

Staffordshire Sex and Relationships Education Guidance

November 2010

Contents

1. Foreword	4
2. Introduction	5
2.1 What is the guidance?	
2.2 Why do we need the guidance?	
3. Sex and Relationships Education Guidance	7
3.1 Principles	
3.2 Content	
3.3 Delivery	
4. Implementation	10
4.1 Legislation and other Guidance	
4.2 Confidentiality	
4.3 Safeguarding	
4.4 Issues and Considerations	
4.5 Policies	
4.6 Guidelines	
4.7 Quality Assurance	
4.8 Roles and Responsibilities	
5. Training, Development and Supervision	19
5.1 Staffordshire Children's Workforce Development Strategy	
5.2 Staffordshire SRE and Sexual Health IAG Training and Development Programme	
5.3 Supervision	
6. References	21

Guidance author:

Ali Spender
Staffordshire Teenage Pregnancy Co-ordinator
Staffordshire Children's Trust

Guidance review date:

November 2011

Acknowledgements

The following are thanked for their support and contribution:

- Anna Sewell, West Midlands Regional Teenage Pregnancy Co-ordinator – for facilitating access to policy and good practice
- Sarah Farmer, West Midlands Regional Teenage Pregnancy Co-ordinator – for facilitating access to policy and good practice
- Warwickshire Respect Yourself Campaign – for sharing their SRE policy and allowing Staffordshire to adopt contents for this
- Sue Mulroy – for policy and guidance development
- Donna Finer – for policy and guidance development
- Staffordshire Teenage Pregnancy Partnership Board – for content:
 - Sharon Moore, Assistant Director, Staffordshire Young People’s Service, Staffordshire County Council
 - Cheryl Sherratt, Head of Service Development (Children’s Services), South Staffordshire PCT
 - Jackie Small, Head of Health Improvement, Public Health Directorate, NHS North Staffordshire
 - Nic Hull, Acting Head of Service, Looked After Children, Staffordshire County Council
 - Judy Tideswell, School Improvement Officer (SRE), Education Transformation, Staffordshire County Council
 - Kate Sharratt, Co-ordinator, Community & Learning Partnerships, Staffordshire County Council
 - Gaynor Nunnick, Head of Education Welfare, Staffordshire County Council
 - Janet Baldasera, Cannock Chase District Council, District and Borough Council Representative
 - Karen Ashby, Head of Service, Staffordshire Young People’s Service, Staffordshire County Council

1. Foreword

Sex and relationships help to form a fundamental part of who we are as people. Developing appropriate personal relationships and an understanding of sexual behaviour is essential to the maturation and future well being of young people.

For young people growing up today, there are many contradictory and conflicting messages about sex and relationships and the climate is one of increased and earlier exposure to sexual activity. Far from “destroying their innocence” sex and relationships education (SRE) equips children and young people with the values, skills and knowledge to understand and deal appropriately with these social and cultural pressures (DCSF 2010).

Puberty can start as early as 8 years old and so it is important that SRE starts early enough to prepare children and young people for the physical changes they will face.

During adolescence, peer group pressure to conform is at its strongest which makes it difficult for young people to exercise choice and freedom of expression, including involvement in sexual activity. Alcohol and coercion are also closely associated with early sexual activity. Added risks for young people are that they may have limited knowledge, little regard for their own personal health and are often ill equipped emotionally to deal with this appropriately. SRE is critical in that it provides accurate information about social norms to correct the myth that “everyone is doing it” and can support young people in resisting pressure (DCSF 2010)

The aim of sex and relationships education is to provide information and a forum for discussion and exploration of issues relating to personal, social and emotional development within the context of sex and relationships. SRE should help and support young people through their physical, emotional and moral development.

Although the majority of young people do not have sex before the age of 16, it is important that SRE provides information about contraception. This will help combat the high rates of under 18 conceptions, half of which end in a termination of pregnancy suggesting pregnancy was unintended.

SRE can also address issues such as sexuality, gender equality and bullying. Through exploration of attitudes and values, bullying including that related to sexist, sexual, homophobic and transphobic, can be challenged.

Parents have a key role in SRE. They are possibly the biggest influence on their children’s development and it is vital they are able to provide the foundation for healthy and fulfilling social and personal relationships while protecting their children and young people from harm (DCSF 2010). Children and young people often cite their parents as their preferred source of information, advice, guidance and support with regard to personal issues. It’s therefore clear that parents should be supported in their SRE role.

This Guidance aims to create a foundation for SRE in Staffordshire that helps young people learn to respect themselves and others and move with confidence from childhood through adolescence into adulthood. The Guidance is accompanied by a portfolio of support materials including associated policies, standards and quality assurance which can be found on the Staffordshire Children’s Trust website (www.staffordshirechildrenstrust.org.uk).

