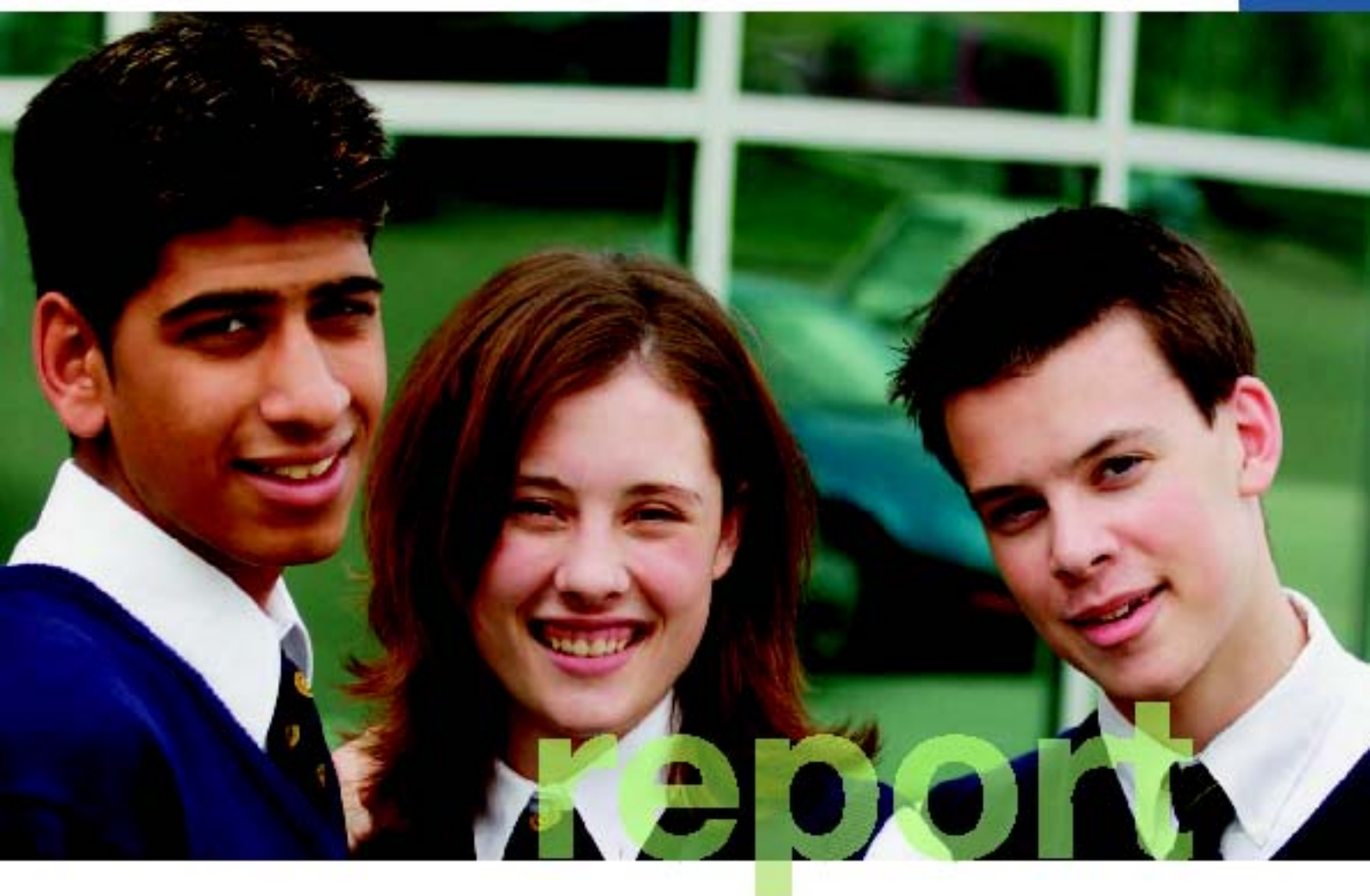


RSE: Making it a Reality

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

RSE



report

February 2008

Glossary

ACET	Aids Care Education and Training
ACPC	Area Child Protection Committee
AIDS	Acquired Immune Deficiency Syndrome
BELB	Belfast Education and Library Board
BHSCT	Belfast Health and Social Care Trust
CCEA	Council for the Curriculum Examinations and Assessment
CCMS	Council for Catholic Maintained Schools
CDSC	Communicable Disease Surveillance Centre
Controlled schools	Schools managed by the Education and Library Board, via Boards of Governors
DHSSPS	Department of Health, Social Services & Public Safety
EHSSB	Eastern Health and Social Services Board
fpa	Family Planning Association
GUM	Genital Urinary Medicine
HAZ	Health Action Zone: name given to geographical areas which bring together all those who can contribute to improving the health of the local population, in this case in North and West Belfast.
HAZ Council	The decision-making body of the Health Action Zone made up with senior officials from eighteen formal partners from the statutory, voluntary, community and private sectors working in North and West Belfast.
HBSC	Health Behaviour of School Children
HSSB	Health and Social Services Boards
HIV	Human Immunodeficiency Virus
HPANI	Health Promotion Agency for Northern Ireland
HYPE	Health For Youth Through Peer Education
LGBT	Lesbian/Gay/Bisexual/Transgender
LHSCG	Local Health and Social Care Group
Catholic Maintained Schools	These schools are owned by the Catholic church through a system of trustees. They are managed by a board of governors.
NTSN	New Targeting Social Need
NWBHSST	North and West Belfast Health and Social Services Trust
RSE	Relationships and Sexuality Education
STI	Sexually Transmitted Infection

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Foreword

Promoting the health and wellbeing of young people has been a fundamental theme of North and West Belfast Health Action Zone over many years. Sexual health is central to this theme and has led to the development of 'A Strategy to Promote the Sexual Health and Wellbeing of Young People in North and West Belfast'.

The strategy was founded on a review of the evidence of effective intervention and best practice. It was written in response to the need for a co-ordinated approach to the issue, reflected in the comparatively high rates of teenage pregnancy, acknowledged higher levels of poverty and disadvantage in North and West Belfast, and variations in access to services.

In January 2005 the Health Action Zone established a multi-agency board to oversee the implementation of the strategy. A number of areas were prioritised and Sub-groups formed on areas of work such as Services and Education.

This Mapping Exercise of Relationship and Sexuality Education (RSE) in Schools in North and West Belfast, undertaken in the spring of 2007, has been a key area of work of the Education Sub-group. It is hoped that the findings and recommendations will be an important contribution, providing baseline information on which to plan a holistic approach over the coming years. Taken together with the other areas of work it is hoped to inform and build on the efforts of many who have been working in this field over the years.

I would like to thank everyone who has been involved in the Education Sub-group, chaired by Joanna Gregg, for their hard work and commitment and their constant striving to improve standards. Working and learning together is so important if we are to tackle such areas of inequality and I look forward to our continuing development of this partnership.

