

# SURE START INVOLVEMENT IN PERSONAL, SOCIAL AND HEALTH EDUCATION IN SCHOOLS

## INTRODUCTION

In order to measure the impact of Sure Start input into the PSHE curriculum at 2 local secondary schools (and to assess the value of continued input) an evaluation was carried out in during spring 2002. The PSHE teachers for each school and the Health professionals involved were asked to comment on their experience of this way of working. It was found that pupils and school staff benefited from input from health 'experts' and it was recommended that this joint working approach be adopted by other secondary schools in the area.

## BACKGROUND

Sure Start Ravensdale employs a Family Planning Nurse and Midwife to provide advice, support and services to the families of Ravensdale.

In order to extend the breadth of our services and influence the sexual behaviour and welfare of the next generation of parents, the family planning nurse approached 2 local comprehensive schools offering an input to the PSHE curriculum.

Traditionally the school nurse has taught lessons on contraception, conception and abortion.

At one School, the school nurse had left and input from family planning and midwifery was welcomed.

At the other School, the current school nurse felt she could fulfil this role, but her replacement was not family planning trained and accepted Sure Start input.

The FP Nurse and Midwife have provided teaching to pupils on contraception, conception, childbirth, abortion, sexually transmitted diseases<sup>1</sup> each term since Autumn 2000.

Early in 2002 a questionnaire was sent to the teachers responsible for PSHE in each school. The material in this report is based on their comments and those of the Family Planning Nurse and Midwife.

## METHODOLOGY

Exploratory interviews with the midwife and family planning nurse who taught the classes in school were held, to identify the issues that concerned them and to

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<sup>1</sup> STDs are also taught to some year groups in one school by health professionals from the genito-urinary department.

establish the background to the work. A questionnaire was drawn up for the teachers responsible for the PSHE curriculum in each school. The Evaluation Officer phoned the teachers to introduce herself and explain the purpose of the evaluation. She offered to meet with the teachers to address the questions as an informal interview or to send it to them for self-completion. Both teachers, for reasons of time constraints, chose the latter option.

The results of the questionnaire were collated and then discussed with the family planning nurse and the midwife. A report was written and presented to the Mansfield Teenage Pregnancy Group, where it was well received. Copies of the report were distributed to all participants and other relevant Sure Start staff.

## KEY FINDINGS

### **Sure Start input- what has had the most impact on the pupils?**

- That the facilitators are from an external agency.  
"Paula always makes time to talk to the children with questions - they feel more relaxed to talk to her than if they spoke to a member of staff."
- That they are experts in their field. The teaching methods are not really different, but are more up to date and accurate. "Because they are experts and there is a novelty factor, they are usually well received"
- The resources are usually at their level, sometimes too complicated  
"Sometimes too much knowledge is assumed on the part of the students - information should be more basic"
- Information about further help is available.

Because the midwife and family planning nurse are independent of the school they are able to talk objectively to the young people who in turn are able to speak freely without fear of judgement or loss of confidentiality.

**Obviously with such a time limited intervention it is difficult to estimate what impact there has been on pupils' attitudes.**

The teachers felt that pupils were 'perhaps more responsible and using family planning more'. One comment was that the family planning nurses and midwife were respected and trusted and that the midwife makes them (the boys) realise their responsibility.'

**Both schools felt it would be beneficial to continue having the midwife and Family planning nurse delivering classes.**

The main benefit for the pupils and staff has been the expert up to date information. For the pupils the presence of a professional agency has an impact.

**Practical issues that need to be considered by both schools and outside agencies when considering joint working are more specifically-**

**Planning and good organisation**

- Ensuring that outside agencies can fit in with the timetable requirements of the school, which are set around end of June for the following year. It has been very difficult for practicing nurses/midwives to fit 'set' classes into their own schedule of clinics and groups.
- Availability of equipment and resources i.e. TV and Video, visual aids. This has been particularly difficult this year due to school reorganisation.
- Good forward planning with all parties in discussion together to ensure clarity of roles and responsibilities
- Ensuring that a teacher is present in the session both for supervisory purposes and also so that the teacher receives the updated information.

