

By: Graham Badman, Managing Director, Children, Families and Education

To: Children, Families and Education Policy Overview Committee - 15 November 2007

Subject: SELECT COMMITTEE: PSHE/CHILDREN'S HEALTH

Classification: Unrestricted

Summary: This report provides comment on the 18 recommendations made by members of the Policy Overview Select Committee who considered PSHE and Children's Health during the second half of 2006

Introduction

1. The Children, Families and Education Policy Overview Committee established a Select Committee to look at PSHE and children's health.

Select Committee Process

2. (1) The Select Committee commenced its work in October 2006 and was chaired by Ms Jane Cribbon, with other Members being Mrs Ann Allen, Mr Jeffrey Curwood, Mrs Margaret Featherstone, Ms Angela Harrison, Mr David Hirst, Mr Peter Lake and Mr Roland Tolputt.

(2) The 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.

Terms of Reference for the Committee were as follows:

- Explore the educational effectiveness of Personal, Social and Health Education (PSHE), and particularly of Sex and Relationships Education (SRE), primarily in secondary schools.
- 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.
- 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).

(3) The Committee held sessions of hearings during November 2006, interviewing witnesses including young people, Kent health and education professionals, professionals from other Counties and national experts.

(4) The report of the Select Committee was received by Cabinet on 16th April 2007 and by County Council on the 24th July 2007.

National and Local Context

3. (1) There is already a range of work by committed professionals taking place to promote children's health and to ensure high quality PSHE and Sex and Relationships Education within schools and in out-of-school settings.

(2) However, as PSHE is a non-statutory subject it can get squeezed when there are so many other pressures on schools. The Select Committee was set up in response to a request from the Kent Youth County Council who were concerned about the quality and quantity of PSHE received by young people.

Recommendations of the Select Committee

4. (1) The intention of this report is to comment on the Select Committee's recommendations and outline how the Children, Families and Education Directorate, in conjunction with multi-agency partners, plans to progress them.

(2) The Select Committee's report has been publicised to key stakeholders and practitioners working in the fields of PSHE and Children's Health. The report has been widely welcomed and partners from all agencies have expressed enthusiasm for contributing to the implementation of the recommendations.

(3) One point that has been expressed is the need for the needs of vulnerable and minority groups to be recognised when taking the recommendations forward. In particular, that some groups of children including disabled young people and lesbian and gay young people have less successful overall health outcomes than others. Services and the teaching of PSHE and Sex and Relationships Education need to bear in mind the differential needs of children and young people and tailor delivery accordingly.

(4) Appendix 1 to this report is an Action Plan which:

- outlines each of the recommendations
- comments on the recommendations
- outlines current and planned action and
- identifies a Lead Body for implementation.

Resource Implications

5. (1) Many of the recommendations can be implemented with no additional budgetary provision being made by KCC. However, there are financial resource

implications for some of the recommendations, particularly those that relate to increasing services, and these are stated within the text of the Action Plan.

(2) Within these constraints, managers and practitioners working in these fields remain committed to improved outcomes for children and young people and see high quality PSHE and high quality children's health services as being absolutely fundamental to ensuring these outcomes. All key agencies are committed to continuing this work, in line with the recommendations of the Select Committee and in conjunction with the newly established Member Advisory Group.

Recommendations

6. Members are asked to:
 - (a) Note the comments contained within this report.
 - (b) Endorse officers in actioning the recommendations.

Richard Murrells
Director of Children's Health
01622 696670
richard.murrells@kent.gov.uk

Background Documents:

None

Select Committee – PSHE/Children’s Health Action Plan

Recommendation	Comments	Current & Planned Action	Lead Body
<p>Recommendation 1 That all those dedicated individuals working to provide young people in Kent with high standard sexual health services be commended.</p>		<ul style="list-style-type: none"> ▪ The Select Committee’s report has been circulated and disseminated to those who work to provide young people’s sexual health services in Kent 	
<p>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.</p>	<ul style="list-style-type: none"> ▪ All appropriate agencies are signed-up to the Strategy. However, school sign-up is inconsistent and representation on the KTPP Board is not always at a sufficiently senior level 	<ul style="list-style-type: none"> ▪ Renewed efforts to engage schools with the Strategy through the emerging Local Children’s Trust arrangements. ▪ Continued efforts to secure senior-level representation on the KTPP Board ▪ PSHE Strategy under development which will drive forward a holistic and multi-agency approach to PSHE and children’s health 	<p>Kent Teenage Pregnancy Partnership (KTPP)</p> <p>Children’s Health Commissioning Team</p> <p>CFE Policy Unit and key partners leading on Strategy development</p>
<p>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.</p>	<ul style="list-style-type: none"> ▪ This is a key priority for Kent’s teenage pregnancy strategy 	<ul style="list-style-type: none"> ▪ Joint Working with Kent’s Youth Service and with Alternative Curriculum provision to increase promotion of and access to services ▪ The www.foryoungpeople.co.uk sexual health website was re-launched in August 2007 and signposts young people to sexual health services 	<p>KTPP</p>