Mary Black
HAZ Leader
Chairperson Project Board

Acknowledgments

The HAZ Sexual Health Project Board would like to acknowledge the contributions of the following people and groups who contributed to the project:

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 the former North and West Belfast Health and Social Care Group, for funding the work.

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 and statutory 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.

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 and West Belfast Health and Social Services Trust area 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

Sexual health and well-being have been recurring themes in HAZ since its inception in 1999. In addition, it has been well-documented that teenage pregnancy is often a cause and consequence of social exclusion and may have profound effects on the mother and child's health, education and socio-economic environment (Social Exclusion Unit, 1999). HAZ therefore recognised that sexual health and well-being are important issues for young people in North and West Belfast.

The development of the HAZ Strategy to Promote the Sexual Health and Well-being of Young People in North and West Belfast (HAZ 2007) ("the Strategy") was founded on a review of the evidence of effective interventions and best practice. Specifically, research evidence (Kirby, 1994; Fullerton, 2004) suggesting that comprehensive education and information on relationships and sexuality does not lead to early sexual initiation or increased sexual activity was acknowledged. The HAZ Strategy built on a range of efforts from agencies working in North and West Belfast and sought to develop a more co-ordinated and strategic approach. The Strategy also supports the Council for the Curriculum and Examinations and Assessment (CCEA) Guidance document and the Department of Education for Northern Ireland (DENI) Circular, which were issued for schools on Relationships and Sexuality Education (RSE) in 2001.

1 Introduction

1.3.1 Aim of the Strategy

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.

Whilst the strategy aims to include all young people in North and West Belfast it also recognises that there are a number of specific groups who may have particular needs at different times during their life. For the purposes of this research the relevant target groups include, amongst others, young people

- in primary and post-primary education;
- with a physical impairment or learning disability;
- from all racial and ethnic backgrounds; and
- regardless of sexual orientation.

The Strategy also recognises that in the past young men have not always been afforded the same attention as young women and often have received criticism for not assuming their responsibilities in relation to sexual relationships. They were therefore also recognised as having specific needs.

1.3.2 Implementing the Strategy

The HAZ Sexual Health Project Board was set up in January 2005, (building on the membership of the former Board that had written the Strategy) to take forward the Strategy. Its membership reflects the multi-sectoral partnerships that exist within the HAZ structure (See Appendix vii for a full list of members).

1.3.3 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 (2004).
- Teenage Pregnancy and Parenthood Strategy and Action Plan (2002-2007).
- Draft Sexual Health Promotion Strategy (2003).
- Investing for Health (2002).
- Area Child Protection Committee [ACPC] Regional Policy and Procedures (2005).

In 2001 the Council for the Curriculum and Examinations and Assessment (CCEA) published a guidance document for schools on Relationships and Sexuality Education (RSE). This was accompanied in the same year by the DENI Circular (2001/15) on Relationships and Sexuality Education

1 Introduction

1.3.4 Education Reform

The Education Reform (Northern Ireland) Order 1989 provides a legal framework for Relationships and Sexuality Education, 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 DENI circular 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. Reference is made to “Health Behaviour of School Children in Northern Ireland” HPA (1994) which highlighted the inequalities in sex education for boys.

The Ministerial Group on Public Health identified children and young people's health as a priority, this resulted in the guidance on Relationships and Sexuality Education for primary and post primary schools being issued by CCEA in 2001. The Circular sets RSE within a moral framework and recognises the demands that this places on schools and teachers, it advises a value led approach to RSE and an awareness of Northern Ireland legislation on sexual behaviour, recognising the value of stable family life, marriage and parenthood.

There is also recognition of the importance of the role of parents when delivering RSE, emphasising the importance of parental inclusion when developing an RSE policy. The provision of RSE should be a school - home initiative, however the Circular recognises that some parents may be ill-equipped to advise adequately on issues relating to RSE. The Circular 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. However, it does **not** state that it is mandatory for all schools to develop a policy.

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. The Circular gives clear guidance for those teachers who suspect their pupil may have been a victim of sexual abuse, or if their behaviour is in breach of the law, or putting the young person at risk.

1 Introduction

In 2001 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 document conceptualises RSE. Its purpose is to assist schools develop policy statements in relation to RSE which reflects the ethos of the school, and assist in developing an effective and inclusive programme of RSE. 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.

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.

The Primary curriculum consists of Religious Education and the following Areas of Learning:

- Language and literacy
- Mathematics
- The arts
- The World Around Us
- Personal Development and Mutual Understanding
- Physical Education

Post-primary curriculum includes Learning for Life and Work. This module includes Employability, Personal Development, Local and Global Citizenship and Home Economics.

1.3.5 Recent research

A summary of recent research is included at Appendix i

2 The Mapping Exercise

2.1 Mapping exercise objectives

With the research showing early sexual activity and the statistics demonstrating poor sexual health, the role of education providers in addressing the need for high quality RSE is key. It is recognised that much good work has taken place over the years to advance this agenda, however, there has been some concern that the pattern has varied in individual schools/colleges and has often been poorly co-ordinated.

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 Local Health and Social Care Group.

For the purposes of this exercise the term RSE is taken from the CCEA and DENI policy documents and means

“a lifelong process which encompasses the acquisition of knowledge, understanding and skills, and the development of attitudes, beliefs and values about personal and social relationships and gender issues. The learning process begins informally with our parents (or those holding parental responsibility) long before any formal education takes place at school”.

The RSE mapping exercise involved the collection of data from (a) schools and (b) organisations delivering RSE.

The objectives were to:

1. Identify, list and describe all current sexual health education initiatives (inclusive of voluntary/community/statutory sectors) being carried out within the North and West Belfast Health and Social Services Trust area;
2. To specify how these initiatives promote sexual health and well-being and to illustrate the evidence base or source of identified need informing the initiatives;
3. To gather details of those providers/organisations/agencies/groups/individuals carrying out this initiative including type of service/project, time period and duration, client target groups and settings, finance available and funding sources;
4. To determine possible needs, deficits and/or gaps in current sexual health education initiatives;
5. To develop an accessible database of information obtained from this mapping exercise using a system that can easily be updated/amended; and
6. To compile and produce a report of the findings, including recommendations, in order to inform strategic direction and influence policy.

2 The Mapping Exercise

2.1.1 Limitations and opportunities

The results of the mapping exercise are accompanied by a caveat, 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.

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. Additionally, the parallel mapping exercise undertaken by school health professionals is of relevance. The school operating environment also has some important current opportunities in the development of Communities in Schools and Full Service and Extended Schools. This work is therefore a snapshot of activity taking place at the time when this mapping exercise took place. Nevertheless, it is still a valuable indicator of what RSE was being delivered at that time.

