

KENT COUNTY COUNCIL

SELECT COMMITTEE - PSHE

MINUTES of A meeting of the Select Committee - PSHE held in Swale 3 - Sessions House, County Hall, Maidstone on Monday, 14th April, 2008.

PRESENT: Ms Cribbon (Chair), Mrs Allen and Mr Curwood.

OFFICERS: Mr A Foster, Lead Curriculum Advisory , Subject Advisory for PSHE and Citizenship and RE, Mr Murrells, Director of Children's Health and Ms D Fitch, Assistant Democratic Services Manager (Policy Overview).

UNRESTRICTED ITEMS

1. **Update on Recommendations** (Item. 1)

(1) The Committee received an action plan from Mr Murrells and Mr Foster which set out progress so far with the recommendations of the Select Committee. (A copy of the action plan is attached as an Appendix to these minutes.)

(2) In addition to the progress reported in the action plan the following additional feedback was given in relation to specific recommendations.

Recommendation 1

(3) Mr Murrells stated that although the progress was marked as complete it was recognised that this was something that would be ongoing. He stated that CFE had yet to receive their formal JAR report but he expected there to be mention of performance monitoring in relation to teenage pregnancy. The figures available by the Department of Health were 18 months out of date and they would not release more up to date figures. However, for the Kent Children's Trust Board a quarterly data from maternity units on births and from termination units was produced. In order to achieve the targets for 2010 it was essential that up to date information was available. Information was needed at a local Kent level to monitor the effectiveness of Teenage Pregnancy strategy. He informed Members that the Teenage Pregnancy Team were now under his line management.

(4) In relation to the Shepway pilot, one of the things that had lead to its success was creating access to services under the terms that young people could use them and getting closer to young people. It was essential to make young people aware of the services that were available and that this information was beginning to spread across the wider community. He stated that he would arrange for the up to date monitoring reports to go to the PSHE Members Advisory Group.

(5) Ms Cribbon highlighted the importance of reinforcing information in relation to times that services were available and that these times should be when young people wanted them. There was a suggestion that the leaflets supplied with the Freedom Pass would be a good source of sharing information about services.

(6) Mr Murrells mentioned the issue of the vulnerability of sex and relationship education in schools in that it was usually dependent upon a committed member of staff leading in this area. If this member of staff then moved on the school may lose the driving force unless this had been imbedded in the ethos of the school.

(7) It was requested that when the new Kent Teenage Pregnancy strategy was launched in summer 2008 that Members of the Select Committee be given a copy.

Recommendation 3

(8) Mr Murrells explained that in relation to the sexual health website which had been re-launched in August 2007 there had been an increased number of hits. However, fire walls in schools were still a problem. It was important to ensure that schools had hyperlinks to this type of website and it was essential that schools sanctioned access to these websites as a legitimate process.

(9) Mr Foster stated that he had talked to ISG (Information Systems Group) in relation to the fire walls on school PCs and they were assisting by discussing this with internet providers and schools. However, it was difficult as there was a narrow divide between accessibility to this type of sexual health website and other undesirable website so it was necessary to proceed with caution. Whilst it was important that all fire walls were removed to recommended sites, it was not possible to go to every school to ensure that their own fire walls allowed access. The Select Committee requested that a list of acceptable sites be drawn up.

Recommendation 4

(10) Mr Foster informed the Committee that the Youth and Community Service were fully engaged with the PSHE strategy. The Youth Service were a good asset in relation to this type of service delivery. It was important to recognise the quality of the relationship between youth workers and young people.

Recommendations 5 and 6

(11) Mr Murrells informed the Committee that both PCTs had adopted a new sexual health strategy for the commissioning of services for Genital Urinary Medicine (GUM) clinics and Chlamydia clinics. However, although PCTs were experts in commissioning adult services they needed further advice and support in relation to commissioning services for young people.

(12) Mr Murrell stated that there was mixed opinions in relation to One Stop Shops. Some young people liked to have the facility to book an appointment whereas others preferred just to be able to drop in. He referred to the successful text service to school nurses which had been piloted in Thanet and had now been rolled out

(13) Mr Murrells also referred to another pilot taking place in Romney Marsh at the Marsh Academy to replicate health services on to the school site by having a clinic for young parents. In all cases that were trying to establish what worked best for the local community.