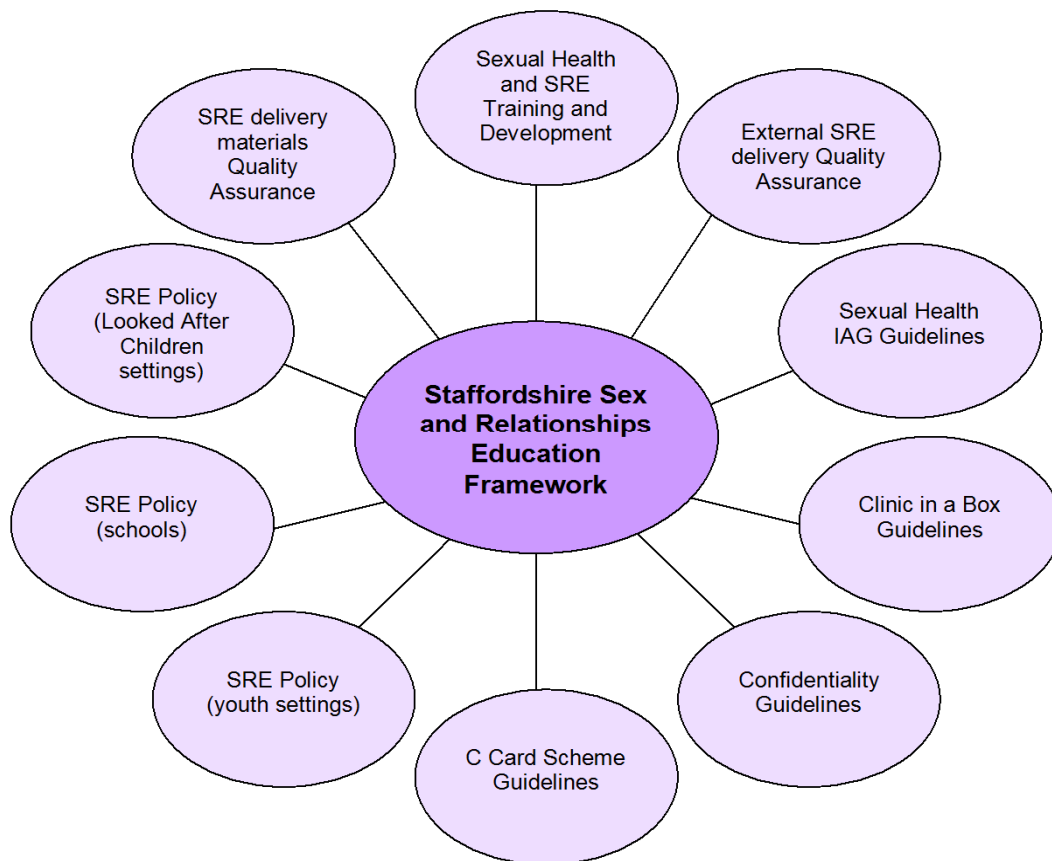
2. Introduction

2.1. What is the guidance for?

Staffordshire Children’s Trust endorses that children and young people in Staffordshire are entitled to good quality, age appropriate and impartial sex and relationships education including information, advice, guidance (IAG) about sexual health.

The Trust has agreed the Guidance on the basis that it is for individual agencies to use as they consider appropriate and in accordance with legislation and guidelines, policy and that SRE is delivered by a children and young people’s workforce that is both suitably trained and confident.

Figure 1: Staffordshire’s SRE Framework



The Guidance has been developed with involvement of young people and a range of Children’s Trust partners responsible for delivering SRE and sexual health IAG.

2.2. Why do we need guidance?

Improving the (sexual) health and well-being of young people is a priority featuring in a number of national strategies and plans:

- Teenage Pregnancy Strategy (1999)
- National Sexual Health and HIV Strategy (2001)
- Choosing Health (2004)
- Children's Plan (2007)
- Healthy lives, brighter futures: the strategy for children and young people's health (2009)

The reduction in under 18 year old conceptions features as a key target within Public Service Agreement (PSA) 14: Increasing the number of children and young people on the path to success (HM Government 2008-2011). It is also a target within the National Indicator Set (NIS) from which local government chooses its 35 priorities (Communities and Local Government 2007). The NIS also includes an associated target, prevalence of chlamydia. Teenage pregnancy and chlamydia screening/prevalence are included in the NHS Vital Signs, a guide for managing and planning health priorities both nationally and locally (NHS 2008).

Staffordshire has a range of local area versions of many of the above strategies and plans developed in response to the particular needs and characteristics of the local population.

The Staffordshire Teenage Pregnancy Strategy aims to establish a firm downward trend in the under 18 conception rate and achieve positive outcomes for teenage parents. Improving sexual health services (including IAG) and driving up the quality of SRE are objectives of the strategy and are vital in improving the (sexual) health and well-being of young people.

The recent draft DCSF SRE Guidance (2010) provides a wealth of evidence to demonstrate the importance of SRE:

Evidence shows that comprehensive programmes of SRE can have a positive impact on young people's sexual behaviour, helping them to make sense of the sexual messages and imagery around them, to understand risks and consequences and to gain the knowledge and skills they need to stay safe and be healthy. (pg 2)

The Guidance also presents recommendation for practice that although primarily intended for a school setting, is taken as the foundation for the Staffordshire Guidance and local policy and standards.