2.1.2 Linkages

Two pieces of work which will be useful in further interpreting the results of the mapping exercise are the "How is it for You?" A Survey into the Sexual Health Services Needs of Young People in North and West Belfast (HAZ, 2007) and the work currently underway by School Nurses to map their input into schools.

2.2 Schools

2.2.1 Methodology

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

The questionnaires were distributed by post to the schools and organisations in March 2007. The initial response to the questionnaires was disappointing and required an extension of the closing date together with telephone contact with the schools in the sample who had not returned the questionnaire. This difficulty may reflect the preoccupation of school staff with numerous issues which they have to address on a day to day basis. There was also apprehension among some schools followed up by telephone, that any response they might make to the questionnaire would highlight shortcomings in their attention to RSE in their school. Some reassurance was necessary about the objectivity and independence of the mapping exercise to encourage those schools to participate in the research.

The final 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. This may be attributed to the current developments in the primary school curriculum which made RSE a priority due to the changes which came into place in September 2007.

2 The Mapping Exercise

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. This may have been due in part to the proximity to the end of the summer term.

Results are presented in the same sequence as questions presented in the questionnaire (see Appendix iii).

2.2.2 Responses

A total of 78 schools in the North and West Belfast area were included in the sample and 39 responses were received two of which were duplicates and therefore disregarded. This left a valid response of 47.4% (37 schools).

- 24 were from primary schools
- 10 were post primary schools
- 3 were returned anonymously

Of the 34 schools who identified themselves, the following analysis applies:

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

An analysis of the pupil population attending the schools responding to the questionnaire, showed that the schools responding represented 39% of male and 50% of female pupils in the total sample. This gave an overall representation of 45% of the pupils in sampled schools.

		Male		Female		Total	
		No	%	No	%	No	%
Primary	Sampled	7070	100	7123	100	14193	100
	Responded	2720	38	2748	39	5468	39
Post-primary	Sampled	7362	100	8726	100	16088	100
	Responded	2972	40	5176	59	8148	51
Total	Sampled	14432	100	15849	100	30281	100
	Responded	5692	39	7924	50	13616	45

2 The Mapping Exercise

2.2.3 Results

The CCEA Guidance for Post-primary schools states “by 1998 a comprehensive health promotion programme for schools in relation to sexual and reproductive health, which emphasises the importance of personal relationships, self-esteem and decision-making skills will have been developed and implemented. The following responses were given to the questionnaire based on the elements of that Guidance.

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)

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		Postprimary		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.

2 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.

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.

Methods used to involve pupils were given as

- Discussion
- Evaluation
- Sixth form review
- Involving former pupils in delivery of RSE

v Parental Involvement

Almost 30% of parents were informed about RSE programmes, although 32% (11) of schools gave parents no 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

2 The Mapping Exercise

2.2.4 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

Listed below are the external Agencies used to deliver RSE.

ACET
 HYPE
 Love for Life
 Shankill Women's Centre
 Yahoo

i Training

Schools were asked to say whether their staff had been trained in the delivery of RSE during the last 12 months. Only 5 schools indicated that their staff had attended training - with two schools attending a single day training, one school attending two days and one school eight days. Eighty five per cent of schools (see Table 5) had not provided RSE training for their staff in the past year.

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

2 The Mapping Exercise

ii Training providers

A total of 10 out of 37 schools had accessed training, at some point, in RSE from the providers indicated in Table 6 below. Other training was accessed from the following sources overleaf.

- School nurse (3)
- CCMS
- Life NI
- Down & Connor Diocesan Team

Table 6 Source of training accessed

n=10 (schools indicated more than one source of training)				
	BELB	SHT	ACCORD	Other training
No of schools	6	3	1	4

iii Schools with RSE Co-ordinators

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

iv How RSE is included in the school timetable

The majority of schools incorporated RSE into their Personal Social and Health Education (PSHE)/Personal Development (PD)/ Personal Development and Mutual Understanding (PDMU) with a variety of patterns of delivery including one-off sessions and groupwork delivered over a period of years (see Table 7).

Table 7 How the schools programme includes RSE topics

n=28		
	Number	Percent
Annual programme	10	35.7
In PSHE/PD/PDMU	17	60.7
Modular linked	1	3.6
Total	28	100

2 The Mapping Exercise

Table 8 How RSE is structured

n=28		
	Number	Percent
Over several years	10	35.7
One-off sessions	8	28.6
Ongoing groupwork	9	32.1
School development plan	1	3.6
Total	28	100

v 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 9a) with the average being 4.69 hours (Table 9b). The 18 schools who responded, delivered a total of 85 hours of RSE.

Table 9(a) Hours delivered per pupil per year

n=18			
		Number of Schools	Percent
Hours	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

Table 9(b) Average hours delivered per pupil per annum

n=18				
	Minimum	Maximum	Total hours	Average
Hours delivered per pupil	1	18	85	4.69

2 The Mapping Exercise

vi Age at which RSE was introduced

RSE is being introduced at the earliest opportunity (p1 - p5 and Form 1/year 8) in 65.5% of schools.

Table 10 Age at which RSE introduced

n=29			
	Number	Percent	Cumulative Percent
p1-5	9	31.0	31.0
P6	3	10.3	41.4
P7	6	20.7	62.1
Form 1/year 8	10	34.5	96.6
Form2/Year9	1	3.4	
Total	29	100.0	100.0

vii 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

viii 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”. Such issues are described as being

- Respect, trust, responsibility, possible difficulties
- Dating, reproduction, pregnancy
- Developmental changes, male arousal
- Gender differences - social and behavioural
- Relationships, physical development
- Male responsibility
- STIs
- Qualities/attributes of a preferred partner
- Friendship/building positive relationships/emotional issues

2 The Mapping Exercise

ix 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. This was being achieved by

- Discussing issues arising in the media
- Using external agencies (4)
- School nurse delivers separate programme to boys at end of P7 (2)
- Discussing under-age sex
- Teacher attending course “on good mental health in boys”
- Attendance at “I’m Special, You’re Special”
- Annual attendance at Diocesan course

Table 11 Addressing the needs of young males

n=26		
	Number	Percent
yes	11	42.3
no	15	57.7
Total	26	100.0

x “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.

2.2.5 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.

Twenty two schools indicated that they would like further information on the changes.

2 The Mapping Exercise

2.2.6 Comments to HAZ

An open question was put to respondents asking them to indicate what message they would like to give to HAZ on RSE. Six schools each made one of the following comments:

- There is a need for RSE to be set “in context”
- There is a need for more training
- More time should be given to young males
- Would like an expert to come in on a regular basis and deliver RSE
- Materials are needed which reflect the school ethos
- Abstinence should be promoted

2.2.7 Summary

Schools are aware of their obligations for RSE delivery but there is lack of consistency in

- Allocation of responsibility for delivery
- Access to training
- Programme structure and content

Many schools are doing the minimum to comply, with issues of concern among teachers emerging as

- Resource
- Priority
- Know-how
- Confidence
- Aptitude
- Staff turnover

Schools are saying that they need more

- Resources
- Access to external expertise
- Access to good materials
- Confidence in the moral framework and ethos of provision of RSE

Other stakeholders indicated in the literature to be important in the effective delivery of good quality RSE are

- Parents

The level of parental involvement in RSE provision in schools is a cause for concern, giving the vital role that parental involvement can play in enhancing and complementing school RSE provision.