(14) In response to a question from a Member Mr Foster stated that it was hoped that the new Temple in Gravesham would follow the model of a similar Temple in

London. The Temple in Hounslow took on a community service role and on Sunday a.m. had a sexual health drop-in for young people in an attempt to address a social need.

(15) In response to a question on whether information was available on how many of the 44% of sixth forms who had signed up for screening sessions for Chlamydia had tested positive, Mr Murrells stated that they did not have that information. However, the Public Health Strategy and the Joint Strategic Needs Assessment for Children and Young People's Health in Kent contained a lot of evidence but this was based on national rather than local data. They would start to capture information and anonymise it from September 2008. He also referred to the NHS programme of injections to combat cervical cancer for 12 to 13 year olds which would be opened up to all girls who wanted it in Kent. This course of injections involved two or three appointments with a school nurse and gave the young person and/or the school nurse the opportunity to have a conversation.

(16) Members raised the point that although there were a lot of role models for girls in relation to health checks there were very few for boys for example relating to checking for testicular cancer. Mr Foster stated that this was something that was being added into the information given to boys at around Year 10.

Recommendation 7

(17) Mr Murrells explained the current school nursing framework and stated that in relation to rolling this out there was a tension between the focus on the individual and the focus on the school as a whole. Both PCTs had followed national guidance and invested new money in children and young people's health. The Children's Families and Education Directorate had agreed to match fund 50:50 in order to enable schools to employ one cluster base nurse to be used across the cluster. A list of additional functions which included health promotion and prevention had been agreed with Health colleagues.

(18) Mr Murrells stated that the school nursing review had looked at the predominance of a female workforce and touched upon the difficult area of positive discrimination as there was a concern that there was currently not sufficient scope to give boys the choice of access to a male school nurse. This was a national recruitment issue and it was likely that Kent would be involved in a national pilot. There was also the general issue of how to train the health workforce that worked with young people.

(19) Mr Murrells mentioned the increase in nurse consultants and that the PCTs were asking Canterbury Christ Church University to encourage men into the profession. The PCTs also wanted to develop work experience for young people based on a supported place in health.

(20) Mr Murrells stated that all Headteachers had received a letter in relation to the consultation on the Public Health Strategy recommending that a school nurse was appointed for each cluster. When the conclusions from the Joint Area Review (JAR) were available it was the intention to follow up issues raised with Headteachers. The Chairman emphasised the importance of having a whole school approach to PSHE.

Recommendation 9

(21) Mr Murrells confirmed that there had been a lot of good work and investment from both health colleagues and KCC in the Healthy Schools initiative. Which had resulted in an increase in the number of schools achieving accreditation. KCC was on course to achieve the 2009 target. Mr Murrells again referred to the risk of having this type of initiative driven by one member of staff and the importance of establishing resilience or reducing the risk of this within schools.

Recommendation 10

(22) Mr Foster reminded Members that Kent's PSHE strategy had been launched at a conference in January. Consultation on this would close at the end of March and the document would be revised in the light of the positive responses and suggestions received. This document would be brought to the PSHE Members Advisory Group at their next meeting. He would like to get the strategy issued to schools before the summer break so that it could be implemented from September. A copy of this strategy would also be circulated to Members of this Committee. He stated that it was important to keep the strategy flexible so that it could incorporate any recommendations from the JAR or from national guidance.

Recommendation 11

(23) Mr Murrells stated that PCT colleagues had a concern in relation to sustainability and mentioned the limited resources available within the Advisory Service to support PSHE. Mr Foster was the contact point for 100 secondary schools and if they, following the publication of the strategy, contacted him for support the issue was how this would be achieved. There was an expectation that the PCTs would be involved in supporting this area. Mr Foster confirmed that the PSHE strategy was in the Advisory Service's Business Plan although no specific funding had been identified. The Select Committee requested that the Managing Director of Children's, Families and Education support this through additional funding.

