

# pulling it together

## SRE Guidance

**Sex and Relationships Education, Teenage Pregnancy and HIV & AIDS**



**the learning trust**  
the future for education in Hackney



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# Section 1: Introduction and Background

The aim of this guidance is to provide support and information to schools concerning sexual health and young people. The government has introduced a number of initiatives to address the issues of unplanned teenage pregnancies and the increase in sexually transmitted infections.

This guidance addresses:

- how schools can implement government proposals in terms of provision of a Sex and Relationships Education (SRE) curriculum and policy;
- preventing unplanned pregnancies;
- supporting teenage mothers and
- guidelines for managing issues raised by HIV and AIDS.

## The Aims of Hackney Sexual Health Guidance

The aims are to:

1. give clear guidance to schools on sex education, prevention of teenage pregnancy, re-integration of teenage mothers and HIV;
2. support schools in meeting young people's needs in relation to sex education as a component of a broad and balanced curriculum;
3. support schools in working effectively with parents / carers on sex education for young people;
4. support schools in offering a spiral curriculum to equip young people with the understanding, knowledge and skills to make informed, responsible decisions about their own sexuality, sexual health and sexual relationships.

Effective SRE enables young people to: -

- develop a greater understanding of the nature of relationships and the responsibilities of the individual;
- achieve and sustain good health;
- avoid sexually abusive relationships, unplanned pregnancies and sexually transmitted diseases; including HIV;
- promote a sense of self worth and well-being;
- respect self and others;
- respect, affirm and value their own and others' sexuality;
- increase awareness of sexual behaviour and the law;
- support schools in drawing up sex education policies in collaboration with the local community;
- support schools in selecting appropriate materials and approaches according to the pupils' level of maturity; and
- provide information and support in the training of teachers and governors.

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## 1a) Sex and Relationship Education (SRE)

SRE is lifelong learning about sex, sexuality, emotions, relationships and sexual health. It involves acquiring information, developing skills and forming positive beliefs, values and attitudes. SRE has a key part to play in the personal, social, moral and spiritual development of young people. It begins informally in the home with parents and carers long before any formal education takes place at school. Young people's entitlement to SRE is enshrined in the terms of the Education Act (1996),

Section 351-

*All maintained schools are required to offer a curriculum which:*

- a. Promotes the spiritual, moral, cultural, mental and physical development of pupils at the school and of society; and*
- b. Prepares such pupils for the opportunities, responsibilities and experiences of adult life.*

Section 532-(1)

*The curriculum for every maintained school shall comprise a basic curriculum which includes:-*

- c. In the case of a secondary school, provision for SRE for all registered pupils at the school, and*
- d. In the case of a special school, provision for SRE for all registered pupils at the school who are provided with secondary education.*

Although SRE is not compulsory in primary schools, both the DfES and The Learning Trust recommend that all primary schools have a SRE programme, tailored to the age and the physical and emotional maturity of the children. This programme should be culturally appropriate in recognition of the diversity of the community.

This guidance provides a rationale for why schools should include SRE in the curriculum and aims to support the delivery of effective SRE. It complements the Learning Trust's Personal, Social, Health & Citizenship Education (PSHCE) Guidance.

## 1b) The Rationale for SRE

### SRE in schools is a legal requirement.

*The Sex and Relationship Education Guidance (2000)* is supported in legislation by the Learning and Skills Act, DfEE (2000). This requires that, in the context of SRE:

- *Young people learn about the nature of marriage and its importance for family life and the bringing up of children;*
- *Young people are protected from teaching and materials, which are inappropriate, having regard to the age and the religious and cultural background of the pupils concerned.*

### Many parents/carers say that although they want to talk to their children about sex and relationships, they want schools to help them by providing SRE.

For example, 94 per cent of parents/carers in a Health Education Authority/NFER survey supported school based SRE. Less than 1% of parents / carers choose to withdraw their children from SRE. Schools working in partnership with parents/carers in developing SRE policy and programmes of work have found this to be effective in allaying parental fears about the content of SRE.