- External agencies

Teachers are looking to external agencies for guidance in the delivery of RSE, particularly in relation to the more challenging issues. In some cases there is also the need for schools to be confident that these issues will be delivered within a moral framework appropriate to the ethos of the school.

2 The Mapping Exercise

2.3 Organisations

In parallel with the mapping of schools' provision of RSE an exercise took place to gather data from organisations providing RSE programmes for schools in the North and West Belfast area.

2.3.1 Methodology

A questionnaire was designed by the HAZ Education Sub-group and sent to approximately 30 organisations that may have been involved in the provision of RSE in North and West Belfast. Of the 30 organisations 10 returned questionnaires, one of whom was not a direct service provider but delivered teacher training.

2.3.2 Participating organisations

ACET (NI)
Belfast Education and Library Board (BELB)
Challenge for Youth
Eastern area Sexual Health Team
fpa
HEART project
HYPE
Opportunity Youth
Shankill Women's Centre
Upper Andersonstown Community Forum

BELB, HYPE and the Sexual Health Team are statutory organisations, the remainder are community/voluntary organisations.

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

The titles and objectives of programmes on offer varied from organisation to organisation, however only three had been accredited - all by the Open College Network at Level III. The majority of organisations are providing for young people, male and female in the 11-19 age group.

2.3.4 Programme structures

The most favoured model of delivery is an RSE programme delivered over a period of weeks (ranging from 3-40), utilising groupwork and peer education. Only HYPE and fpa offer one-off sessions. Some (4) organisations provided facilities on their own premises, where delivery also took place in schools (5) and community settings (7). Delivery has also taken place in hostels for the homeless, probation board settings and various BELB and conference venues.

2 The Mapping Exercise

2.3.5 Programme content

i General

All of the organisations participating were covering

- Attitudes and values
- STIs
- Contraception
- Pregnancy
- Self esteem/confidence building
- Relationships
- Communication/decision making
- Peer influences

Almost as well covered were

- Sexuality
- Body/puberty and
- Sexual health services.

Less well covered were

- Gender Issues
- Personal safety
- Media influences
- Family influences
- Religion

ii Provision for minority groups

There is limited provision of RSE specifically for Disability, LGBT and Travellers groups, with fpa providing the most comprehensive approach. However there is no evidence from the organisations responding, of provision for BME (ethnic minority) groups requiring RSE programmes.

iii Lesbian, Gay, Bisexual, Transgender issues (LGBT)

Three organisations cover LGBT issues in their RSE programmes - Upper Andersonstown Community Forum, Eastern Area Sexual Health Team and fpa

2.3.6 Evaluation

Internal evaluation is undertaken in all cases using participant feedback and facilitator feedback. Where RSE is being delivered in schools their feedback is sought. Only in three instances was parental feedback mentioned.

2.3.7 Changes to the RSE Curriculum in September 2007

Only two of the four RSE providers currently working in schools were basing their RSE programmes on the new curriculum coming into effect in September 2007. Four participating organisations have requested further information on these changes.

2 The Mapping Exercise

2.3.8 Organisations' comments

Asked the open question “if there was one thing you would like the Health Action Zone to hear about the provision of RSE what would it be?” the following responses were received

To promote choice, and personal freedom, balanced off against personal responsibility and consequences and affects of choices on partners and families

More resources are needed to train community and youth workers

Teachers delivering RSE in schools need quality-based training

All RSE providers need to be aware of the new curriculum changes

2.3.9 Related services

The following Sexual Health Services are provided by the participating organisations listed.

Org/Service	Information	IDrop in	Counselling	Campaigning	Peer Education	Publications	Website
HEART Project	P		P		P		
Shankill Women's Centre	P	P			P	P	P
Upper Andersonstown Community Forum	P	P		P	P	P	P
Challenge for Youth		P			P		P
Opportunity Youth	P	P	P		P		P
ACET (NI)							
Sexual Health Team (Eastern Area)	P						
fpa	P	P	P	P		P	P
HYPE	P	P			P	P	P

2.3.10 Focus group comments

Organisations participating in the mapping exercise were invited to a focus group discussion. Four organisations were represented. A summary of the focus group comments is included at Appendix vi.

3 Analysis

3.1 Schools

3.1.1 Schools and good practice

i 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 30% for primary schools shows significant improvement from twelve 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.

ii 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 (5.4%) or participate in parent/pupil home activities (8%).

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)

3.1.2 Delivery of RSE

i 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. There are practical problems with staff turnover, which means that those trained often move on to other responsibilities, leaving inexperienced staff, who have not had the opportunity for training, to take on the role. The variety of professionals involved in the delivery of RSE indicates a lack of leadership, or at least a champion, for RSE in schools (Scottish Executive: 2003; Crisis Pregnancy Agency: 2007).

It is clear from the responses that the majority of RSE programmes are delivered by teachers, school nurses and some external agencies. The extent to which school nurses are used was almost the same as that of teaching staff. This is significant insofar as school nurses were not directly involved in the mapping exercise. This is a matter for future consideration and possibly further attention.

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.

3 Analysis

3.1.3 RSE programme structure

The way in which RSE delivery is structured emerged in various forms over different periods of time. There is no consistency in the structure, format or frequency of RSE delivery emerging from the research. 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.

Of some concern, is the range of responses to the question on how many hours of RSE were delivered to each pupil per year. Eighteen schools responded to this question, with 10 of those schools delivering a maximum of 2 hours RSE per annum to pupils.

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. Those schools that indicated that they were providing upwards of 8 hours of RSE provision (4 schools in total) were using external agencies.

In any case, consideration of the number of hours of RSE delivered has limitations insofar as quantity of RSE is no indicator of the quality of the programme delivered.

Age of introduction

Responses indicating the age at which RSE was introduced to pupils were encouraging in that 31% of schools were introducing the programme at P1-5 and a further 34.5% in Form One/Year 8. Further information on the nature of the work being carried out with younger pupils would be needed before making any qualitative judgement.

It is acknowledged that the earlier RSE is introduced the more effective it can be in influencing behaviour. (Scottish Executive: 2003). This makes it all the more essential that RSE is timely, age appropriate and not solely based on a medical model (HAZ: 2007).

3.1.4 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. It is also more likely that those delivering sessions on these gender specific topics have not availed of specialist training. Only four schools carrying out such work were using external agencies who were deemed to specialise.