3. Sex and Relationships Education Guidance

3.1 Principles

All children and young people will be offered good quality, appropriate (age, ability, gender, sexuality and culturally) and impartial sex and relationships education that:

- promotes respect for self and others
 - feel good about themselves
 - be supported to behave responsibly towards others
- is free from discrimination and negative judgements
- develops skills, confidence, self esteem and resilience to deal with sexual health and relationship matters and to make informed choices taking into account the levels of understanding and support needs
 - know how to avoid being sexually abused or exploited
 - understand what kind of sexual behaviour is 'ok'
 - safeguard themselves and enjoy good sexual health
- adheres to robust and appropriate confidentiality and safeguarding policies and procedures
- is available at the times and in the places required (accessible to all)
- is consistent across all settings
- adheres to national and local legislation, guidance, policy and standards (e.g. Fraser Guidelines, Sexual Offences Act 2003, SRE Guidance and Policies, You're Welcome and C Card Guidelines)
- enables access to a range of appropriate services and support when required
- is delivered by appropriately qualified and confident staff
- is informed by the participation of young people, parents, carers and the wider community with regard to development and evaluation
- promotes and facilitates the role and responsibility of parents/carers

3.2 Content

As a minimum children and young people will be offered the following age appropriate content delivered in accordance with national and local legislation, guidance, policies and standards:

For children aged 10 years and under:

At this age the following information should be given to young people:

- Information around puberty should be provided before they experience the physical changes e.g. periods, wet dreams and voice breaking.
- Explanation of when these changes may happen and discussion around what issues may cause anxiety and how they can deal with these.
- How a baby is conceived and born.

- Understand how their body works, and what names are used for different parts of the body.
- Develop skill in talking about their bodies, their feelings and relationships.
- Know how to nurture self-respect and respect for others.
- Have an understanding of appropriate and inappropriate touching.
- Know who to tell if they experience unwanted sexual advances.
- Develop good personal hygiene to prepare them for puberty.

For children aged 11 years and over:

At this age young people should be given clear and accurate information about:

- Sexual development
- Different relationships
- Sexuality
- Sexual response and desire
- Contraception
- Reproduction and birth
- Abortion
- Masturbation
- Health and hygiene
- Sexual orientation
- Abuse
- Sexually Transmitted Infections (STIs), including HIV/AIDS and safer sex
- Sex and the law
- Dealing with regretted sexual activity
- How to access confidential advice and services
- How to avoid and resist unwanted sexual pressures, including peer pressure
- Sex and gender
- Being a parent

At this age young people should be given opportunities to:

- develop their inter-personal skills
- explore their own attitudes to themselves and others
- understand the importance of relationships and respect for self and others, and
- be able to understand and express their emotions and behaviour

It is the responsibility of the host setting (school, youth club, residential care setting, sexual health service etc) to ensure that SRE and sexual health IAG (including

resources and materials) is delivered to the standard stipulated in this Guidance and that content is age appropriate.

Further details and content support can be found in the portfolio of support materials.

3.3 Delivery

SRE can be enhanced by a supportive ethos, where all are valued and encouraged, positive relationships are seen as important and there is a safe and secure environment, which is conducive to learning. To achieve this the following approaches and techniques to SRE delivery will be implemented:

- The purpose of SRE delivery is made clear
- Establishing ground rules with young people, establishing a safe learning environment in which open and non-judgemental discussions about sex, sexuality and sexual health can be held
- Using 'distancing' techniques, developing a group agreement to ensure acceptable boundaries for discussion that safeguard children, young people and professionals
- Ensuring that one-to-one work also acknowledges the need for boundaries and supportive frameworks
- Respecting the privacy and confidentiality of children and young people within the boundaries of child protection, and informing young people of these rights
- Knowing how to deal with unexpected questions or comments from young people
- Using discussion and project learning methods and appropriate materials
- Appropriate learning experiences are planned and meet the needs of all the young people in the group
- Learning experiences draw on young people's own experiences or existing knowledge and provide a range of opportunities for young people to learn, practise and demonstrate skills, attitudes and knowledge
- Time is given for young people to reflect and consolidate their learning, involving young people in assessing what they have learnt and understood
- Young People are encouraged to take responsibility for their own learning and to record their own progress
- SRE can be delivered in single sex or mixed groups, depending on need
- Young people are taught in a way, which is appropriate to age, culture, gender, religion
- Information is clear, accurate, up to date, relevant, accessible and not heterosexist
- SRE is linked to information about advice services that children and young people can access
- Methods used to deliver SRE are monitored and evaluated to ensure effective future planning

4. Implementation

4.1 Legislation and guidance

4.1.1 Legislation outlining the requirements of schools

The following is the current (June 2010) position:

- The Education and Inspections Act 2006 places schools under a duty to promote the well-being of their pupils.
- The Education Act, 1996, as amended by the Learning and Skills Act 2000, requires headteachers and governing bodies to have regard to this guidance; to ensure that pupils learn of the nature of marriage and its importance for family life and the bringing up of children, and that they are protected from unsuitable teaching and materials.
- All secondary schools are required to provide SRE which includes (as a minimum) information about HIV/AIDS and other STIs (Education Act 2002).
- Schools must teach the statutory requirements of SRE within the National Curriculum Science Order for all phases. This includes the biological aspects of naming body parts, puberty, reproduction and infection avoidance.
- All primary and secondary schools are required by section 404 of the Education Act 1996 to have an up-to-date policy for SRE. This includes special schools and pupil referral units / alternative provision. It is the responsibility of the school governors to ensure that the SRE policy is up-to-date and fit for purpose. Pupils and parents must be consulted in developing the SRE policy and the policy must be available for pupils and parents to see.
- Section 405 of the Education Act 1996 provides the right of parental withdrawal from all or part of SRE provided at school except for those parts included in the National Curriculum.