Further reading: *Parents, School and Sex Education (1994)* HEA/NFER

### Children and young people say that they want to learn more about sex and relationships.

Young people report that their sex education is 'too little, too late and too biological' and does not address the broader emotional, moral or social issues. Young people say that they are often ill prepared for relationships and would like opportunities to think about peer pressure that can lead to unwanted sex and its consequences. They also say they want to discuss feelings and real-life dilemmas. Evidence shows that SRE can make a positive contribution to children and young people's personal and social development. It can help to prevent negative health outcomes such as unintended pregnancies and sexually transmitted infections.

Further reading: Wellings, K and others (1994) *Sexual Behaviour in Britain: The national survey of attitudes and lifestyles*. Penguin.

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### 1c) National Curriculum 2000 ■

The National Curriculum 2000 has two major aims, the interdependent and complementary nature of these aims is vital to the process of raising achievement.

They are to:

- provide opportunities for all pupils to learn and achieve;
- prepare all pupils for the opportunities, responsibilities and experiences of life.

The second of these aims is concerned with the personal and social development of pupils. All SRE should be rooted in the National Curriculum 2000 framework for PSHCE and Citizenship. The framework has four objectives, which are developed across all key stages. They are:

- developing confidence and responsibility; and making the most of their abilities;
- developing healthy, safer lifestyles and keeping themselves and others safe;
- developing good relationships and respecting the difference between people;
- preparing to play an active role as citizens.

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### 1d) The National Curriculum – Science ■

Legally human reproduction should be taught as part of the content of the National Curriculum in Science. These lessons must be taught to all pupils and parents/carers cannot withdraw pupils from such lessons. Schools may decide to deliver this content as part of the PSHCE programme in order to ensure sensitive discussion of the issues and questions which are likely to arise. Alternatively, if science teachers teach the content, it is essential that this is done within the context of the school's SRE programme and in liaison with teachers of PSHE & Citizenship.

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### 1e) OFSTED Framework for the Inspection of Schools ■

OFSTED is required to ensure that inspections cover the establishment, implementation and monitoring of Sex and Relationships policies. In addition, inspectors are required to report on the extent to which pupils display:

- an understanding of the difference between right and wrong;
- respect for persons, truth and property;
- a concern for how actions affect others;
- the ability to make reasoned judgements; and
- moral behaviour.

A recent OFSTED report<sup>1</sup> on SRE concludes that the key issues are:

- to respond honestly and fully to the needs of young people, setting the teaching and advice with a developed moral context;
- to encourage schools and parents to work together to ensure that the needs of all young people are identified and met;
- to make sure that SRE is taught by teachers who have the necessary knowledge and teaching expertise and who want to participate in this demanding aspect of provision;
- to help parents to develop the skills necessary to talk about sex and relationships with their children.

## 1f) The National Context

The UNICEF report published in 2001<sup>2</sup> showed that in 1998 (the most recent year for which comparable information is available) the UK had the highest teenage pregnancy rate in Europe with 30.6 births per 1000 to women under 20. In Switzerland, Netherlands and Sweden rates were the lowest in Europe – between 5.5 and 6.5 births per 1000. In England in the same year there were just over 41,000 conceptions (42% leading to legal abortion) to young women under 18, almost 8,000 of which were to under 16 year olds.<sup>3</sup>

The latest data on sexually transmitted infections (STIs) in England, Wales and Northern Ireland published by the Health Protection Agency<sup>4</sup> show that levels are continuing to rise. Chlamydia – now the most commonly diagnosed STI increased by 14% between 2001 and 2002 and over the same period diagnosis of gonorrhoea increased by 8% in males and 10% in females. The incidence of HIV infection remains high and continues to increase, figures for 2003<sup>5</sup> show that around 33% of those with AIDS in the UK are in their 20s, most of whom contracted HIV in their teens.

Low socio-economic status is closely related to low levels of academic achievement and motivation. Exclusion from school, drug and alcohol use, violence and theft are considered by some researchers to represent a package of behaviours to which adolescent sex and pregnancy are linked.

The age of first sexual experience and intercourse has decreased in recent decades.

The average age of first intercourse has decreased from 21 for women born in the 1930's to 17 for those born in 1970's. Among 16-19 year olds nearly 19% of women and 20% of men are estimated to have had first sexual intercourse before they were 16. (See Wellings, K et al (1994) *Sexual Behaviour in Britain. The national survey of sexual attitudes and lifestyles*. Penguin).