Research has indicated that a female parent/carer is more likely to provide information on sexual health matters (Scottish Executive: 2003). Schubotz, D., Simpson, A., and Rolston, B. (2002) found that just 39% of respondents found it easy to talk to their mother and just 11% to talk to their father about sexual issues. This is likely to leave young males at a disadvantage. Recent research (HAZ: 2007) has concluded that RSE should also include confidence building activities as a priority, particularly for young men who often require assistance to ask for help and support on sexual health issues.

3 Analysis

3.1.5 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). Schubotz., D., Simpson, A., and Rolston, B. (2002) found that sex education in school was most likely to cover issues related to anatomy and reproduction (such as puberty, menstruation, boys' and girls' bodies) but failed to relate to issues such as sexual feelings and emotions or homosexuality. Taking these findings into consideration, this implies a vacuum as regards these important issues being addressed with young people.

Addressing these issues elicited comment on the desire on the part of many staff for external agencies to come in and tackle this subject matter with pupils. However, for this to be possible there needs to be the availability of such a service, and the confidence of school staff that the approach to these issues will be in keeping with the religious and moral ethos of the school itself.

3.2 Organisations

3.2.1 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. This is likely to benefit the young people involved as there is evidence that close links with providers of related sexual health support and services enhances the success of RSE programmes (Scottish Executive: 2003).

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.

3.2.2 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 Analysis

3.2.3 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.

There is also the danger that schools could be using external organisations to fulfil their obligations without the necessary commitment to the delivery of RSE. It is important for quality assurance that schools are aware of who is coming in to deliver the RSE programmes, exactly what is being delivered, and that teachers remain an integral part of the RSE programme.

3.2.4 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).

3.2.5 Provision for minority groups

There is limited provision for Disability, LGBT and Travellers' groups, with no programmes on offer specifically for BME 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 and 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.

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 co-ordinating 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.

4 Recommendations

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 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.

4.3.1 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 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, 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.

4 Recommendations

4.4 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 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.

4.5 RSE on the Agenda

It is recommended that, with reference to the current Health and Education agendas it will be important that 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.

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Appendix I Recent Research

1. RSE Specific literature

Health Behaviour of School Children (1994)

The 1994 Health Behaviour of School Children survey found that half the boys who participated in this survey had not been given classes explaining menstruation or STIs apart from AIDS and almost one in four had never had a class on puberty.

School Sex Education: an Experimental Programme in the Context of Educational and Medical Benefit. Mellanby at al (1995)

This study is based on the premise that those who have sex before 16 take greater risks, have more sexual partners each year during their lifetime, start sex earlier in new relationships and express more regret over their actions. The authors conclude that 'postponement of first intercourse would be likely to have medical and social benefit' and then go on to demonstrate that their programme of sex education which included behavioural values, raised the age of first intercourse.

Sex Education in Northern Ireland: Views from Parents and Schools HPA (1996)

The research investigated the support available for sex education and who took responsibility for its provision. Quantitative and qualitative research methods were used to investigate the views of parents, individual teachers and schools in relation to the provision of RSE.

The research identified a number of areas in which further work could be undertaken to support parents and teachers in providing the type of sex education which prepares young people for adult life.

The results indicated that

- there was no uniform pattern in the delivery of RSE in schools.
- only 15 per cent of primary schools and 50-65% of post-primary schools had written RSE policies.

With regard to parents' attitudes to parental involvement in RSE:

- 72% parents felt that parents and teachers should share equal responsibility (teachers more knowledgeable and less likely to be embarrassed);
- 83% wanted to be informed in advance so that they could either talk to the child or prepare for questions; and
- 74% wanted to be involved in deciding what their children should be taught in sex education (37% personally)

Eleven per cent of parents had actually been contacted about the RSE programme with 45% (primary) and 62 % (post-primary) being informed about the actual content.

Parents (22%) stated that there were topics such as abortion and contraception they would like to discuss but would find difficult, with LGBT issues least likely to be covered.

Appendix I Recent Research

Beliefs, Attitudes and Experiences of Pupils, Parents and Teachers about Relationships and Sexuality Education in post-primary Catholic Schools in Northern Ireland: (ACCORD 2002)

A survey on sex education provision undertaken by ACCORD among year 12 pupils in 17 Catholic post-primary schools in Northern Ireland found that only a minority of pupils agreed definitively with a number of statements derived from Catholic moral teaching; for example only 18 % supported marriage.

Northern Ireland Health and Social Wellbeing Survey (NIHSWB)(2002) NISRA

The NIHSWB survey found that information from friends (53%), lessons at school (47%), and the mother or female carer (37%) were the three most common ways respondents learned about sexual health matters. Respondents were also asked from which source they learned most and the ranking was the same as above: 1) friends, 2) school, 3) mother, although young women (16-24 years) were most likely to have learned from female family members.

Towards Better Sexual Health: a Survey of Sexual Attitudes and Lifestyles of Young People in Northern Ireland. (2002) Schubotz, D., Simpson, A., and Rolston, B. London.

From Schubotz, Simpson & Rolston's survey (2002), friends (83%), school (78%) and books and magazines (74%) emerged as the main sources of females' sex education. The findings were similar for males, with friends (77%), school (69%) and TV/Radio (63%) being the three main sources. The vast majority of respondents wanted to have more sex education in school and from their families. Just 39% of respondents found it easy to talk to their mother about sexual matters, and just 11% of respondents found it easy to talk to their father about sexual matters. There was a significant gender difference, but still less than half (49%) of females found it easy to talk to their mother, and just one quarter (25%) of males found it easy to talk to their father about sexual issues. The survey found that sex education in school was most likely to cover issues related to anatomy and reproduction (such as puberty, menstruation, boys' and girls' bodies), but failed to relate to issues such as sexual feelings and emotions or homosexuality.

Enhancing Sexual Wellbeing in Scotland: A Sexual Health and Relationships Strategy (2003) Scottish Executive.

The draft Strategy considers Sex and Relationships Education (SRE) in the context of a comprehensive Strategy for Scotland. The proposals support "a school based SRE programme delivered in a consistent way by professionals who are specifically trained for this role and who support and complement parents and carers in educating their children and young people".

Appendix I Recent Research

According to the proposals, features of successful sex education programmes are that they:

- Are multi-disciplinary and take advantage of the skills that can be provided by the range of providers;
- Are flexible in terms of timing and content using formats appropriate to the age and sex of young people;
- Ensure teachers are supported through adequate training and links to other sexual health professionals; and
- Are linked to relevant health care services.

On ensuring effective implementation the Strategy (paras 4.11 to 4.19) proposes that

- The Local Authority Director responsible for education services should ensure consistent, appropriate SRE in all school settings and for those excluded from school.
- A member of each secondary school's management team should ensure that school based SRE subscribes to current guidance and delivers key learning objectives.
- There should be a consistent approach to sex and relationships education across Scotland funded by the Scottish Executive.