4.1.2 Contraception – The Fraser Guidelines

The Fraser Guidelines, which are set out in the Department of Health Circular on Family Planning Services for Young People issued in March 1986 indicates that doctors may provide contraceptive advice to a young person under the age of consent providing the following are satisfied:

- that the young person could understand the doctor's advice and had sufficient maturity to understand what was involved in terms of the moral, social and emotional implications
- that the doctor could not persuade the young person to inform the parents/guardian, nor to allow the doctor to inform them, that contraceptive advice was being sought
- that the young person would be very likely to begin or to continue having sexual intercourse with or without contraception
- that without contraceptive advice or treatment the young person's physical and mental health, or both, would be likely to suffer

- that the young person's best interests required the doctor to give contraceptive advice, treatment or both, without parental consent

If the young person is unable or unwilling to discuss the matter with a parent, the doctor or health professional is able to use his or her "clinical judgement" and may offer advice or treatment provided they believe the client is mature enough to understand it. The fact that an appointment has been made and any treatment or advice given must also be kept confidential. A doctor must justify any breach of confidentiality as being in the patient's best medical interests.

A good practice summary including applying Fraser Guidelines can be found in the portfolio of support materials.

4.1.3 Abuse of Trust

Under the Sexual Offences Act 2003 it is an offence for a person in a position of trust (aged 18 or over) to have sexual intercourse or engage in any other sexual activity with, or directed towards, a person under the age of 18 who they have responsibility for. This would apply to staff engaging in a sexual relationship with a young person with whom they are working.

4.1.4 Sexual Offences Act 2003

This Act makes it clear that a person does not commit an offence if he/she acts for the purpose of:

- protecting the child from sexually transmitted infections, or
- protecting the physical safety of the child, or
- preventing the child from becoming pregnant, or
- promoting the child's emotional well-being by the giving of advice

as long as he/she does not act for the purpose of causing or encouraging the activity constituting an offence or the child's participation in it.

4.2 Confidentiality

Confidentiality has been defined by the [International Organisation for Standardisation \(ISO\)](#) in [ISO-17799](#) as "ensuring that information is accessible only to those authorised to have access". Within the context of service provision, this means that a young person accessing what is described as a confidential service is assured their personal information will only be shared either with the young person's permission or in a number of exceptional circumstances where a member of staff is concerned about that young person's safety and/or welfare.

The duty of confidentiality owed to a person under 16 years, in any setting, is the same as that owed to those above 16 years.

A disclosure of sex under the age of 16 years old is not in itself a reason to break confidentiality. Although the age of consent remains at 16, the law is not intended to prosecute mutually agreed teenage sexual activity between two young people of a similar age, unless it involves abuse or exploitation. Young people, including those

under 13, will continue to have the right to confidential advice on contraception, condoms, pregnancy and abortion (The Sexual Offences Act 2003).

However, under the Sexual Offences Act 2003, children under the age of 13 are considered of insufficient age to give consent to sexual activity. A disclosure of sex under the age of 13 years old must be discussed with the designated safeguarding lead within a staff member's employing organisation and in accordance with the Staffordshire Safeguarding Board's policy. Young people should be made aware of this duty to share information.

All staff will be appropriately supported via training to enable them to understand and operate in accordance with the confidentiality guidelines – see section 6 of this document.

All organisations and staff providing sexual health and relationships IAG and education should appropriately inform young people of the organisation/setting confidentiality policy. This should include clear information about the policy regarding working with under 16 year olds and under 13 year olds.

Staff can obtain comprehensive guidance to implementing confidentiality within a safe and secure framework of appropriate information sharing from the following guidance publications:

- Information Sharing: Guidance for practitioners and managers (DCSF 2009)
- Enabling young people to access contraceptive and sexual health advice Guidance for Youth Support Workers (DCSF 2005)
- Enabling young people to access contraceptive and sexual health information and advice: Legal and Policy Framework for Social Workers, Residential Social Workers, Foster Carers and other Social Care Practitioners (DCSF 2004)

A range of support materials exist to enable staff and services to appropriately develop and display their confidentiality policy. These can be found within the Every Child Matters website: <http://www.dcsf.gov.uk/everychildmatters/>

A good practice summary including confidentiality can be found in the portfolio of support materials.

4.3 Safeguarding

All Children's Trust partners have a duty to co-operate to safeguard children throughout Staffordshire and to make sure that arrangements work effectively in bringing about better outcomes for children.

