

RSE: Making it a Reality

Relationships and Sexuality Education (RSE)
in Schools in North and West Belfast

RSE



report

summary

February 2008

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RSE: Making it a Reality - Summary Report

In 2002 North and West Belfast Health Action Zone (HAZ) developed “A Strategy to Promote the Sexual Health and Well-Being of Young People in North and West Belfast.” In order to meet the objectives of the strategy various Sub-groups were formed to take forward key areas of action. The Mapping Exercise of RSE in Schools in North and West Belfast, undertaken in Spring 2007 through the Education Sub-group is one such area of action. The purpose of this document is to provide a summary of the full mapping exercise report - RSE: Making it a Reality. The full report is available to download at www.haz-nwbelfast.org.uk

Acknowledgements

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Margery Magee, Magee Consulting, who carried out the mapping exercise;

Beth Gilhooly, Sexual Health Co-ordinator, who co-ordinated the work;

Joanna Gregg, Chair, Education Sub-group and Sub-group members for overseeing the project; and

North and West Belfast Health and Social Care Group for funding the initiative.

Appreciation also goes to the many teachers, schools and organisations who participated in the RSE Mapping Exercise.

1 Introduction

1.1 Health Action Zone

The Health Action Zone (HAZ) was set up in 1999 in recognition of the persistent inequalities in health in North and West Belfast and the difficult issues faced by local communities. HAZ works in partnership with the community, voluntary, statutory and private sectors to improve health and wellbeing, taking a broad social, economic, physical and cultural view of health and well being, one which focuses on the importance of the determinants of health.

“It is widely accepted that the sexual health of the population of Northern Ireland is relatively poor.”

1.2 Sexual health of young people in Northern Ireland

It is widely accepted that the sexual health of the population of Northern Ireland is relatively poor. This is evident in the high numbers of teenage births, as well as increases in HIV/AIDS and other sexually transmitted infections (STIs). The sexual health of young people in particular has been a key concern for health promotion in recent years and is now a priority issue for Government.

The Eastern Health & Social Services Board (EHSSB) has the highest number of teenage births as a percentage of total births (7.6% in 2006) compared to the other three Health and Social Services Boards (HSSBs) in Northern Ireland (Western 5.9%; Northern 5.6% and Southern 4.2%).

In 2006 within the EHSSB area, North & West Belfast Health and Social Services Trust area (NWBHSST) had a significantly higher number of teenage births, as a percentage of total births in that area. (North Belfast 13.1%; West Belfast 13.7%)

1.3 The HAZ Strategy to Promote the Sexual Health and Well-being of Young People in North and West Belfast

Over a concerted period HAZ partners came together to develop a co-ordinated approach to meeting the needs of young people. Thus the aim of the Strategy is to promote the sexual health and well-being of young people in North and West Belfast. The key purpose is to enable young people to develop the knowledge and skills to make informed decisions and choices about personal relationships and sexual health. Central to this work is the need to develop a co-ordinated and integrated approach to promoting the sexual health and well-being of young people (see the HAZ Sexual Health Strategy Summary (2007)).

1.4 The policy context

Implementation of the Strategy has been informed by the following regional policy documents.

- HIV and AIDS in Northern Ireland: A Strategy (DHSS) 1993.
- New Targeting Social Need (OFMDFM, 2004).
- Teenage Pregnancy and Parenthood Strategy and Action Plan (2002-2007).
- Draft Sexual Health Promotion Strategy (DHSSPS,NI,2003).
- Investing for Health (NI Executive, 2002).
- Area Child Protection Committee (ACPC) Regional Policy and Procedures (2005).

1 Introduction

1.5 Education Reform and Policy

The Education Reform (Northern Ireland) Order 1989 provides a legal framework for Relationship and Sexuality Education (RSE), requiring all grant aided schools to offer a curriculum which:

“Promotes the spiritual, moral, cultural, intellectual and physical development of pupils at the school and thereby of society; and prepares such pupils for the opportunities, responsibilities and experiences of adult life.”