The Reference Group which drafted the Strategy felt that there had been neither leadership on sexual health issues nor recognition of sexual health as a priority. What is needed, they said, is “a framework which champions sexual wellbeing at all levels, ensures its high profile among the other competing resource demands and enables all sexual health partners to develop multi-layered responses that will make a difference”.

With regard to parental involvement, the report acknowledges that parents influence their child's sexual values and skills from an early age, emphasising that good parent-child communication about sexuality can help delay young people's first sexual experience and limit poor sexual health outcomes.

The Draft Strategy recommends (paras 4.23 to 4.27) the development of

- Information in a variety of formats targeted at parents and carers for use from pre-school onwards;
- Programmes for parents and carers to enhance communication skills around relationships and sexual health: and that
- Schools develop mechanisms to involve parents and carers in SRE Programmes.

Appendix I Recent Research

ShOUT - The Needs of Young People in Northern Ireland who identify as Lesbian, Gay, Bisexual and or Transgender (2003) Youthnet

Research evidence from this report shows that the LGBT (lesbian, gay, bisexual, and transgendered) young people are coming out earlier with the average age now around 14 years old - they do not necessarily see that they have a “problem” and are unlikely to approach services until they reach a crisis point. Young people who took part in this report were at least three times more likely to attempt suicide, two and a half times more likely to self harm, five times more likely to be medicated for depression and twenty times more likely to suffer from an eating disorder than their heterosexual counterparts.

Young Life and Times Survey (YLT)(2005) Hannahford

The 2004 YLT survey (Hannahford, 2005) found that 89 % of 16-year olds had received information on sexual intercourse in school. Similar to the NISRA findings, the three most important influences on respondents' views on sexual matters were friends (28%), the family (21%) and school (18%). Relationships and Sexuality Education (RSE) in the Context of Social, Personal and Health Education (SPHE) (2007) Crisis Pregnancy Agency.

The research by the Crisis Pregnancy Agency, Ireland, aimed to explore the barriers and facilitators to optimum implementation of RSE for post-primary school students in Ireland. These issues were explored from the perspective of a wide range of stakeholders in RSE - senior officials in the Department of Education and Science, the support services charged with ensuring RSE is delivered, principals and teachers in schools, and parents and the children themselves.

The Report recommended that renewed efforts were required to implement RSE fully, with guidance required on what constitutes a broad and balanced RSE programme for students, including a clear and unambiguous statement on RSE content.

Among other crucial factors which needed to be addressed for the successful delivery of RSE were

- RSE Policy development within schools,
- Appropriate leadership from school principals, with support from in-service courses,
- Enhanced teacher training,
- Active evaluation of the implementation of RSE, in the context of inspection and on-going evaluation at school level, taking account of the perspectives of principals, teachers, parents and students; and a
- Particular need to develop RSE programmes that cater for specific groups of children and young people, including sexual minority youth and students with learning disabilities.

Appendix I Recent Research

How is it for You? A Survey into the Sexual Health Services Needs of Young People in North and West Belfast (2007) HAZ

The aim of this survey was to identify the gaps in the sexual health services provision to young people in North and West Belfast. The survey also set out to contribute to an understanding of what young people want from sexual health services and how their needs could be met. Evidence from the survey supported the following recommendations:

- Multi-disciplinary training and protocol development is required for professionals on young people's rights including the right (or not) to confidentiality.
- RSE needs to be inclusive of LGBT groups and young people with disabilities.
- RSE should be timely, age appropriate and not based solely on a medical model. A core element should be emotional feelings and the ability to develop and maintain safe and satisfying relationships.
- RSE should include confidence building activities as a priority, particularly for young men who often require assistance to ask for help and support on sexual health issues.

2. Research into the Sexual Activity of Young People

The following provides an overview of the current Northern Ireland wide research with regards to young people and sexual activity.

Sexual Health Behaviour of School Children in Northern Ireland (HBSC) - 2000

The questions in this survey relating to sexual behaviour were asked only of young people aged 13 - 15 (years 9-12) who had indicated that they had (at some point) had a boyfriend or girlfriend. This group constituted a sample of 3,450 young people, 14.9% of whom reported that they had experienced sexual intercourse at the time of the survey. The average age of first sexual intercourse for boys was 13 years and for girls 14 years.

Towards Better Sexual Health - 2002

This survey carried out by fpa (Family Planning Association) produced data about the sexual attitudes of young people aged 14 to 25 years of age throughout Northern Ireland. Key findings included the following:

- Approximately one third (36.7%) of all respondents were sexually active before they were 17 years old, which is the legal age of consent in Northern Ireland.
- First intercourse was most likely to occur at 15 or 16 (20% and 18.7% of respondents respectively).
- Males indicated that they had experienced sexual intercourse on average one year earlier than young women (14.9 years and 15.9 years respectively).

Appendix I Recent Research

ARK - 2004

A random sample of 854 16 year-olds surveyed in Northern Ireland showed that 21% reported they had had sexual intercourse on at least one occasion. Once more, a higher percentage of males (20%) than females (15%) reported having had sexual intercourse a few or many times.

Risk Behaviours in Northern Ireland - 2005

Research conducted by Love for Life in 117 schools in Northern Ireland showed that 14% of 14 year-olds and 22% of 15 year-olds answered 'yes' to the question 'have you ever had sexual intercourse?' Marginally more males than females answered positively to this question and this difference was noted at both age levels.

The Young Life and Times Survey - 2005

This is an annual study that surveys a sample of 16 year olds in Northern Ireland. Questions asked concerning sexual behaviour have shown some marked differences in relation to sexuality. In 2005, it revealed that 10.2% of those who were only attracted to the opposite sex showed signs of a mental health problem on the GHQ12 scale (GHQ12 score above four) compared to 28.6% of the young same-sex attracted men.

Out on Your Own - 2006

Research by the Rainbow Project revealed that the average age for respondents' first same-sex sexual experience was 15.7 years. This research highlighted the mental health needs of young same-sex attracted men and showed that over one quarter (27.1%) of the respondents had attempted suicide and over two thirds (71.3%) of those surveyed had thought about taking their own life. Four out of five (80.5%) of the respondents who had suicidal thoughts indicated that this was related to their same-sex attraction. This further illustrates the inextricable link between sexual health and mental health.

Appendix ii Covering letter to Head teachers explaining the mapping exercise

12 March 2007

Dear Headteacher

Health Action Zone Relationships and Sexuality Education (RSE) Questionnaire

From September 2007, the requirements of the revised curriculum for Northern Ireland, as stated in the Education (Northern Ireland) Order 2006, will mean that the teaching of Relationships and Sexuality Education (RSE) will become a key concept of Personal Development (PD) as part of Learning for Life and Work (LLW). This will become a new statutory requirement for the Northern Ireland curriculum for pupils in years 8 and 11.