(24) In response to a question on what additional resources were needed to support the PSHE strategy Mr Foster stated that this would depend on the development of the LCSPs. However, he believed that it would be helpful to have at least one additional person for East and West Kent at advisory teacher level.

Recommendation 12

(25) A Member pointed out that the PSHE conference in January had been oversubscribed which was an indication of the gathering interest in PSHE. Mr Foster stated that they would be running further events, for example, one for health specialists and there would be more joint working.

(26) It was important to ensure that PSHE was a key issue on the Primary School and Secondary School Heads Conference and that the Local Children's Services Partnership also picked this up.

(27) In response to a question relating to the sharing of good practice Mr Foster stated there were concerns that if a school demonstrated good practice and the lead person was taken out for a number of days to share this then the good

practice in that school may diminish. He stated that it was important to try and identify a cluster base PSHE specialist who could maybe be seconded out for one day a week. However, schools were reluctant to release good quality staff.

(28) Mr Foster gave further details of the PSHE Certificate Programme which was a national programme. The next phase in September 2008 would enable recruitment beyond teachers and nurses for professionals in the field of PSHE, for example, Connexions, Youth and Community workers and people in the wider workforce who worked with children and young people. There was however a limit on the capacity of the programme. There were currently 36 on the Certificate programme and whether there was more capacity was not clear. He stated that discussions were also underway with Canterbury Christ Church University to establish whether the PSHE programme was appropriate for nurses or whether a better route was through continuing professional development.

Recommendation 13

(29) Mr Foster stated that there was a lot of support within KCC for PSHE and he referred to the PSHE Member's Advisory Group. As part of the review of sex and relationship education he had been asked to serve on the local government working group. He had also become an executive member of the National Adviser's PSHE Association. He confirmed that the strategy for PSHE was ongoing and well supported by KCC.

Recommendation 15

(30) This was marked as ongoing and Mr Foster confirmed that there was a lot of joint working. There had been a number of governors training events although two had been cancelled due to lack of interest. He had attended five training events which were school based and 20 governors had been in attendance. More events were planned for the summer.

(30) Mr Murrells stated that part of the PCT's agenda for the next 12 months was to ensure governors were familiar with the health and wellbeing agenda. He pointed out that the NHS was the biggest employer contributing to governors and therefore there were a lot of NHS employees on governing bodies. The PCTs were looking at possibly establishing a health newsletter for governors. In response to a question Mr Foster confirmed that he worked with Diocesan education colleagues to help them with their guidance relating to PSHE.

Recommendation 16/17

(31) Mr Foster stated that the issue of sex and relationship education was being addressed via the PSHE strategy. Following feedback from children and young people via students voice it was important to ensure PSHE was less biologically based and more about the whole wellbeing issue.

(32) Mr Murrells referred to the Youth and Justice Service inspection where the report had identified peer pressure as a key issue. It was important to have specialist nurses who could focus on services for Looked After Children and for the Young Offenders Service and deal with the whole question of responsibility for young men.

Recommendation 18

(33) Mr Murrells emphasised that engagement with young people and parents needed to be done in an appropriate way in order to have effective engagement. One of the ways of doing this would be to work with the Kent Youth Parliament and also to access parents via children's centres.

(34) Mr Foster reinforced that KCC actively engaged with young people on an ongoing basis. As a result KCC obtained a lot of information from young people, parents and carers. However, as always there was the issue of hard to reach parents.

(35) RESOLVED that the progress made be noted and that Members hoped that the good work started by the Select Committee in relation to PSHE would be continued via the PSHE Member's Advisory Group.