The Department of Education for Northern Ireland (DENI) Circular (2001/15) Relationships and Sexuality Education (RSE) emphasises the importance of RSE within the curriculum and refers to the decrease in age at which sexual intercourse first takes place over the past few decades. It also dispels the myth that sex education encourages early sexual activity.

The Circular:

- Recognises the importance of the role of parents when delivering RSE;
- Emphasises the need for policy and advises that an RSE policy should be totally inclusive as a result of consultation with parents and endorsed by school governors.
- States that the delivery of RSE should involve more than one teacher and should take on a cross curricular theme. However, the Circular clearly states that whilst use of outside agencies and speakers may be advantageous, the school should ensure that the programme is organised by the school, and all external parties are vetted.
- A programme of RSE should be tailored to meet the pupil’s needs, particularly those with special educational needs i.e. for those whose physical development may have overtaken emotional maturity.
- Sex education should be totally inclusive, especially regarding sexual orientation.

However, it does **not** state that it is mandatory for all schools to develop a policy.

In 2001 the Council for the Curriculum, Examinations and Assessment (CCEA) in conjunction with health and education stakeholders published guidelines for the provision of RSE within primary and post-primary schools. The guidance document should be used in conjunction with the DENI circular. The guidance explicitly defines sensitive issues for example:

- Sexual abuse
- Contraception
- STIs, Sexual Identity and Orientation

And clearly defines how these issues should be addressed within the classroom.

1.6 The Revised Northern Ireland Curriculum

Following the Education (NI) Order 2006 the framework of the revised curriculum is now in place, from September 2007 there should be a gradual introduction of new requirements to incorporate primary and post primary curriculum. There is a greater emphasis on developing skill in preparation for life and work.

2 The Mapping Exercise

2.1 Mapping exercise objectives

The RSE mapping exercise was taken forward by the Education Sub-group of the HAZ Sexual Health Strategy Project Board with funding from the former North and West Belfast Health and Social Care Group.

The RSE mapping exercise involved the collection of data from (a) schools and (b) organisations delivering RSE. It aimed to document the current policy and practice around the delivery of RSE by teachers and others, including external organisations, in schools in North and West Belfast.

2.2 Limitations and opportunities

The results of the mapping exercise are accompanied by a caveat, which is that the report is based solely on the responses received. This means, for example that there may be organisations providing RSE programmes in schools who did not complete questionnaires and as a result their work is not reflected in the mapping exercise results. Similarly there may be schools engaging in good practice who did not complete questionnaires. Additionally, an audit exercise being undertaken by school health professionals will also contribute valuable insight, but is not reflected in these findings.

“..a snapshot of activity taking place at the time..”

This mapping exercise took place against the backdrop of the Review of Public Administration (RPA) which will change the structures of the organisations which oversee both Health and Education beyond recognition. The school operating

environment also presents some important opportunities with the development of Communities in Schools, Full Service and Extended Schools. This work is therefore a snapshot of activity taking place at a specific point in time. Nevertheless, it is still a valuable indicator of what RSE was being delivered at that time.

2.3 Schools

i Methodology

Collection of data on RSE in schools was by postal questionnaire sent to a total of 78 primary and post-primary schools, including special schools, in North and West Belfast. These schools were located in postcode areas BT11 – BT15 inclusive. Data collection took place during the period from March to May 2007.

ii Response

The overall response rate of 47.4% was encouraging, particularly with the level of participation of the primary schools who made up 24 of the 37 schools who responded. In order to explore findings in greater depth, an attempt to convene a focus group was made with over twenty schools being invited to take part. This resulted in only one school responding.

2 The Mapping Exercise

2.4 Results - Schools

Of the 34 schools who identified themselves (three remaining anonymous) the following analysis applies:

	Primary	Post-primary	Total
Controlled	16	2	18
Catholic Maintained	8	8	16
Total	24	10	34

i RSE Guidelines and Circular

Thirty four schools responded to the question as to whether they had seen the relevant CCEA guidelines and/or the DENI circular on RSE. Of those who responded 62.5% (15) primary and 80% (8) post-primary schools had seen the CCEA Guidelines. Almost identical results were found for those who had seen the DENI circular with the figures being 58.3% (14) and 80% (8) respectively (see Table 1 below)