I am writing to invite you to complete the enclosed questionnaire designed to collect information on the current provision of RSE in schools in North and West Belfast. The purpose of the exercise is to

- determine what the existing RSE provision is across North and West Belfast;
- ascertain the level of support schools require to fulfil their new statutory obligations as from September 2007.

This work is being carried out as part of the North and West Belfast Health Action Zone (HAZ) Strategy to Promote the Sexual Health and Well-being of Young People in North and West Belfast.

The aim of the Sexual Health 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.

If appropriate, complete the questionnaire yourself or pass it to the member of staff with responsibility for Pastoral Care/RSE provision. Please return it in the stamped addressed envelope provided by Friday 30th March 2007.

If you have any queries about the questionnaire contact Research Consultant, Margery Magee on 07900 575001 or on margeryamagee@aol.com

If you would like further information on the HAZ Sexual Health Project please contact Sexual Health Co-ordinator Beth Gilhooly on 028 9032 0840 ext 225 or by email on elizabeth.gilhooly@nwb.n-i.nhs.uk.

Further information on HAZ is available on the HAZ website at www.haz-nwbelfast.org.uk

Thank you for your co-operation.

Yours sincerely

Margery Magee
Research consultant

Appendix iii Schools RSE Mapping Questionnaire

School _____

Primary Post primary Special school

Questionnaire completed by: _____

Status/Title _____

1. Have you seen the following documents relating to Relationship and Sexuality Education (RSE)? *Delete as applicable*

CCEA Guidelines on Relationships and Sexuality Education - 2001	Yes/No
DENI Circular on Relationships and Sexuality Education (2001/15)	Yes/No

2. Does your school have a written RSE policy? *Delete as applicable*

CCEA Guidelines on Relationships and Sexuality Education - 2001	Yes/No
---	--------

If you answer NO please go to Q5

3. When was the policy last reviewed? *Please tick*

Within the past	0-1 years	<input type="checkbox"/>	1-2 years	<input type="checkbox"/>
	2-3 years	<input type="checkbox"/>	3+ years	<input type="checkbox"/>

4. To whom is the policy distributed? *(tick all that apply)*

Governors	<input type="checkbox"/>	Senior	<input type="checkbox"/>	Management	<input type="checkbox"/>
Teachers	<input type="checkbox"/>	Parents	<input type="checkbox"/>	Pupils	<input type="checkbox"/>

5. Do you involve pupils in the design and/or delivery of RSE in your school? *Delete as applicable* Yes/No

If yes please say how you achieve this

Appendix iii Schools RSE Mapping Questionnaire

6. In what way are parents involved in the provision of RSE (tick all that apply)

- Not involved
- Given copy of policy
- Informed of forthcoming RSE programmes (including topics, content)
- Invited to review materials
- Participate in parent/pupil home activities

7. How does your school provide RSE - is it delivered by (tick all that apply)

- Teachers School Nurse External agency
- Other (please give details below...)

8. If your school uses an external agency to deliver, or contribute to, the RSE programme please indicate below which agency/agencies are used (tick all that apply)

- | | | | |
|-------------------------|--------------------------|-----------------------------------|--------------------------|
| Brook | <input type="checkbox"/> | fpa (Family Planning Association) | <input type="checkbox"/> |
| HYPE | <input type="checkbox"/> | NWBHSST Sexual Health Team | <input type="checkbox"/> |
| Opportunity Youth | <input type="checkbox"/> | shOUT | <input type="checkbox"/> |
| Love for Life | <input type="checkbox"/> | Training For Life | <input type="checkbox"/> |
| Shankill Women's Centre | <input type="checkbox"/> | Yahoo | <input type="checkbox"/> |
| ACET | <input type="checkbox"/> | Other - please specify below | <input type="checkbox"/> |

9. Have teaching staff been trained in delivery of RSE during the last 12 months? Yes/No

If yes, please indicate how many days training per staff member have been provided? _____days

10. Which training providers have been used? (tick all that apply)

- | | | | |
|------------------------------|--------------------------|----------------------------|--------------------------|
| BELB | <input type="checkbox"/> | NWBHSST Sexual Health Team | <input type="checkbox"/> |
| fpa | <input type="checkbox"/> | ACCORD | <input type="checkbox"/> |
| Other - please specify below | | | <input type="checkbox"/> |

Appendix iii Schools RSE Mapping Questionnaire

11. Does your school have a designated RSE Co-ordinator? Yes/No

12. Does the RSE Co-ordinator have access to regular training? Yes/No

If yes please specify

13. How does the school programme include RSE topics? (tick all that apply)

Annual programme Incorporated into PSHE/PD/PDMU

Modular linked eg. Learning for Life and Work/PDMU

14. How is RSE taught in your school ? (tick all that apply)

One year course Over several years One-off sessions

Ongoing groupwork Part of school development plan

Road shows Health fairs Other - please specify

15. How many hours are delivered in total per pupil ? _____hours

16. At what age is RSE introduced to pupils

P1-P5 P6 P7

Form 1 (year 8) Form 2 (year 9) Form 3 (year 10)

Form 4 (year 11) Form 5 (year 12) Post age16

17. If your school is co-educational are boys and girls always taught RSE topics together? Yes /No/Not applicable

If the answer is yes, what issues are addressed?

18. If your school is single sex, are issues relating to the other gender covered? Yes /No/Not applicable

If the answer is yes, what issues are addressed?

Appendix iii Schools RSE Mapping Questionnaire

19. It is acknowledged that RSE programmes do not always meet the identified needs of boys and young males. Are you doing anything to address this?

Yes /No

If the answer is yes, please give details below

20. The RSE guidance highlights certain sensitive issues.

Does your RSE programme include topics on

sexual orientation

Yes /No

abortion

Yes /No

contraception

Yes /No

21. Are you aware of the requirements for the revised curriculum from September 2007 and the implications this will have on RSE?

Yes /No

If yes

Is your RSE provision based on the changes to the curriculum?

Yes /No

If no

Would you like further information on the changes?

Yes /No

If there was one thing you would like the Health Action Zone (HAZ) to hear about RSE what would it be?

Thank you for completing the questionnaire. We will be giving people the opportunity to take part in a group discussion to provide us with additional information. If you would like to get involved please tick the box provided and we will be in touch within the next month. Any other colleagues involved in RSE will be welcome.

Please return the questionnaire in the stamped addressed envelope provided, or to HAZ RSE Schools Research, HAZ, 5th Floor, 16 College Street, Belfast, BT1 6BT by Friday 11th May 2007.