<p>Recommendation 4 The Committee strongly recommends the broad production, promotion and Distribution of discreet information on local sexual health services and support.</p>	<ul style="list-style-type: none"> ▪ There is a range of material available from the Kent Teenage Pregnancy Partnership, however there are challenges in ensuring these are displayed in places where young people go 	<ul style="list-style-type: none"> ▪ Distribution and promotion of 'The Edge' sexual health CD-Rom for young people. ▪ Promotion of 4YP and RU Thinking materials to schools and other settings 	<p>KTPP</p>
<p>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.</p>	<ul style="list-style-type: none"> ▪ This is a national target 	<ul style="list-style-type: none"> ▪ New Kent condom distribution scheme includes chlamydia screening as an opt-out service ▪ Pilots in East Kent with money for processing postal tests have taken place and further p, and a further pilot with pharmacists getting paid for tests returned is currently being operated ▪ Starting engagement with primary care and plans to roll out to Health Visitors 	<p>PCTs via Children's Health commissioning team</p>
<p>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.</p>	<ul style="list-style-type: none"> ▪ The 48 hour access is a national target and there is huge disparity of services across Kent. ▪ There is mixed opinion as to whether walk-in is the best use of resources 	<ul style="list-style-type: none"> ▪ Kent is working towards the national target for 48 hour access. ▪ Consideration will be given to extending walk-in services, however these must be at times that are convenient for young people 	<p>PCTs via Children's Health commissioning team</p>

<p>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.</p>	<ul style="list-style-type: none"> ▪ School nursing framework ensures targeted support for vulnerable groups ▪ Greater provision of school nursing in East Kent than in West Kent – steps are being taken to address this ▪ There are currently only 2 sexual health clinics on school sites with 3 more in the planning stages. Cost implications for fulfilling recommendation estimated to be £4000 per clinic. There are some school concerns around possible negative media coverage and there is a need to consult the whole school community when introducing sexual health clinics in schools. 	<ul style="list-style-type: none"> ▪ CFE offer of match funding has been taken up by some Clusters to increase input of school nurses ▪ This recommendation is being promoted to Clusters and CFE and KTPP are offering support to take this forward ▪ It is proposed that clusters with the highest rates of teenage pregnancies will be prioritised. It is unlikely that the recommendation will be fulfilled by 2008 due to cost and other limitations. However the recommendation will definitely be progressed as swiftly as possible. 	<p>PCTs via Children's Health Commissioning Team</p>
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<p>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.</p>	<ul style="list-style-type: none"> ▪ The engagement of teenage parents in education, employment or training is a key target in the national teenage pregnancy strategy 	<ul style="list-style-type: none"> ▪ Promotion of the Pinnacle project and development of YAPS+ - groups within Childrens Centres that focus on developing young parent's skills to become economically independent by returning to education ▪ Continue and extend role of Attendance and Behaviour Unit in ensuring young parents are able to stay or are reintegrated into education 	<p>KTPP CFE Attendance and Behaviour Service</p>
<p>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.</p>	<ul style="list-style-type: none"> ▪ This is an existing target with a existing strong Kent programme, with target date of December 2009 	<ul style="list-style-type: none"> ▪ School recruitment and validation are on course to meet December 2009 target 	<p>Kent Healthy Schools (KHS)</p>
<p>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.</p>	<ul style="list-style-type: none"> ▪ PSHE strategy under development to implement this recommendation . This will need to include provision for young people in non-school settings 	<ul style="list-style-type: none"> ▪ PSHE Strategy group formed to steer development of Strategy ▪ Consultation to commence Feb 08 ▪ The Strategy will be finalised in time for start of 2008/2009 academic year ▪ PSHE Assessment guidance available and further work under development ▪ Pilot funded by Healthy schools and KTPP with the aim of building PSHE delivery capacity will be launched across 4 targeted Clusters with a specific focus on Secondary Schools and Alternative Provision 	<p>ASK & CFE Policy unit KHS KTPP</p>