Table 1 Schools who had seen CCEA guidelines/DENI Circular on RSE

n=34*

	CCEA Guidelines		DENI Circular	
	Yes (%)	No (%)	Yes (%)	No (%)
Primary	15 (62.5)	9 (37.5)	14 (58.3)	10 (41.7)
Post primary	8 (80.0)	2 (20.0)	8 (80.0)	2 (20.0)
Total	23	11	22	12

* n represents the number of responses to the question.

ii Schools with written RSE Policy

The policy documents state that schools should have a current written RSE policy. In response to the questions relating to the existence of such a policy, and the date on which it was last reviewed, the following answers were given:

Table 2 Schools with written RSE policy

n=34

	Primary		Post Primary		Total	
Yes	8	33.3%	7	70%	15	44%
No	16	66.7%	3	30%	19	56%

Of the 15 schools with a written RSE policy, a total of 7 had reviewed the policy within the last year. This represents 20% of the 34 schools that took part in the mapping exercise.

iii Distribution

Of the 15 schools with a written RSE policy, 80% (12) distributed this to governors, senior management, and teachers. Sixty-six per cent (10) of the 15 provided parents with copies of the RSE policy while three (all post-primary) schools gave it to pupils.

2 The Mapping Exercise

iv Pupil involvement

Of the 31 schools that answered the question about pupil involvement, seven indicated that they involved pupils in the design of RSE. Only one of these was a primary school.

v Parental Involvement

Almost 30% of parents were informed about RSE programmes, although 32% (11) schools did not give parents an opportunity for involvement in the provision of RSE to their children (see Table 3 below). In only three of the 34 schools that responded were parents given the opportunity to work with their children on RSE. Only 6% (2) schools reported that parents viewed the actual materials used.

Table 3 Parental involvement

n=34

	Number	Percent
Not involved	11	32.4
Copy of policy	8	23.5
Informed about programmes	10	29.4
Review materials	2	5.9
Parent/pupil home activities	3	8.8
Total	34	100.0

vi Delivery of RSE

Schools were asked to indicate who delivered their RSE. The majority of schools indicated that RSE was delivered by teachers, closely followed by the school nurse. About one third of schools used external agencies.

Table 4 People delivering RSE

n=34 (Schools reported using more than one person/agency)

	Teachers	School nurse	External agency	Other
Number	24	21	12	8

vii Training

Schools were asked to say whether their staff had been trained in the delivery of RSE during the last 12 months. Eighty five per cent of schools (see Table 5) had not provided RSE training for their staff in the past year.

2 The Mapping Exercise

Table 5 Number of staff training days in the last 12 months

n=33

	Number of hours	Number of schools	Percent
	0	28	84.8
	1	2	6.1
	2	1	3.0
	8	2	6.1
Total		33	100.0

viii Schools with RSE Co-ordinators

Forty one per cent (15) of the schools who responded to this question, had dedicated RSE Co-ordinators.

ix Hours delivered per pupil

Only half of schools responding indicated how many hours of RSE were delivered to each pupil per year. The answers given ranged from one to 18 hours (Table 6) with the average being 4.69 hours.

Table 6 Hours delivered per pupil per year

n=18

Number of hours	Number of schools	Percent
1	4	22.2
2	6	33.3
4	1	5.5
5	1	5.5
6	1	5.6
8	3	16.7
12	1	5.6
18	1	5.6
Total	18	100.0

x Separate teaching of RSE topics

Two schools out of the 37 were teaching RSE topics separately to boys and girls. The topics covered were

- menstruation
- puberty
- procreation

xi Single sex schools and the “other gender” (i.e. the gender not present in the school/classroom)

- Eleven schools were addressing issues relating to the “other gender”.

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xii The needs of boys and young males

- The needs of boys and young males were being addressed in 42% (11) of the 26 schools which replied to this question.

Table 7 Addressing the needs of young males

n=26

	Number	Percent
Yes	11	42.3
No	15	57.7
Total	26	100.0

xiii “Sensitive” issues

Schools were asked a specific question about the sensitive issues highlighted in the CCEA and DENI documents i.e. sexual orientation, abortion and contraception.