There are other topics within PSHE where the NHS or other agencies could be used as a source of expertise.

These are drugs, education, illness, death and assistance with the new programme for years 7 + 8.

At present pupils not in school can only access PSHE if work is being sent home or through TV programmes.

## CONCLUSIONS AND RECOMMENDATIONS

Both schools felt that sex and relationships education could be improved by having more time spent on it and continued contact with outside agencies.

- It is recommended that Sure Start input continues within the 2 schools in our catchment area
- That this joint working approach be 'mainstreamed' and adopted by other local secondary school
- That support networks such as Youth Service Initiatives and Techno Chances for Lads be created/maintained out of school hours for teenagers on teenage sexual health issues and PSHE topics. This with the aim of reaching those young people excluded from school in order to provide 'wider coverage'/reach a wider audience.

## OUTCOMES

- At April 2003 Sure Start input to the 2 local schools is being maintained.
- Mansfield Teenage Pregnancy Group recommended that this approach be taken on Mansfield wide and funding has been sought to employ a midwife to specifically take on this teaching role.

## APPENDIX

### QUESTIONNAIRE RESULTS

#### Q1-7 School Context

##### School 1

The PSE teacher plays some part in organising cross-curricular PSE in addition to her responsibilities as community co-ordinator and teacher of RE and English. It is also largely her role to implement the sex education syllabus.

The staff and governors give 'substantial support' to PSHE enabling people to do on courses and introduce new developments in knowledge.

##### Pregnancy and Parenthood amongst Pupils

There have been pregnant pupils in school and their treatment is the responsibility of the pastoral team. The PSE teacher said it was 'difficult to know' what effect their presence has had on other pupils.

##### School 2

The PSHE teacher spends around 3 hours per week working on PSHE with years 9, 10 and 11. She also teaches PE and is head of year 10. She sees her role as PSHE teacher to 'inform the pupils about healthy lifestyles, responsibility to themselves, contraception and responsibility to others'.

PSHE is valued by Brunts and is 'taught properly to every year group'. A team of PSE teachers delivers this in years 9, 10 and 11 but in years 7 and 8 tutors deliver this'. The sex education syllabus is set by the Deputy Head of Pastoral Care and the Deputy Head.

##### Pregnancy and Parenthood amongst Pupils

There have been several pregnancies and 'quite a number' of abortions since this teacher has been in post. Full support is given from school, home tuition is arranged and then girls then come back into school. 'Other girls tend to pay them a great deal of attention'.

##### Additional support.

If children have a problem or query about sex or relationships, they can go to their tutor, Nurse or Head of year

However there has been no school nurse for several months at Brunts and before that she had little time to spend at the school.

Facilities for sign posting children towards more information or support

At present information is available through the school nurse (Sherwood Hall), notice boards and information in PSE lessons.

For pupils requiring emergency contraception (the morning after pill) information about clinics is highlighted as part of PSE. At Brunts pupils are allowed to sign out but usually go after school.

Both Teachers were asked whether they felt it was feasible to have contraceptives issued within school. They felt that this is a decision for governors and the Head Teacher in consultation with parents.

Topics covered by PSHE curriculum

**Q7 - What topics are covered?**

Racism, puberty, drugs education, childbirth, contraception, citizenship, crime & punishment, bullying, friendship

Substance abuse, health and sex education, health related fitness, relationships, sex and responsibility, appropriate and inappropriate behaviour

**Q8 - What topics does the Sure Start Midwife cover?**

Childbirth

Conception

**What topics does the Family Planning Nurse cover?**

Contraception

Contraception & abortion

Sexually transmitted diseases

**What resources are used?**

Video, lectures and visual aids, worksheets all kinds of contraceptives

Group discussions, showing contraceptive methods

**Q9 - How were these topics covered before?**

Nurse has always done contraception

School nurse.