Delivery of sexual health and relationships IAG and education will adhere to the Safeguarding Board position statement:

Staffordshire Safeguarding Children Board brings together representatives of organisations concerned with keeping children safe throughout Staffordshire. Those organisations should work effectively together and with local communities in preventing harm and exploitation to all children and in promoting their welfare.

It will also adhere to the Safeguarding Board procedures which can be found at: <http://www.staffsscb.org.uk/> in particular:

- Part 24: Guidance for professionals working with sexually active young people under the age of 16 in Staffordshire

Disclosures from children and young people sometimes suggest a child/young person may be being abused or at risk of abuse. It is essential that all staff (including partner agencies) are aware of safeguarding policy.

All staff delivering SRE will be appropriately supported via training to enable them to understand and operate in accordance with safeguarding policy.

Further practice support can be found in:

- Working together to Safeguard Children: A guide to inter-agency working to safeguard (Every Child Matters 2006)

4.4 Issues and considerations

4.4.1 Young People with Disabilities

Young people with disabilities have the same rights to explore and develop their sexuality as other young people. They may however face additional barriers and difficulties when doing so.

There are many myths surrounding the sexuality of young people with disabilities, e.g. regarding young people, particularly those with learning disabilities, as 'life-long' children. It is important that such views are not imposed on young people and that they are able to explore their sexuality outside of any kind of stereotyping.

Access to appropriate information on sex and relationships is also likely to be a barrier to many young people with disabilities. Information and resource material will need to be tailored to the needs of the individual young person. This may involve the use of alternative methods of communication or specifically developed resources.

Guidance on producing a SRE policy for children and young people with learning disabilities can be found in the portfolio of support materials.

4.4.2 Religion and Culture

Religious and cultural differences may affect how sex and relationships education and sexual health IAG is provided and delivered. This does not mean that young people should be denied the benefits of such information. This information should be provided in accordance with the Guidance and the policies and guidelines presented in this document.

Where staff feel they are unable to support a young person due to their own beliefs and values, he/she has a responsibility to sensitively refer the young person to other staff and/or agencies; maintaining impartiality in the process and discuss with his/her line manager.

4.4.3 Lesbian, Gay and Bisexuality issues

Staff need to ensure the safe development of lesbian, gay and bisexual young people and be sensitive to their feelings about same sex relationships. Any discussions should affirm that gay/lesbian relationships are as valid as any heterosexual relationship.

4.4.4 Contraception

The Guidance, policies and guidelines endorse the Teenage Pregnancy Unit (TPU) Guidance that staff can and should give young people (including under 16s) information on sexual health and contraception and details of where and how to access local services.

Staff can also provide information (but not necessarily advice or guidance unless trained/authorised to do so) on contraceptive methods and the importance of using condoms to help protect against STIs.

Staff are not health professionals so they **should not give advice** on which method of contraception to use. Young people needing to make a contraceptive choice should be encouraged and supported to visit a local contraceptive service.

4.4.5 Masturbation

“Masturbation is part of normal sexual behaviour especially for young people growing up and exploring their sexuality. There is ample evidence that it does no harm”
(The Sex Education Forum, 1998)

Young people have the right to explore their sexuality without fear or embarrassment. Care and sensitivity must be given if addressing the issue of masturbation.

4.4.6 Pornography

Material that gives a stereotyped, distorted or exploitative view of men, women, boys and girls may be particularly damaging to young people who have been sexually abused. Viewing such material is therefore contrary to our commitment to eliminating discriminatory practice.

If a young person is found in possession of legal pornographic material they should not be reprimanded. They should be informed that many people find this type of material distasteful. It may be appropriate to have further discussions about pornography and explore the young person’s feelings and attitudes towards it.

If the young person wishes to retain such information, it should be stressed that this should only be viewed in private so that other young people are not offended or influenced by its content. Depending on the age and understanding of the young person it may be appropriate to remove the material.

Under Section 160 of the Criminal Justice Act 1988 as amended by Section 84(4) of the Criminal Justice Public Order Act 1994, it is an offence for a person to have an indecent photograph or pseudo-photograph of a child in their possession. Any young person in possession of this type of pornographic material should be referred to appropriate child protection procedures.

Awareness of local internet policies must be adhered to for young people using equipment of Children’s Trust partner organisations.

4.4.7 Prostitution

Staff are encouraged to be aware of the potential for vulnerable young people to become involved in prostitution. Guidance has been issued by the Department of Health as a supplement to “Working Together to Safeguard Children”. If there are concerns that a young person is involved in or at risk of prostitution Staffordshire’s Safeguarding Board protocols must be adhered to.

4.4.8 Pregnancy

Young women should be offered guidance and support to enable them to make informed choices about their future. Staff should:

- ensure impartiality when looking at options and not make assumptions about the young person’s decision. **Staff should highlight the choices NOT guide decisions.**
- assist young women in confirming their pregnancy as soon as possible by signposting them to appropriate services
- make arrangements for young women to discuss options available to them with a health professional (continue pregnancy, adoption or termination)
- reassure young women that they will be supported throughout their pregnancy and afterwards according to their individual needs
- make information available on pregnancy, antenatal care, terminations, adoption, and caring for a baby

There may be occasions where staff are asked by a young person for assistance in transportation to a service including termination services. Staff should adhere to their own organisations’ policy with regard to the transportation of service users and if appropriate to transport, follow the transportation protocol provided in the portfolio of support materials.

