rate of both sexually transmitted infections (STIs) and teenage pregnancies.
 - (c) To ensure that the recommendations of the Committee contribute to strategic corporate objectives as stipulated in key documents, such as "Towards 2010" and the "Public Service Agreement 2" (PSA2).

Exclusions

4 The Select Committee did not explore issues related to obesity, drug use and misuse, and sport in schools. These topics had already been investigated as part of recent Select Committees.

Evidence

5. The Committee received both oral and written evidence from a wide range of witnesses. Witnesses included professionals dealing with PSHE and teenage pregnancy, clinicians, social workers, representatives of central government and young people including young parents. A full list of witnesses who provided both oral and written contributions is contained in Appendix 1 to the Select Committee report.

Conclusion

6. (1) We welcome the report and would like to congratulate the Select Committee on completing this piece of work. We would also like to thank all those witnesses who gave evidence to the Select Committee.

(2) Ms J Cribbon, Chairman of the Select Committee and Mr R Tolputt will present the report. The Executive Summary is attached. Please contact Angela Evans on 01622 221876 or email (angela.evans@kent.gov.uk) if you require a full copy of the report.

Recommendations

4. (1) The Select Committee be thanked for its work and for producing a relevant and a balanced document.

(2) The witnesses and others who provided evidence and made valuable contributions to the Select Committee be thanked.

(3) We recommend the report and its recommendations to Cabinet and welcome any observations Cabinet wish to make.

Dr T Robinson

Cabinet Member for
Children & Family
Services

Mr J Simmonds

Cabinet Member for
Education & School
Improvement

Mr G Gibbens

Cabinet Member for
Public Health

Background Information: *None*

1. Executive Summary

1.1. Committee Membership

The Committee consists of eight Members of Kent County Council (KCC): Five Members of the Conservative Party, Two Members of the Labour Party and one Member of the Liberal Democrat Party.

Mrs Ann Allen
Conservative Member
Wilmington

Ms Jane Cribbon, Chair
Labour Member
Gravesham East

Mr Jeffrey Curwood
Conservative Member
Maidstone Central

Mrs Margaret Featherstone
Liberal Democrat Member
Maidstone North East

Ms Angela Harrison
Labour Member
Sheerness

Mr David Hirst
Conservative Member
Herne Bay

Mr Peter Lake
Conservative Member
Sevenoaks South

Mr Roland Tolputt
Conservative Member
Folkestone South

1.2. Terms of Reference

In October 2006 a Select Committee was set up to consider the issue of children's health, focusing in particular on aspects of Personal, Social and Health Education (PSHE). The review explored the extent to which education and sexual health services met the needs and expectations of young people in Kent. A series of recommendations resulted from this task. The Terms of Reference of the Review were as follows:

1. Explore the educational effectiveness of Personal, Social and Health Education (PSHE), and particularly of Sex and Relationships Education (SRE), primarily in secondary schools.
2. Recommend a robust strategy directed at teaching young people sexual health, and aimed at reducing the rate of both sexually transmitted infections (STIs) and teenage pregnancies.
3. Ensure that the recommendations of the Committee contribute to strategic corporate objectives as stipulated in key documents, such as "Towards 2010" and the "Public Service Agreement 2" (PSA2).

1.3. Exclusions

The Select Committee did not explore issues related to obesity, drug use and misuse, and sport in schools. These topics were already investigated in recent Select Committees.

1.4. Scene Setting

- 1.4.1. The Committee received both oral and written evidence from several witnesses. The selection of witnesses included professionals dealing with PSHE and teenage pregnancy, clinicians, social workers, representatives of central government and young people including young parents. A full list of witnesses who provided both oral and written contributions is supplied in Appendix 1.
- 1.4.2. The Select Committee was established in order to deal with a series of complex and critical issues. It was formed as a response to the requests of Members of the Kent Youth County Council (KYCC) to improve the quality of PSHE and SRE in Kent. Although the national rate of teenage pregnancy in England and Wales is generally decreasing and it is at its lowest level for 20 years (41 per 1,000 females aged 15-17 in 2004), it is still the highest in Western Europe. In Kent, the under 18 conception rate is lower than the national average (38.1 per 1,000 females aged 15-17 in 2004). However, an increase by 2.5 per 1,000 females since 2003 makes the national target of halving the rate by 2010 particularly challenging.