The average age of first homosexual experience for young gay and bisexual men is 15 years, 7 months. (Weatherburn, P et al (1992) *The sexual lifestyle of gay and bisexual men in England and Wales*. HMSO). Younger gay and bisexual men are more likely to engage in high risk sexual behaviour. (Nardone, A et al (1997). *Monitoring high risk sexual behaviour amongst gay men in London*. UCL Medical School).

There is evidence that young people who have received comprehensive sex and relationships education have delayed their first sexual experience and are more likely to practice safer sex if they are sexually active, including the use of contraception.<sup>6</sup>

The 2002-2003 Annual Report of the Governments Independent Advisory Group on Teenage Pregnancy<sup>7</sup> suggests encouraging progress is being made towards the strategy targets. In 2001 conception rates for under 18s were 3% lower than in 2000. The total reduction since 1998 of 10% means that 8,000 pregnancies among girls under 18 have been prevented.

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## 1g) The Local Context

In 1998 Hackney has the highest rate of under 18 conceptions and the third highest rate of under-16 conceptions in England. However the overall trend in conceptions is downwards after a peak in the year 2000. Between 2001 and 2002 the conception rate fell from 76.2 to 73.9 per 1000 women aged 15 –17 years. A fall of 2.3 per 1,000 women aged 15-17. For 2002 City & Hackney had the 7<sup>th</sup> highest 15-17 year old pregnancy rate in the country and the 5<sup>th</sup> highest in London. This is higher than the Inner London rate of 67.4 per 1,000. In 2002, there were 301 conceptions to women under 18, 50% of these led to abortion. *Teenage Pregnancy Rates in Hackney 2004: Report* prepared for the Teenage Pregnancy Unit, 2004. City and Hackney Teaching Primary Care Trust

Research has demonstrated that the risk of teenage parenthood is greatest for young people who have grown up in poverty and disadvantage or those with poor educational attainment.

### 1h) Hackney Healthy School Scheme

The National Healthy School Standard was launched in October 1999 and is a joint strategy between the DFES and the Department of Health. Hackney Healthy School Scheme works within the framework provided by the National Standard.

Education is seen as a key means for improving young people's health and reducing health inequalities by:

- helping pupils to achieve their potential;
- giving pupils the tools to make informed choices and decisions;
- equipping pupils with the skills to make a valuable contribution to communities;
- providing a physical and social environment conducive to effective learning.

A healthy school is an effective learning community which supports pupils in achieving their potential academically, personally and socially. It aims to meet the personal, social and health needs of pupils by providing a supportive and challenging environment. Healthy Schools give pupils a voice, involves parents/carers and local communities and work in partnership with other agencies.

Every LEA is required to develop its own healthy school programme, which meets the quality standards set by the national programme and is accredited accordingly.

The Hackney Healthy School programme requires schools to use a whole school approach when they are working on specific themes. The National Healthy School Standard (NHSS) identifies the following quality standards for SRE:

- the school has a policy which is owned and implemented by all members of the school including pupils and parents/carers and which is delivered in partnership with local health and support services;
- the school has a planned SRE programme (including information, social skills development and values clarification)
- which identifies learning outcomes, appropriate to pupils' age, ability, gender and level of maturity and which is based on pupil's needs assessment and a knowledge of vulnerable pupils;
- staff have a sound basic knowledge of sex and relationships issues and are confident in their skills to teach sex education and discuss sex and relationships;
- staff have an understanding of the role of schools in contributing to the reduction of unwanted teenage conceptions and the promotion of sexual health.

### 1i) Hackney PSHCE Guidance 2000

Hackney LEA, The Learning Trust from 1 August 2002, has developed a PSHCE guidance document for all schools, which offers guidance in implementing the National Curriculum 2000 frameworks for PSHE and Citizenship.

(See section: Teaching SRE within the PSHCE framework on page 21)

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# Section: 2

## Introduction

This section provides further detail for schools on how to implement the DFES's guidance on SRE. Schools need to:

- a. Define SRE
- b. Clarify the legal requirements
- c. Work with governors
- d. Develop a policy, which considers the sensitive issues the school may have to deal with
- e. Consult with parents/carers
- f. Plan to teach SRE with the PSHCE framework
- g. Decide on styles of delivery and teaching methods
- h. Adopt schemes of work and appropriate resources
- i. Organise staff training where appropriate
- j. Address issues of confidentiality

# Sex and Relationships Education (SRE)

## 2a) What is Sex and Relationships Education? ■

SRE is the lifelong learning about physical, moral and emotional development. It is about considering the importance of marriage for family life, stable and loving relationships, respect, love and care. It is also about the teaching of sex, sexuality and sexual health.