4.4.9 Parent/Carer involvement

Parents/carers have a vital role to play in educating their children/teenagers about sex and relationships and providing information, advice and guidance about sexual health. All provision of SRE in Staffordshire should be mindful about how it engages parents/carers and facilitates their role and responsibility. Considerations should be made for:

- Provision of good quality information and support for parents about SRE and sexual health IAG
- Parent/carers access to SRE and sexual health IAG policies, guidelines and quality assurance
- The wishes and feelings of parents/carers and opportunity created for this to be expressed in the development, delivery and monitoring of SRE and sexual health IAG
- Where appropriate and possible, parental/carers consent to the delivery of SRE and sexual health IAG

4.5 Policies

It is important that Staffordshire Children's Trust partners share the Guidance principles, content and delivery approaches to SRE to ensure its quality, age appropriateness, impartiality and consistency. However, different partners require a level of flexibility to develop a policy that is appropriate and specific to their delivery setting.

Contained in the portfolio of support materials are the policy development guidance and template for schools, the SRE policy for youth settings and the SRE policy for looked after children settings.

Further Children's Trust partners (for example, third sector agencies) identified as providing SRE or sexual health IAG will be required to adopt an existing policy contained within this document or supported in the development of their own.

4.6 Guidelines

There are key features of SRE policy implementation that require a variety of guidelines to ensure quality, impartiality and consistency of provision. These include guidelines for the delivery of a C Card Scheme, Clinic in a Box and sexual health IAG all within appropriate confidential practice. Guidelines will also provide staff with a framework within which to work that offers clear understanding of roles, responsibilities and protocols allowing staff the protection to deliver confidently.

Contained in the portfolio of support materials are the guidelines for confidential practice, C Card Scheme, Clinic in a Box and sexual health IAG all of which can be applied by the children and young people's workforce provided they have completed the relevant training.

4.7 Quality Assurance

SRE and sexual health IAG provision in Staffordshire will be subject to quality assurance procedures whether it be, for example, assessing the relevancy and appropriateness of resources and materials, evaluation of the implementation of a SRE policy or assessment of delivery via the You're Welcome procedures. This will help drive up the quality of SRE and sexual health IAG and ensure it maintains the Guidance principles, content and delivery.

Contained in the portfolio of support materials are the quality assurance tools currently available in Staffordshire for SRE delivery materials and externally provided SRE. In development at this time is a quality assurance framework for SRE policy implementation that will feature as a key tool for the Enhanced Healthy School Award assessment process.

In addition to the above, service providers will be encouraged to access the Staffordshire You're Welcome assessment procedures. Services will also be subject to a variety of assessment, evaluations and reviews as part of conventional service development and improvement processes.