- 1.4.3. The rate of Sexually Transmitted Infections (STIs) in the UK is also the highest in Western Europe. A staggering 10% of young people aged under-25 years has currently contracted Chlamydia in Britain.
- 1.4.4. The Committee focused the Review on the benefits that education can bring about in dealing with these serious issues. Effective sex and relationships education is crucial in teaching young people to make responsible and informed decisions about their lives. Education can help young people learn to respect themselves and others, and can ease the transition from childhood through adolescence into adulthood. It can facilitate breaking a cycle of low aspirations that can lead to unwanted teenage pregnancies. It can help teenagers delay pregnancy until they are better equipped to deal with the demands of parenthood.
- 1.4.5. The consequences of poor sexual health amongst young people can have a significant and harmful impact on their lives, and can incur economic costs to Kent residents at large. The strategic and leadership roles that Kent County Council performs can help improve the quality of life of all the people living in Kent.

1.5. Recommendations

Recommendation 1

That all those dedicated individuals working to provide young people in Kent with high standard sexual health services be commended.

Recommendation 2

The Committee urges that all key agencies be wholly committed and signed up to the Kent Teenage Pregnancy Strategy in an effort to decrease the rate of teenage pregnancy.

Recommendation 3

The Committee endorses and supports all the efforts of the Kent Teenage Pregnancy Partnership. It recommends expanding the Partnership's reach to all the young people in Kent by further promoting its sexual health services in places young people frequent.

Recommendation 4

The Committee strongly recommends the broad production, promotion and distribution of discreet information on local sexual health services and support.

Recommendation 5

The Committee recommends that all partner agencies involved must facilitate the expansion of the National Chlamydia Screening Programme, to ensure full screening coverage of all sexually active young people in Kent under the age of 25.

Recommendation 6

That GUM clinics must replace appointments with a “walk in” service. The Committee insists that the proportion of Genito-Urinary Medicine (GUM) clinic attenders offered an appointment within 48 hours of contacting the service must reach 100% by 2008.

Recommendation 7

That the number of school nurses working in secondary schools in Kent be increased, and that the number of accessible, confidential and young people friendly sexual health clinics in all secondary schools in Kent be raised by at least one per cluster by 2008.

Recommendation 8

The Committee commends and supports all those working with disengaged, vulnerable young people, and urges the effective re-integration of more young mothers and fathers into school to complete their statutory education.

Recommendation 9

The Committee recommends that all schools in Kent work towards Healthy Schools validation by March 2009, through a process which is all inclusive to parents and governors.

Recommendation 10

The Committee strongly recommends a strategy for a more consistent and systematic Personal, Social and Health Education (PSHE) delivery, that is coupled with more robust assessment and monitoring methods, and that is adopted in all primary and secondary schools in Kent.

Recommendation 11

The Committee urges that the new RE and Citizenship Advisor remains permanently in place to ensure that one advisor is permanently and wholly responsible and accountable for PSHE in Kent.

Recommendation 12

That PSHE certificates for both teachers and nurses be widely promoted and supported. That each school cluster in Kent has a PSHE lead and each secondary school in Kent has at least one PSHE certified teacher. That PSHE awareness be raised through a countywide multi-agency conference, which includes all the decision makers, by March 2008.

Recommendation 13

The Committee strongly urges the County Council to press Government to make PSHE statutory and therefore part of the core curriculum, thereby ensuring that a selection of PSHE lessons are duly observed during inspections by Ofsted.

Recommendation 14

The Committee insists that all secondary schools in Kent ensure access to websites such as “foryoungpeople”, “RUthinking” and “Frank”, and that they provide permanent information on local sexual health services on a visible notice board.

Recommendation 15

The Committee recommends that school governors ensure that strong and consistent sex and relationships education within a PSHE framework is delivered. That SRE be taught appropriately from primary school and by specialist teachers.

Recommendation 16

The Committee strongly recommends that the “relationships” aspect of SRE be emphasised more than the biological aspect, and that, in order to reflect this emphasis, the name “sex and relationships education” be changed to “relationships and sex education”.

Recommendation 17

That the nature of SRE lessons reflects equality of responsibility between boys and girls, and therefore that it has a stronger focus on young men and on their attitudes and responsibilities when negotiating sexual relationships. That it be considered to teach particular aspects of SRE in single-sex groups.

Recommendation 18

The Committee commends that schools encourage greater involvement of both pupils and parents/carers in the planning and evaluation of SRE programmes.