SRE has three main elements:

### i) Attitudes and Values

- Learning the importance of values and individual conscience and moral considerations' learning the value of family life;
- Marriage and stable and loving relationships for the nurture of children; learning the value of respect; love and care;
- Exploring, considering and understanding moral dilemmas;
- Developing critical thinking as part of decision-making.

### ii) Personal and social skills

- Learning to manage emotions and relationships confidently and sensitively; developing self respect and empathy for others;
- Learning to make choices based on an understanding of difference and with an absence of prejudice;
- Developing an appreciation of the consequences of choices made;
- Managing conflict and learning how to avoid exploitation and abuse.

### iii) Knowledge and understanding

- Learning and understanding physical development at appropriate stages; understanding human sexuality, reproduction, sexual health, emotions and relationships;
- Learning about contraception and the range of local and national sexual health advice, contraception and support services.
- Learning the reasons for delaying sexual activity, the benefits to be gained from such delay; avoidance of unplanned pregnancy.

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## 2b) The Legal Requirements ■

The 1996 Education Act consolidated all relevant previous legislation. In summary:

- The sex education elements contained in the National Curriculum science orders are mandatory for all pupils of primary and secondary age. Sex education in the National Science Curriculum covers anatomy, puberty and biological aspects of sexual reproduction;
- All schools must provide an up-to-date policy, which describes the content and organisation of SRE provided outside the National Curriculum science order. It is the school governors' responsibility to ensure that the policy is developed and made available to parents/carers for inspection;
- Primary schools and with primary special schools should have a policy statement that describes the SRE provided, or gives a statement of the decision not to provide SRE outside that provided within the National Curriculum Science Order;
- Secondary schools are required to provide a SRE programme which includes (as a minimum) information about sexually transmitted infections and HIV/AIDS;
- Special schools may need to make separate arrangements for primary school aged children and secondary school aged children;
- Parents/carers have the right to withdraw their children from SRE provided outside National Curriculum Science. They cannot withdraw their children from National Curriculum subjects;
- In voluntary-aided schools, the governing body must decide whether and at what stage to include sex education over and above that contained in National Curriculum Science. As with maintained schools; they must keep a written statement of their policy and make this available to parents/carers on request.

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## 2c) Working with Governors ■

Governors are responsible for the development of the school's SRE policy and must ensure the school has an up-to-date policy which is available to OFSTED inspectors and to parents/carers. Governing bodies should consult parents/carers in developing the policy to ensure that this reflects parents/carers' wishes and the culture of the community the school serves. Schools should recognise that governors may need training in SRE to help them meet these responsibilities.

## 2d) Policy Development

The Education Act 1996 requires all maintained schools to make and keep up-to-date a written statement of their policy on sex education, and for this policy to be made accessible to parents/carers. The Sex and Relationship Education Guidance, DfEE (2000) is supported in legislation by the Learning and Skills Act (2000). In addition, developing a policy is useful for the following reasons:

- The policy will be inspected as part of the OFSTED evaluation of the school's provision of sex education;
- Teachers will understand what they are requested to teach and where they can go for support;
- Formulating the policy allows school governors to consider an important and often neglected part of the pupils' lives and futures;
- Parents/carers new to the school will know what to expect at an early stage;
- As policies must be reviewed regularly, new ideas and resources can be incorporated;
- Policies can highlight areas where further training for teaching and non-teaching staff may be needed;
- SRE is less likely to be forgotten and squeezed out by other curriculum demands;
- A policy provides guidance for staff on how to approach issues which may be highly sensitive within the community;
- A policy ensures greater consistency in the delivery of SRE;
- A policy can lead to improved co-ordination of provision where it is delivered in different subjects or through cross-curricular topics;
- In the event of controversy or public dispute over sex education issues, the school can evidence that it has been working within a well considered plan;
- A written policy can be compared between schools so that ideas can be exchanged.