<p>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.</p>		<ul style="list-style-type: none"> ▪ Funding needs to be identified to implement this recommendation 	CFE SMT
<p>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 <u>and each secondary school in Kent has at least one PSHE certified teacher</u>. That PSHE awareness be raised through a countywide multi-agency conference, which includes all the decision makers, by March 2008.</p>	<ul style="list-style-type: none"> ▪ National target: PSHE Certification CPD Programme ongoing ▪ Currently 11 trained nurses in Kent. ▪ Issues over take-up by nurses and issues around Secondary recruitment (National issue) ▪ There may be funding implications with regard to a Cluster lead for PSHE 	<ul style="list-style-type: none"> ▪ The CPD Programme came under new management in September 2007. It is managed by ASK in Kent and is over-subscribed in Kent for 07-08 ▪ A PSHE Conference is being planned January 2008 	ASK CFE Policy unit KHS KTPP
<p>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.</p>	<ul style="list-style-type: none"> ▪ The Government has made it very clear that PSHE will not be made statutory 	<ul style="list-style-type: none"> ▪ Raise profile of PSHE at every opportunity ▪ KCC are represented on the National Children's Bureau's PSHE Advisory group and have been working with the national PSHE Association on the development of the new national curriculum 	Managing Director, CFE

<p>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.</p>	<ul style="list-style-type: none"> ▪ Kent firewalls no longer restrict access to these sites, although there may be some individual school firewalls that prevent access ▪ There is still a need for further promotion of sites within schools 	<ul style="list-style-type: none"> ▪ Highlight at PSHE Conference ▪ Target through Clusters ▪ Multi-agency promotion ▪ Secondary Headteachers Conference workshop 	<p>ASK KHS KTPP EIS</p>
<p>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.</p>	<ul style="list-style-type: none"> ▪ This will be a focus for governor training 	<ul style="list-style-type: none"> ▪ Generic Governor training for PSHE with an SRE focus ▪ Bespoke training offered to schools / groups of schools ▪ SRE is now in main governor training programme for 2007/08 ▪ SRE to be on October Agenda of County assembly ▪ PSHE Strategy will focus on this 	<p>ASK</p>
<p>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”.</p>	<ul style="list-style-type: none"> ▪ SRE is a national subject title and there is concern that changing the subject title would create confusion. ▪ The subject title has already changed from Sex Education to Sex and Relationships Education 	<ul style="list-style-type: none"> ▪ The need for a greater emphasis on relationships education within curriculum will be taken forward through the PSHE Strategy 	<p>ASK</p>

<p>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.</p>		<ul style="list-style-type: none"> ▪ Guidance on this will be built into the PSHE Strategy and will be available on Clusterweb and promoted to schools ▪ This will be a key issue for consideration and action by the PSHE Member Advisory Group that is being established at the behest of the Leader of Kent County Council. 	ASK
<p>Recommendation 18 The Committee commends that schools encourage greater involvement of both pupils and parents/carers in the planning and evaluation of SRE programmes.</p>	<ul style="list-style-type: none"> ▪ This is a key priority for the Children, Families and Education Directorate and for Kent County Council as a whole. A range of work is taking place to involve young people in planning and evaluating SRE programmes. Parental consultation and involvement can be supported through provision of the Speakeasy training programme, a module of which enables parents to critically appraise school SRE policy and provision. 	<ul style="list-style-type: none"> ▪ This will be taken forward through the establishment of the all-party advisory committee for SRE, as announced by the Leader of KCC in July 2007. This committee will include young people and will lead on School Councils ▪ The findings of the KTPP commissioned research that has been carried out to ascertain young people's experiences of SRE and sexual health services in Kent will be implemented ▪ The involvement of young people in planning and evaluating SRE is part of the Healthy Schools Programme ▪ The NFER pupil survey findings will be taken forward so as to target SRE provision where it is most needed ▪ The County Show pupil voice activity will be used to inform SRE development 	CFE Senior Management Team lead for PSHE ASK KHS