Of the 32 schools who responded (primary and post-primary) the following were addressing the issues

- Sexual orientation 37.5% (12)
- Abortion 31% (10)
- Contraception 28% (9)

Seven schools (23%) in total were addressing all three issues.

xiv RSE Curriculum revision – September 2007

Twenty-two out of 37 schools were aware of the revised curriculum, although only 17 had incorporated the changes into their RSE programme.

2.5 Results - Organisations

In parallel with the schools mapping exercise, a questionnaire was distributed to gather data from organisations providing RSE for schools in the North and West Belfast area. Of the 30 organisations contacted, 9 returned questionnaires.

i RSE Programmes on offer in the North and West Trust area

Programmes on offer varied from organisation to organisation, with only three being accredited. The majority of organisations were providing for young people, male and female in the 11-19 age group. The most favoured model was an RSE programme delivered over a period of weeks (ranging from 3-40), utilising groupwork and peer education.

ii Provision for Minority Groups

There was limited provision of RSE specifically for Disability, LGBT and Travellers' groups. There was no evidence of provision for BME (ethnic minority) groups requiring RSE programmes.

3 Analysis

3.1 Schools and good practice

School with written RSE Policy

Post-primary schools were twice as likely as primary schools to have a written RSE policy in compliance with official policy. The compliance rate of 33% for primary schools shows significant improvement from 12 years ago when the rate was 15% (HPA: 1996). Post-primary schools were also better at involving a range of stakeholders in communicating the existence of the policy. Pupil involvement was also more likely in the post-primary setting, probably due to the nature of the issues and the maturity of the pupils.

Parental involvement

Responses to the questions on parental involvement indicated that one third of schools who responded did not involve parents in any way. A small number of schools invited parents to review the materials (6%) or participate in parent/pupil home activities (9%).

Past research shows that parents themselves are willing to be involved and also informed in advance so they can prepare themselves for their children's questions. (HPA: 1996).

It is acknowledged that the role of parents and carers in the delivery of RSE at an early stage is important for success and much needs to be done to improve participation. (Scottish Executive: 2003)

3.2 Delivery of RSE

Staff involved

School staff completing the mapping questionnaire were asked to indicate their job title/role. The range of job titles appearing on the responses to the mapping questionnaire reflects a wide variety in the allocation of responsibility for RSE in schools. Responses were made by staff members including school Principals, Heads of Pastoral Care and Special Educational Needs Co-ordinators (SENCO).

Forty-one per cent of schools had a dedicated RSE Co-ordinator, around half of whom were accessing regular training. Responses to questions about staff training showed that 28 of the 32 schools responding had not provided training for the staff involved in RSE during the past year.

The lack of consistency in professionals involved in the delivery of RSE may contribute to a lack of leadership, or at least a champion, for RSE in schools (Scottish Executive: 2003; Crisis Pregnancy Agency: 2007).

3.3 RSE programme structure

There is no consistency in the structure, format or frequency of RSE delivery emerging from the mapping exercise. This is in keeping with the findings of the Crisis Pregnancy Agency (2007). This may be improved by appropriate evaluation of the implementation of RSE – both in the context of inspection and at school level.

“Forty-one per cent of schools had a dedicated RSE Co-ordinator, around half of whom were accessing regular training”

3 Analysis

Although barely adequate in terms of the delivery of a quality RSE programme, the provision of just one hour per annum still meets the basic obligation of schools to deliver RSE.

3.4 Separate teaching of RSE topics

Responses indicate that gender specific issues are being addressed with single sex groups in schools. However, the range of topics and the lack of consistent approach could mean that important issues are being missed.

3.5 Sensitive issues

The sensitive issues of sexual orientation, abortion or contraception were being addressed by around one third of schools. Only seven schools indicated that they were addressing all three issues – all post-primary. These are the issues which parents have indicated they would like to discuss but find difficult (HPA: 1996). Taking these findings into consideration, this implies a vacuum as regards these important issues being addressed with young people.