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Before developing or revising a policy the school should ask:

- Why is a (new) policy needed at this point in time?
- What are the strengths and weaknesses of the current policy?
- What implications might a (new) policy have for senior staff, teaching staff, non-teaching staff, pupils, parents/carers and governors?
- What benefits might result from having a (new) policy?
- Which other existing (or proposed) school policies should be cross-referenced with the SRE policy?
- Can we staff look at examples of SRE policies developed by other schools?
- Who outside the school may be able to give support and advice?

A comprehensive SRE policy should contain the following elements:

- Aims and objectives, including the moral and values framework of the school;
- Links to other school policies;
- Reference to the school's equal opportunities statement;
- An outline of the school's SRE programme and at what stage it is delivered;
- Organisation of the programme, including modes and methods of delivery and co-ordination;
- The contribution of visitors;
- Specific issues, including confidentiality;
- Partnership with parents/carers;
- Procedures for monitoring, evaluation and review.

# Model Framework for Written Policy Statement

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## School Sex Education Policy

- Name of school
- Date of policy
- Member(s) of staff responsible
- Review date

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## Description of School

- This section may be useful for those outside the school community who wish to view the policy.

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## Description of Policy Formation and Consultation Process

- The people involved
- The stages/process undertaken
- Issues considered

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## Aims and Objectives of School Sex Education Policy

Including their relationship to the school's aims and existing policies, e.g. Sex and Relationships Education at ..... School will follow the national guidance and will contribute to the foundation of PSHCE by ensuring that the programme embraces the following in a culturally sensitive way:

- Relationships, love and care and the responsibilities of parenthood, as well as sex;
- Focuses on boys as much as girls;
- Builds self esteem;
- Teaches the taking on of responsibility and the consequences of one's actions in relation to sexual activity and parenthood;
- Provides young people with information about different types of contraception, safe sex and how young people can access local sources for further advice and treatment;
- Engages young people as peer educators;
- Gives young people a clear understanding of the arguments for delaying sexual activity and resisting pressure;
- Links sex and relationship education with issues of peer pressure and other risk-taking behaviour such as drugs, smoking and alcohol;
- Ensures young people understand how the law applies to sexual relationships

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# Content Headings for School Sex Education Programme

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## Equal Opportunities ■

- Including access for early stage bilingual learners

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## Organisation of School Sex Education ■

- Who will teach it?
- Training provision
- Methodology and approach, including explicitness and handling of controversial topics
- Specific classroom arrangements, e.g. single sex, mixed gender groupings.
- Curriculum entitlement
- Procedures for reviewing effectiveness of programme
- Resources used and criteria for selection.
- Secondary school liaison with primary school feeders to facilitate effective spiral and developmental curriculum (where practical).
- Contraceptive 'advice', information and referrals of under 16's to health services (individually and in the classroom)

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## Specific Issues Statements ■

- Child protection procedure
- Child withdrawal procedures
- Bullying procedure(s)
- Complaints procedure
- Procedures for the involvement of health professionals; visitors
- Procedures for addressing any members of the school community infected or affected by HIV
- Procedures for supporting school aged young people who are pregnant, or supporting parents

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## Working with Parents/carers ■

- Information on procedures for working with and consultation with parents / carers

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## Dissemination of Policy ■

- How will it be made available?

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## Procedures for Policy Monitoring and Evaluation ■

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## Additional Information to be Appended ■

- For instance, a scheme of work

## 2e) Sensitive Issues the School May Have To Deal With

### i) Teachers' Responsibilities

To reassure parents/carers and pupils that the personal beliefs and attitudes of teachers will not influence the teaching of SRE, all those contributing to the programme are expected to work within the aims and objectives as described in the school's policy, which must be in line with current legislation. Some teachers may need support and training to deliver the programme sensitively and effectively.

Teachers have a responsibility to ensure the safety and welfare of their pupils. They are in a particular position of trust. Sexual relationships involving children under 16 constitute a criminal offence. A sexual relationship between a teacher and any pupil at the same school is a breach of that trust. Such behaviour is likely to be regarded as gross professional misconduct on the part of the teacher and will invariably result in disciplinary action, often dismissal, by an employer. If the decision to dismiss is upheld, this may also lead to a teacher being barred from further employment in the education service by the Secretary of State.