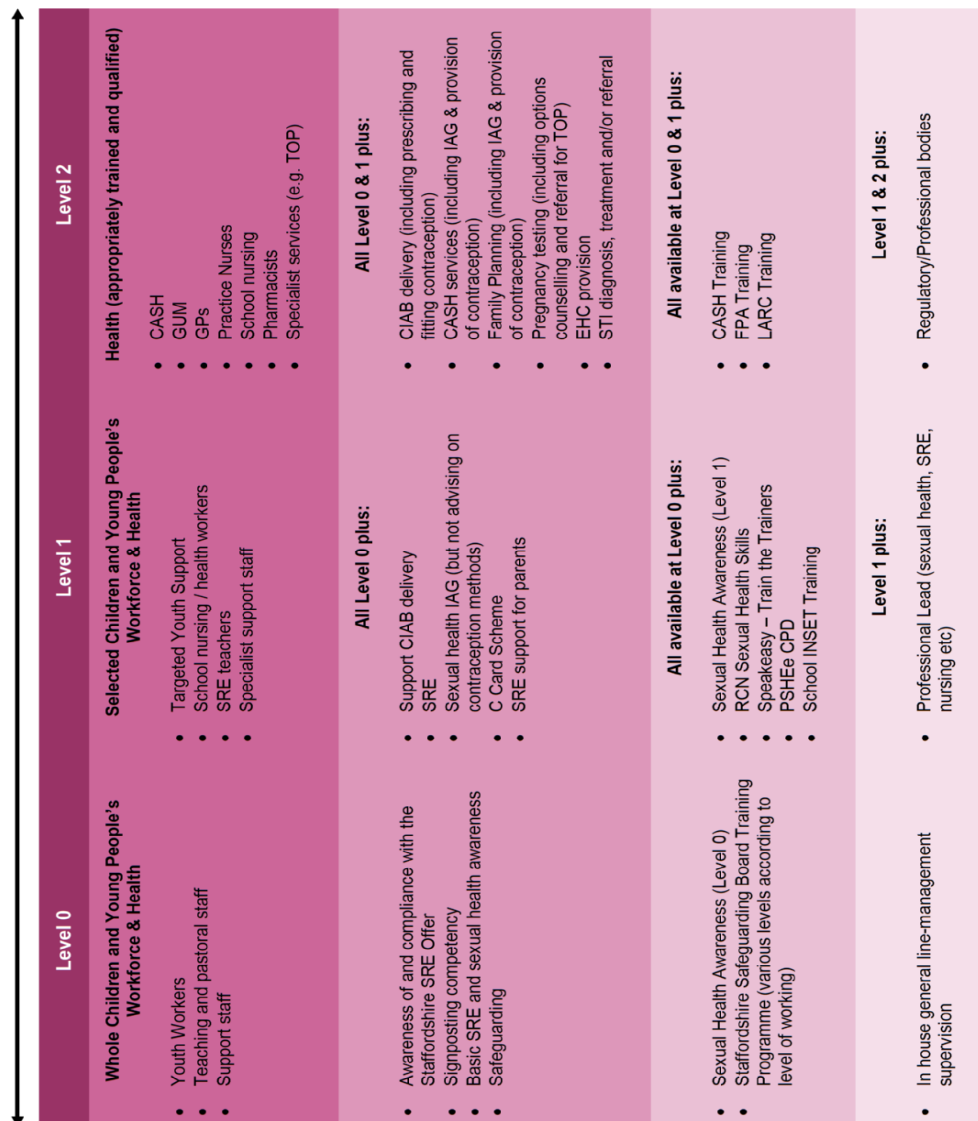
4.8 Roles and responsibilities

Staffordshire currently has a children and young people’s workforce with a range of awareness, competency and confidence with regard to delivering SRE and sexual health IAG. Some staff have never delivered any aspect of sexual health IAG however, it is likely that all staff have encountered delivery requiring them to discuss and/or teach about relationships. Some staff deliver complex and comprehensive sexual health IAG and some will compliment this with contraceptive services.

There exists a continuum of SRE and sexual health delivery. Staff require clarity of where their role and responsibility is positioned on the continuum and access to the appropriate level of training, development and supervision to effectively and suitably deliver according to their positioning. Figure 2 presents the Staffordshire continuum of SRE and sexual health IAG delivery, the staff likely to delivering at various positions and the training, development and supervision required at the threshold of positions.

Every member of the Staffordshire children and young people’s workforce will be expected to possess a minimum level of awareness and competency with regard to SRE and sexual health IAG. This will consist of an understanding of the Staffordshire SRE Guidance, basic sexual health knowledge, safeguarding/risk assessment awareness and ‘sign-posting’ competency. This minimum level does not actually require a member of staff to ‘teach’ about sex and relationships but does require awareness of the way in which SRE and sexual health IAG is offered in Staffordshire and a level of IAG competency to allow appropriate sign-posting to more comprehensive provision.

Figure 2 Staffordshire SRE and Sexual Health IAG Continuum of Delivery



5. Training, Development and Supervision

5.1 Staffordshire Children's Workforce Development Strategy

The Staffordshire Children's Workforce Development Strategy has the following vision:

The Children's Trust Workforce Development Strategy will help every child in Staffordshire to achieve the five outcomes of "Every Child Matters", the national plan for improving children's services. These are to:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well being

This strategy aims to create an integrated workforce that:

- is competent, confident, creative and flexible
- children, young people, parents and carers trust and respect and understand
- people are proud to be part of, can develop their skills and build satisfying and rewarding careers

It provides an opportunity to:

- develop and retain more people within our workforce, improving their skills by building on the common core of skills and knowledge (this sets out what the workforce need to be able to know and do) and creating a single framework for qualifications
- recruit more people into our workforce, making sure the work is attractive and promoting more flexible routes into jobs for all groups
- strengthen partnership working between agencies and across professional and organisational boundaries
- promote and develop more effective leadership, management and supervision at all levels

By putting this strategy into practice:

- children and young people will recognise that those people providing services to them have the qualities that children and young people say are important
- people working with children and young people will feel that they are part of a well trained workforce that places the five outcomes at the heart of what they do
- partner agencies will benefit from a well trained workforce,
- working to consistent standards and shared values that support achieving the five outcomes

The ambition for training and development with regard to SRE and sexual health IAG emulates the Workforce Strategy wholeheartedly. For example, the SRE Guidance principles, minimum content and recommended delivery approaches will only be possible with a workforce that is competent, confident, creative and flexible built upon a common core of skills and knowledge. Teaching and service provision about this sensitive and sometimes uncomfortable subject matter will only be successful if delivered by a workforce that is trusted, respected and understood by children, young people, parents and carers. The best quality, impartial and consistent delivery of

SRE and sexual health IAG can only be achieved via robust and committed partnership working.

Training, development and supervision with regard to SRE and sexual health IAG will therefore seek to achieve the Staffordshire Children's Workforce Strategy vision.

5.2 Staffordshire SRE and sexual health IAG Training Programme

Staffordshire has a tiered SRE and sexual health IAG training programme that offers the level of training and development appropriate to the positioning of staff on the continuum (see section 5.8).