Committee – PSHE/Children’s Health Action Plan

Recommendation	Comments	Current & Planned Action	Lead Body	Progress
<p>Recommendation 1 That all those dedicated individuals working to provide young people in Kent with high standard sexual health services be commended.</p>	<p>Select</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>Complete</p>
<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>Presentations at head teachers briefings Dissemination of research findings to schools Growing reference to teenage pregnancy in cluster/LCSP plans</p> <p>Board is all manager level and above now excepting young people</p> <p>Consultation on Strategy has now closed and Strategy is being re-written for launch Summer 2008</p>

Recommendation	Comments	Current & Planned Action	Lead Body	Progress
<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 	KTPP	<p>Increased numbers of organisations joining condom dissemination scheme Increased promotion of sexual health promotion and signposting information to youth and education settings</p> <p>Increasing hits to website Latest stats detailed on Kent Teenage Pregnancy performance indicator dataset</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 	KTPP	<p>The Edge has been disseminated widely Latest stats detailed on Kent Teenage Pregnancy performance indicator dataset</p> <p>Mail out to high rate areas Dec07 All alternative education settings/youth services mail have received materials</p> <p>National RU Thinking Sexual Health promotional materials are now available with signposting to local services and are being promoted to schools and settings</p>

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<p>Recommendation 5</p> <p>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 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>Achieved</p> <p>Ongoing and postal scheme has now been launched in West Kent in Feb 08. Asymptomatic Screening offered at Clinics</p> <p>Ongoing – good progress in terms of health visitors offering test at either New Birth or 8 week visit.</p> <p>Additional work with schools –44% of 6th forms have signed up for screening sessions (was 2% in January) and work continues to achieve further school sign-up</p>
<p>Recommendation 6</p> <p>That GUM clinics must replace appointments with a “walk in” service. The Committee insists that the proportion of Genito-Urinary</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>Progressing well</p> <p>Ongoing – more walk-in services are being introduced whilst also retaining appointments where this meets service needs</p>

Recommendation	Comments	Current & Planned Action	Lead Body	Progress
<p>Medicine (GUM) clinic attenders offered an appointment within 48 hours of contacting the service must reach 100% by 2008.</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 	<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>	<p>All but 1 cluster/LCSP have taken up offer in eastern and coastal Kent PCT</p> <p>1 cluster/LCSP so far in west Kent but process now started, recruiting to school nurse posts</p> <p>New school nursing framework rolling out to west Kent</p> <p>The school nursing framework will be revisited to reflect impact thus far</p> <p>Now 5 services in schools. Papers detailing the clinics have gone forward to commissioners in both PCTs for inclusion in local delivery plans</p> <p>Funding has been identified for 2008/09 to fulfil the recommendation of at least one service per cluster/LCSP</p>

Recommendation	Comments	Current & Planned Action	Lead Body	Progress
	<p>is a need to consult the whole school community when introducing sexual health clinics in schools.</p>			
<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>Ongoing, YAPs + groups are increasing in number – there are currently 26 YAPs groups and 2 YAPs+ groups</p> <p>EWOs have all received training allowing reintegration officer to take a more coordinating role. Further progress will be made on ensuring that all those involved in supporting pregnant school girls and school age parents have the necessary knowledge to support these young people to continue in education.</p>
<p>Recommendation 9 The Committee recommends that all schools in Kent work towards Healthy Schools validation by</p>	<ul style="list-style-type: none"> ▪ This is an existing target with a existing strong Kent programme, with target date of December 2009 ▪ There is strong PCT commitment and 	<ul style="list-style-type: none"> ▪ School recruitment and validation are on course to meet December 2009 target ▪ Positioning Healthy Schools in Local Children's Trusts Arrangements 	<p>Kent Healthy Schools (KHS) Partnership: KCC & Kent NHS</p>	<p>Health schools accreditation progressing very well, on line to meet 2009 target. Over 65% schools achieved and 99% participating.</p> <p>Central & local work to position Healthy Schools within the new</p>

Recommendation	Comments	Current & Planned Action	Lead Body	Progress
December 2009, through a process which is all inclusive to parents and governors.	funding of local Healthy Schools Teams for this programme,	<ul style="list-style-type: none"> ▪ Development of Early Years Programme ▪ Towards 2010: Community Healthy Eating Pilots ▪ Targeting & converting secondary schools ▪ Support for Teenage Pregnancy Strategy 		<p>arrangements – mixed experience within Clusters given different stages of development. Potential risk of loss of momentum given the transition period at local level.</p> <p>Central Team leading the development of a Healthy Early Years pilot to test feasibility of adopting a Kent wide programme. Supported by recent DH National Support Team visit.</p> <p>Excellent progress on all 2010 pilots all running to time and very positive feedback from those involved to date.</p> <p>All achieved schools will have addressed the PSHE Core Theme and should have validated against each of the criteria.</p> <p>Targeted work by HS team to be developed in partnership with Teenage Pregnancy focusing on most at risk schools.</p>
Recommendation 10 The Committee strongly recommends a	<ul style="list-style-type: none"> ▪ PSHE strategy under development to implement this recommendation. This will need to 	<ul style="list-style-type: none"> ▪ PSHE Strategy group formed to steer development of Strategy ▪ Consultation to commence Feb 08 	ASK & CFE Policy unit KHS KTPP	Group meets regularly Ready for launch in Summer terms