3.6 External organisations

i Programmes on offer

The range and content of the RSE programmes on offer in North and West Belfast were almost as numerous as the organisations providing them. There was evidence of good relationships with the schools who did use external organisations.

There was frequent coverage of the sensitive issues in the programmes on offer, so this may provide an alternative for the schools where teachers feel ill-equipped or unwilling to address these issues.

ii Factors influencing the use of external organisations by schools

Although there is evidence that many schools are using external organisations in their RSE programmes, in many cases there are barriers to accessing this support. These are

- Schools feel that the content of RSE programmes may not match their ethos;
- Some organisations charge for their RSE programmes which means that only the well-resourced schools can pay;
- Charging for RSE programmes is related to how the organisations get their funding. This is mainly non-recurrent and from health funders. Limited funding means that often demand from schools exceeds supply.

3.7 Teacher involvement

External agencies welcomed the involvement of teachers in the delivery of RSE. This is useful if there is any follow up required on issues raised during RSE sessions. The external agencies felt that some teachers would be keen to do more if they were better prepared, thus highlighting the need for more good quality training to be made available.

3 Analysis

There is a risk that schools could be using external organisations to fulfil their obligations without the necessary commitment to the delivery of RSE.

3.8 Parental involvement

There was evidence of organisations gaining feedback from parents in three instances. This does not mean that parents were not involved in other cases - schools themselves may have made the contacts, although the research would not support this happening to any great extent. It is widely acknowledged that parents have an important role to play in RSE and many are willing to do so (HPA: 1996; Scottish Executive: 2003).

3.9 Provision for minority groups

There is limited provision relating to the issues of Disability, Lesbian/Gay/Bisexual/Transgender (LGBT) and Travellers' groups, with no programmes on offer specifically for Black/Minority Ethnic groups.

4 Recommendations

4.1 Context

The following recommendations are made in a context that recognises that some progress has been made in the provision of Relationships and Sexuality Education (RSE) programmes in schools since the early research projects of the 1990s. In addition, a new rights-based environment has recently come into play, which places the rights of parents and young people in respect of the provision of RSE against a backdrop of legislation such as the Children (NI) Order 1995, the Human Rights Act 1998; the Northern Ireland Act 1998 Section 75; and the UN Convention on the Rights of the Child.

Many of the findings of this mapping exercise have indicated the need for improvement related to issues already covered in the existing RSE Guidance published by CCEA in 2001. The HAZ Sexual Health Project Board has therefore taken the approach that rather than set out these weaknesses for individual attention, a more strategic approach will be required to effect change. Whilst the recommendations reflect the findings of this local survey, they may also have wider application.

“It is recommended that RSE policy within schools is afforded mandatory status”

4.2 RSE Policy

It is recommended that the Department of Education ensure that RSE policy within schools is afforded mandatory status, rather than optional as is the current situation. On the introduction of RSE policy to all schools there will be a requirement, as with other mandatory policies, to publish the RSE policy in the school prospectus, provide parents with a copy and make the policy available on request from the school office. A mandatory policy would ensure essential guidance and support for education providers responsible for the delivery of a statutory subject within the revised curriculum. It is also recommended that RSE forms part of the Department of Education inspection schedule and progress should be reported on a systematic basis.

To ensure effective delivery of RSE every school should appoint a specific RSE Coordinator or assign an individual member of staff with the responsibility for coordinating RSE within the school. As stated within the CCEA guidance and DENI circular, each school is required to take ownership of their RSE Programme. The appointment of an RSE Coordinator would ensure effective engagement, delivery and ownership within the school setting. The Coordinator would be required to ensure effective development of RSE policy, which requires guidance from Education and Library Boards, Council for Catholic Maintained Schools, the Education and Skills Authority Designate and fundamentally the school's Board of Governors, principal and senior management team.

“Establish good practice through training”

4.3 Training

It is recommended that, in conjunction with the introduction of mandatory RSE policies in schools, there will be a need to establish good practice in order to ensure successful policy implementation. It is therefore recommended that training is provided for school governors, head teachers and principals to enable them to undertake their obligations as stated within the RSE policy.