The Staffordshire Teenage Pregnancy Partnership Board holds the responsibility to ensure appropriate training and development can be sourced. Training and development will be secured that responds appropriately to the roles and responsibilities outlined in the continuum of SRE and sexual health delivery (see section 5.8).

Some training and development will be jointly commissioned; some will be developed and delivered 'in house' by the partner organisations. Current Staffordshire SRE and sexual health IAG training and development programmes can be found in the portfolio of support materials.

5.3 Supervision

Supervision is a key feature of developing and maintaining a competent, confident, creative and flexible workforce. It is common place for all staff within a children and young people's workforce to receive a form of supervision. Regular and comprehensive supervision will provide good support for successful delivery of SRE and sexual health IAG.

Given the sensitive and sometime emotive nature of SRE and sexual health IAG it is vital staff are given the opportunity to explore their own attitudes and prejudices to ensure that they are not influencing young people with their own personal bias. Training and development will present some opportunity but supervision will provide a greater quality of time and space to air opinions, reflect and develop good practice.

Staff delivering SRE and sexual health IAG will be provided with access to an appropriate supervisor for this aspect of their practice. This may not necessarily be their own line manager, but could be a professional lead within their home or a partner organisation.

Supervision as minimum will provide support opportunities such as:

- Identification and acquisition of training and development
- Support to raise and deal with concerns

Guidance about practice issues such as confidentiality, safeguarding, roles and responsibilities.

6. References

- DCSF (2010) Sex and Relationships Education Guidance to Schools (consultation document). <http://www.dcsf.gov.uk/everychildmatters/>
- Social Exclusion Unit (1999) Teenage Pregnancy Strategy. <http://www.dcsf.gov.uk/everychildmatters/>
- DH (2001) National Sexual Health and HIV Strategy. <http://www.dh.gov.uk/en/Publicationsandstatistics/index.htm>
- DH (2004) Choosing Health. <http://www.dh.gov.uk/en/Publicationsandstatistics/index.htm>
- DCSF (2007) The Children's Plan. <http://www.dcsf.gov.uk/childrensplan>
- DH (2009) Healthy lives, brighter futures: the strategy for children and young people's health <http://www.dh.gov.uk/en/Publicationsandstatistics/index.htm>
- HM Government (2008) Public Service Agreement 14. The Stationary Office, London. <http://www.hm-treasury.gov.uk/home.htm>
- Communities and Local Government (2007) The New Performance Guidance for Local Authorities and Local Authority Partnerships: Single Set of National Indicators. Department for Communities and Local Government: London. <http://www.communities.gov.uk/corporate/>
- NHS (2008/09-2010-11) Operational Plans: National Planning Guidance and 'vital signs'. <http://www.dh.gov.uk/en/Publicationsandstatistics/index.htm>
- Staffordshire Children's Trust (2010) Staffordshire Teenage Pregnancy Strategy 2010-13. www.staffordshirechildrenstrust.org.uk
- DH (1986) The Fraser Guidelines (set out in the Department of Health Circular on Family Planning Services for Young People issued in March 1986) <http://www.dh.gov.uk/en/Publicationsandstatistics/index.htm>
- Sexual Offences Act (2003) <http://www.legislation.gov.uk/>
- DH (2007) You're welcome quality Criteria: making health services young people friendly. <http://www.dh.gov.uk/en/Publicationsandstatistics/index.htm>
- Education and Inspections Act (2006) <http://www.legislation.gov.uk/>
- The Education Act (1996) amended by the Learning and Skills Act (2000) <http://www.legislation.gov.uk/>
- Education Act (2002) <http://www.legislation.gov.uk/>
- National Curriculum Science Order <http://www.legislation.gov.uk/>
- Local Government Bill (1987) Section 28
- Local Government Act (1988) Section 28
- DCSF (2009) Information Sharing: Guidance for practitioners and managers. <http://www.dcsf.gov.uk/everychildmatters/>
- DCSF (2005) Enabling young people to access contraceptive and sexual health advice Guidance for Youth Support Workers <http://www.dcsf.gov.uk/everychildmatters/>
- DCSF (2004) Enabling young people to access contraceptive and sexual health information and advice: Legal and Policy Framework for Social Workers, Residential

Social Workers, Foster Carers and other Social Care Practitioners.
<http://www.dcsf.gov.uk/everychildmatters/>

Staffordshire Safeguarding Board Guidance for professionals working with sexually active young people under the age of 16 in Staffordshire. <http://www.staffsscb.org.uk/>

DCSF (2006) Working together to Safeguard Children: A guide to inter-agency working to safeguard. <http://www.dcsf.gov.uk/everychildmatters/>

The Sex Education Forum, 1998 <http://www.ncb.org.uk/sef/home.aspx>

Criminal Justice Act (1988) Section 160 amended by Criminal Justice Public Order Act (1994) Section 84(4) <http://www.legislation.gov.uk/>

DH (2000) Safeguarding Children Involved in Prostitution Supplementary Guidance to Working Together to Safeguard Children.
<http://www.dh.gov.uk/en/Publicationsandstatistics/index.htm>

Staffordshire Children's Trust (2007) Staffordshire Children's Workforce Development Strategy 2007-10. www.staffordshirechildrenstrust.org.uk