If you have any queries about this questionnaire please contact Research Consultant, Margery Magee on 07900 575001 or on margeryamagee@aol.com

Appendix iv Other resources used in RSE

Five schools used other resources not listed on the questionnaires. These were:

One stop shop (2)

Ardoyne/Shankill Partnership

Life Education Bus

Community Police

FASA (2)

School health

CCMS

NSPCC - Education for Life programme

Life NI

ACCORD

I'm special, You're special

One day course at Holy Family PS run by team from Diocese under Father O'Hagan (2)

Videos and DVD's

Appendix v Organisation Mapping Questionnaire

Name of organisation _____

Contact person _____

Email contact _____

Address: _____

Telephone _____ Fax _____

Web address _____

Thank you for completing the questionnaire. We will be giving people the opportunity to take part in a group discussion to provide us with additional information. If you would like to get involved please tick the box provided and we will be in touch within the next month. Any other colleagues involved in RSE will be welcome.

Please return the questionnaire in the FREEPOST envelope provided or to HAZ RSE Research c/o 16 College Street, Belfast, BT1 6BT by Friday 6th April 2007.

If you have any queries about this questionnaire please contact Research Consultant, Margery Magee on 07900 575001 or on margeryamagee@aol.com

Relationship and Sexuality Education (RSE) Initiatives

1. Programme title _____

2. Aims/objectives _____

3. Is the programme accredited? Yes /No

If the answer to the above is yes please specify

Accrediting body _____

Level of accreditation _____

4. Target group/s (tick all applicable sex/age groups)

	Under 11 years	11 - 13 years	14 - 16 years	17 - 19 years
Male	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixed groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appendix v Organisation Mapping Questionnaire

5. Do you deliver this programme in the North and West Trust area? Yes /No

If the answer is yes please give details of the schools involved in the past twelve months below (please attach a separate sheet if you need additional space)

1. _____ 2. _____
 3. _____ 4. _____
 5. _____ 6. _____
 7. _____ 8. _____

6. Do you provide RSE programmes specifically for the following groups ?

(Tick all that apply)

- People with a disability/impairment Black Minority Ethnic (BME)
 Lesbian, Gay, Bisexual Transgender (LGBT) Travellers

7. What is the format used for the delivery of your programme/s?

- One-off talks Short courses
 Group work Peer education

8. Sessional work delivery (please give details)

- Overall length of programme _____
 No of sessions _____
 Length of each session eg hours/half day/full day/evening _____
 Frequency of sessions eg Daily/Weekly/Monthly _____

9. Where do you deliver your programme/s? (tick all that apply)

- Your organisation's premises Schools
 Community settings Other (specify)

Appendix v Organisation Mapping Questionnaire

10. How is the programme evaluated ? (tick all that apply)

- Participant feedback School feedback
Parent feedback Facilitator feedback
Formal external evaluation

11. Which of the following does your RSE Programme contain?

General (tick all that apply)

- Gender issues Sexuality Attitudes and Values
Other - please specify

Factual information (tick all that apply)

- Body/puberty Personal safety STIs
Contraception Pregnancy Sexual Health Services
Other - please specify

Factual information - Lesbian, Gay, Bisexual, Transgender (LGBT) issues
(tick all that apply)

- LGBT specific information on STIs
Information on LGBT specific Sexual Health Services
Self esteem/confidence building and the effects of homophobia
Parenting skills and alternative families inc. LGBT
Specific information on LGB relationships

Personal development (tick all that apply)

- Self esteem/confidence building Relationships
Parenting skills Communication/decision making
Other - please specify

External influences (tick all that apply)

- Media Family Peer group Religion

Appendix v Organisation Mapping Questionnaire

Other external influences - please specify

Are you aware of the changes to the curriculum for RSE from September 2007? Yes /No

If yes

Is your RSE provision based on the new curriculum ? Yes /No

If no

Would you like further information on the new curriculum ? Yes /No

If there was one thing you would like the Health Action Zone (HAZ) to hear about the provision of RSE what would it be?

Apart from RSE what else does your organisation provide?

1. Information service

2. Drop-in service

3. Counselling

4. Peer education

5. Campaigning

6. Publications

7. Website

Other provision - please specify

Appendix vi: Themes from organisation focus group discussion

Funding

- Funding for the delivery of RSE programmes comes mainly from statutory health bodies - little comes from education
- Funding for community/voluntary organisation tends to be short term and non-recurrent
- Charging for RSE means that only schools with resources can avail

Demand for services

Demand for the delivery of RSE programmes by external organisations far exceeds their capacity to deliver
There is scope for partnership which is already taking place

Inequality

- The availability of RSE can vary according to the area, therefore this creates inequality (post-code delivery)

Identified gaps

- Personal development

RSE Delivery

- Some schools deliver one hour of RSE and feel that this meets their obligation to deliver
- Gatekeeping

Sometimes the nature of RSE delivered is down to the School Principal or the Senior Management Team

Some schools will not avail of the “full package” of RSE, they chose according to their ethos

The presence of a teacher in the classroom during RSE can inhibit effective delivery (there is a need to balance continuity with disclosure)

Training

- There should be provision of training for student teachers eg in Stranmillis
- There is a need for provision for “training the trainers”

Specialist provision

- Groups who need special provision include

Excluded children

People with learning disability (can be issues with parents/risk)

LGBT groups (need here for training by specialist organisations)

Teen pregnancy

There is a link between incomplete RSE delivery and teen pregnancy

Appendix vii

Sexual Health Project Board Membership

Mary Black (Chairperson) HAZ
Dr Bernadette Cullen, EHSSB
Mary Crawford, Brook, Northern Ireland
Cathy Curry, HYPE
Peter Dornan, BELB (until June 2007)
Dr. Olga Elder, BHSCT
Beth Gilhooly, HAZ
Billy Graham, BHSCT
Joanna Gregg, Sexual Health Team Eastern Area
Joe Harris, Sexual Health Team Eastern Area
Margaret Kelly, BHSCT
Stiofan Long, West Belfast Partnership (until September 2007)
Jackie McBrinn, BHSCT
Elaine McCarthy, HAZ
Anne-Marie McClure, Opportunity Youth
Sam McDermott, BELB
Bryan Nelson, BHSCT
Audrey Simpson, fpa
Amanda Stephens, shOUT Project
Jackie Walker, BHSCT

Education Sub-group Membership

Cathy Curry, HYPE
Peter Dornan, BELB (until June 2007)
Beth Gilhooly, HAZ
Joanna Gregg (Chair), Sexual Health Team Eastern Area
Kathleen Grego, Opportunity Youth
Dympna Johnston, Greater Shankill Partnership
Tracy Kane, Shankill Young Women's Project (from August 2007)
Margery Magee (Consultant), Magee Consulting
Fiona Meenan, Health Promotion, BHSCT
Frances Open, Belfast Metropolitan College
Audrey Simpson, fpa
Lynn Smith, Shankill Young Women's Project (until August 2007)