Recommendation	Comments	Current & Planned Action	Lead Body	Progress
<p>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>	<p>include provision for young people in non-school settings</p>	<ul style="list-style-type: none"> ▪ The Strategy will be finalised in time for start of 2008/2009 academic year ▪ PSHE Assessment guidance available and further work under development 		<p>Ongoing</p> <p>New guidelines will be available nationally in spring of 2008</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	Fully completed
<p>Recommendation 12 That PSHE certificates for both teachers and</p>	<ul style="list-style-type: none"> ▪ National target: PSHE Certification CPD Programme ongoing ▪ Currently 11 trained 	<ul style="list-style-type: none"> ▪ The CPD Programme came under new management in September 2007. It is managed by ASK in 	ASK CFE Policy unit KHS KTPP	<p>Programme in place and oversubscribed</p> <p>Places will be promoted to the target schools as identified in the</p>

Recommendation	Comments	Current & Planned Action	Lead Body	Progress
<p>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>	<p>nurses in Kent.</p> <ul style="list-style-type: none"> ▪ 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 	<p>Kent and is over-subscribed in Kent for 07-08</p> <ul style="list-style-type: none"> ▪ A PSHE Conference is being planned January 2008 		<p>dataset</p> <p>Course is heavily promoted to school nurses. However, there is an optional module within the Specialist Practitioner course regarding SRE and Drugs/Alcohol with regard to young people. Nurses will be asked to undertake this module on accreditation course due to government agenda to significantly increase numbers of Specialist Practitioners</p> <p>PSHE conference took place in Jan and was over-subscribed.</p>
<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</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 	<p>Managing Director, CFE</p>	<p>Ongoing</p>

Recommendation	Comments	Current & Planned Action	Lead Body	Progress
observed during inspections by Ofsted.				
<p>Recommendation 14</p> <p>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 	ASK KHS KTPP EIS	<p>Jan 08</p> <p>Ongoing promotion</p> <p>Firewalls lifted in schools Promoted through display at head teachers conference</p>
<p>Recommendation 15</p> <p>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</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 	ASK	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Completed</p>

Recommendation	Comments	Current & Planned Action	Lead Body	Progress
appropriately from primary school and by specialist teachers.		<ul style="list-style-type: none"> assembly ▪ PSHE Strategy will focus on this 		
<p>Recommendation 16</p> <p>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 	ASK	Ongoing
<p>Recommendation 17</p> <p>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</p>		<ul style="list-style-type: none"> ▪ Guidance on this will be built into the PSHE Strategy and will be available on Kent Trust Web and promoted to schools ▪ This will be a key issue for consideration and action by the PSHE Member Advisory Group that is being established 	ASK	<p>Ongoing</p> <p>Websites updated</p> <p>Ongoing</p>

Recommendation	Comments	Current & Planned Action	Lead Body	Progress
<p>their attitudes and responsibilities when negotiating sexual relationships. That it be considered to teach particular aspects of SRE in single-sex groups.</p>		<p>at the behest of the Leader of Kent County Council.</p>		
<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 	<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 	<p>CFE Senior Management Team lead for PSHE ASK KHS</p>	<p>Ongoing</p> <p>Complete and results being disseminated and recommendations implemented</p> <p>Ongoing</p>

Recommendation	Comments	Current & Planned Action	Lead Body	Progress
	and provision.	Healthy Schools Programme <ul style="list-style-type: none"> ▪ 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 		Will be repeated annually Ongoing