**Who led the classes?**

Teachers

The school nurse

**What methods were used?**

As above, video, visual aids and worksheets

Group discussions - followed syllabus

**What resources were used?**

All types of contraceptives

Showing of contraceptives

**Q10 - What has had the most impact on the pupils?**

**That the facilitators are from an external agency?**

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**That they are experts in their field?**

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**That the teaching methods are different?**

Not really different, but more up to date and accurate

Not as good as delivering generally, but because they are experts and there is a novelty factor, they are usually well received

**That the resources/handouts are appropriate at their level/ are too complicated**

Are at their level

Sometimes too complicated

**That information about further help is available etc**

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Sometimes

**Other**

Paula always makes time to talk to the children with questions - they feel more relaxed to talk to her than if they spoke to a member of staff.

Sometimes too much knowledge is assumed on the part of the students - information should be more basic.

**Q11 - What feedback have you had from the pupils about the way contraception and conception lessons are run now?**

We do a questionnaire at the end of the year - health always scored the highest.

I had to explain some things further to my own tutor group.

**Q12 - How aware are the children about the subject of the lessons before they get into the class?**

*Andrea Sharp for Sure Start Ravensdale July2002*

At the beginning of the year they are informed about the timetable.  
Prepared

**Q13 - How do you feel sex and relationships education can be improved?**

More time - continued contact with outside agency.  
Need to build a whole programme from year 7 - 11.

**Q14 - What facilities are available in school to sign post children towards more information or support around these issues.**

Notice boards and information in PSE lessons.  
From school nurse and we are open to further suggestions.

**Q15 - If children have a problem or query about sex or relationships, who can they go to?**

We have had no school nurse for several months now and before she spent very little time at Brunts  
Tutor, Nurse, head of year

**Q16 - What impact have these lessons had on the pupil's attitude to contraception and conception - any overheard comments or changes in behaviour you have noticed?**

Perhaps more responsible - using family planning more  
We have always had sex education; it is difficult to estimate. But clearly increased and earlier information will enhance understanding.

**Q 17 - Do you feel it would be beneficial to continue PSE lessons using the Sure Start midwife and FP Nurse to facilitate the classes?**

Yes Definitely  
Yes

**Q 18 - What problems have you encountered in having the midwife and FP nurse deliver the classes?**

Not really - it requires planning and good organisation  
This year has been difficult because of lack of space

**Q 19 - What practical issues need to be taken into consideration when planning a programme using NHS facilitators?**

Availability of TV and any visual aids etc

Paula always meets me at the end of June/July when we know the timetable

**Q 20 - if you were talking to other schools about this way of working what would you say?**

Explain the working of your timetable and tutor groups - always have a member of staff present.

Good forward planning is needed with all parties in discussion together.

**Q 21 - How can timetables be set to suit both the school and the midwife/family planning nurse?**

I have no control about timetables-unfortunately! It is so very complicated and outside agencies fit in with us.

We don't have a timetable until the end of June and beginning of July.

**Q 22 - How easy is it to organise the equipment needed by the class facilitators?**

Usually this is no problem but this year has been a nightmare because of our re-organisation. I teach on 3 sites every day.

It depends and varies. Knowledge of needs in good time helps a lot. NB this year has not been easy due to re-organisation.

**Q23 - How can children not attending school access PSHE education?**

Only if we are sending work home i.e. children who are excluded or have a long-term illness.

Through TV programmes

**Q24 - How are children supported to access morning after services off campus?**

We allow them to sign out but usually they go after school

Info about clinics is highlighted for our students (Sure Start)

**Q25 - If the school nurse were family planning trained, she could issue contraceptives and the morning after pill. Do you feel that would be a feasible option?**

Yes, but the governors would have to pass this.

It would be up to the head teacher to decide (parents may object).

**Q26 - Are there any other topics with the PSE where the NHS or other agencies could be used as a source of expertise?**

Next year I will be on the team for years 7/8 and the programme will be new and input from the NHS would be welcomed.

Drugs education, dealing with illness and death. We already have the genito urinary dept. talking about STDs in school in Year 11.

Comment from Jenny Bryant, Brunts School

"Paula has supported us now for two years - contraception in Yr9 and abortion in Year 10. I could not have managed without her- if I was in charge and had the money I would employ her full time- she has been excellent! I cannot thank her enough! She has an excellent manner with the pupils and they trust her!

The midwife also is greatly respected by the pupils - especially the boys- she makes them realise their responsibility. Thankyou.