The training would need to be guided by Education and Library Boards, Council for

4 Recommendations

“training focusing on the requirements for RSE content and its delivery needs to be provided”

Catholic Maintained Schools, the Education and Skills Authority Designate and those working in partnership with Education and Library Boards who are currently facilitating training that encompasses the revised curriculum.

In order to evaluate the delivery of RSE in schools, an account detailing an individual school's achievement in meeting this important curriculum requirement should be clearly recorded within the school's inspection report. To facilitate this, training focusing on the requirements for RSE content and its delivery needs to be provided for school inspectors.

“RSE should be inclusive of all young people”

4.4 Specialist Training for Particular Groups

It is recommended that RSE should be holistic and inclusive of all young people, with particular consideration to those needs highlighted within section 75 of the Northern Ireland Act 1998. A framework for RSE must include respect for others and an understanding of the world around us. The mapping exercise highlighted gaps within the provision of tailored RSE programmes for Lesbian, Gay, Bisexual and Transgender (LGBT); and Black, Minority and Ethnic Groups (BME) groups.

i Lesbian Gay Bisexual Transgender (LGBT) Groups

In order to meet obligations under section 75 of the Northern Ireland Act 1998 urgent attention should be given to the development of an RSE programme, which is inclusive of the needs of young people in the LGBT grouping. This issue also needs to be specifically addressed in any training provided for school staff and governors.

This is also particularly important in the light of the recent research by Youthnet (2003), the Rainbow Project (2006) and the Young Life and Times Survey (2007), which indicated the threats posed to the mental health of young people in the absence of appropriate support to assist them in understanding and expressing their sexuality.

ii Black, Minority and Ethnic Groups (BME)

Given the changing demographics and social profile of the population in Northern Ireland, attention also needs to be given to developing RSE programmes appropriate for young people from different BME groups. Therefore establishment of partnerships between the education sector and those working with minority groups e.g. Northern Ireland Council for Ethnic Minorities (NICEM) is essential. This would facilitate greater understanding of the needs and issues pertaining to these minority groups.

External organisations should bring ‘added value’ to RSE

4.5 External Organisations

It is recommended that external organisations are involved in the delivery of programmes that bring “added value” to the delivery of RSE. This would ensure that leadership and ownership of RSE programmes come from within the school and also that the best use is made of community and other resources.

Whilst it is recognised that external organisations play a valuable role in delivering high quality RSE, nevertheless ownership and responsibility for the programme should rest

4 Recommendations

with the schools. It is also acknowledged that community and voluntary organisations make a valuable contribution, but that their ability to plan delivery on a longer-term basis can be compromised due to the short-term nature of their funding.

“RSE should be kept in the spotlight”

4.6 RSE on the Agenda

It is recommended that, with reference to the current Health and Education agendas the profile of RSE is kept in the spotlight. A concerted follow up, particularly in lobbying and advising our political representatives, will be essential over the short to medium term if significant progress is to be made.

The revised curriculum reinforces and supports the importance and necessity of equipping young people with skills necessary to make informed choices that will effectively encourage healthy relationships and maintenance of positive self esteem, throughout their life choices. The work of the HAZ Sexual Health Project Board, resulting in this report, is already evidence that a collective will exists in the statutory, community and voluntary sector to drive these issues forward.

Glossary

AIDS	Acquired Immune Deficiency Syndrome
BELB	Belfast Education and Library Board
BHSCT	Belfast Health and Social Care Trust
Catholic Maintained Schools	These schools are owned by the Catholic Church through a system of trustees. A board of governors manages them.
Controlled schools	Schools managed by the Education and Library Board, via Boards of Governors
EHSSB	Eastern Health and Social Services Board
fpa	Family Planning Association
HAZ	Health Action Zone
HIV	Human Immunodeficiency Virus
HPA/HPANI	Health Promotion Agency for Northern Ireland
HYPE	Health for Youth through Peer Education
LGBT	Lesbian/Gay/Bisexual/Transgender

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Project Board Membership

SEXUAL HEALTH PROJECT BOARD MEMBERSHIP

The Project Board membership for the HAZ Strategy to Promote the Sexual Health and Well-being of Young People in North and West Belfast is as follows:

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