### ii) Puberty

The DfEE SRE Guidance 2000 states that schools must prepare pupils for puberty. If SRE is established within a context of PSHCE at primary level, as children reach puberty, they will know and understand that they will change and develop, and will have confidence in managing the physical and emotional changes. Research shows that about a third of girls are not told about periods by their parents/carers and 10% receive no preparation at all before their first period. Schools should include programmes of work on menstruation for both girls and boys at primary and secondary level. Furthermore schools should also make provision to support girls to manage their periods by providing appropriate toilet facilities and easy access to sanitary wear. (Prendergast, S (1992) *Girls' Experience of Menstruation in Schools: Final Report to the Health Promotion Trust*, Cambridge)

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### iii) Lesbian, Gay and Bisexual Issues

*"The Secretary of State for Education and Employment is clear that teachers should be able to deal honestly and sensitively with sexual orientation, answer appropriate questions and offer support."* (Sex and Relationship Education Guidance, DfEE, July 2000). The guidance also states that *"all young people, whatever their developing sexuality, need to feel that SRE is relevant to them and sensitive to their needs"*, and emphasises the need to challenge prejudice including homophobic bullying. *'Playing it Safe'* a survey of secondary schools found that 82% of secondary school teachers were aware of incidents of homophobic bullying.<sup>8</sup> Emotional distress and harm caused by bullying is unacceptable (*Pupil Support Circular 10/99*). Schools need to have a clear statement on procedures to do with bullying. This should under-pin work done on SRE and personal relationships. Section 28 of the 1988 Local Government Act, which made it an offence for a local authority to 'promote homosexuality as a pretended family relationship' never applied to schools. Recent legislation has repealed Section 28 and it is therefore no longer on the statute book. The issue is neither one of pro- or anti-homosexuality nor of pro- or anti-heterosexuality. It is rather one of developing understanding and supporting all young people's sexuality. Teachers have a responsibility to ensure SRE is relevant for all pupils through inclusive exercises, language and resources.

The National Sex Survey of 1992 estimated that at least one in 17 of the population is lesbian or gay. This means that virtually every school in the country will have some teachers and pupils who either identify or will identify themselves as either lesbian or gay or bisexual. Furthermore, some young people may have parents/carers or siblings who are lesbian, gay or bisexual.

Local agencies exist that can provide positive support to those who find difficulty in coming to terms with their sexuality.

One of the targets included in the *Saving Lives: Our Healthier Nation* is reducing the number of suicides in young men. Research shows anxiety about sexuality can be a cause of suicide attempts.

### iv) Contraceptive Advice

Knowledge of the different types of contraception, access to, and availability of contraception is a major part of the government's strategy to reduce teenage pregnancy. Effective SRE in primary and secondary schools has an important role to play in achieving this. Pupils need to develop the skills to access contraception and negotiate its use with a partner, as appropriate.

Teachers in secondary schools should be confident in giving young people full information about different types of contraception, including information about emergency contraception and its effectiveness.

Pupils may wish to raise further issues with staff arising from discussion in the classroom. Therefore teachers can give pupils, individually and as a class, additional guidance on where they can obtain confidential advice, counselling and where necessary treatment.

**Teachers should not give personal advice pertaining to pupils' choice of contraception.**

### v) Abortion

In the UK, 38% of teenage pregnancies ended in abortion in 1998 – almost 39,000 abortions. There are strongly held views and religious beliefs about abortion. Some schools will apply a particular religious ethos through their SRE policy to the issues that will enable the pupils to consider the moral and personal dilemmas involved. The religious convictions of pupils and their parents/carers should be respected. When abortion is covered within a programme, the challenge is to offer young people the opportunity to explore the dilemmas, enable them to know and understand about abortion, and develop the communication skills to discuss issues with parents/carers and health professionals. However the key task for schools is to reduce the incidence of unwanted pregnancies through information, skills development and effective advice on contraception and an awareness of the right to not consent to or to refuse sex.

### vi) Safer Sex, HIV & AIDS and Sexually Transmitted Infections (STIs)

Teaching about safer sex remains one of the government's key strategies for reducing the incidence of HIV/AIDS and STIs. STIs are major causes of ill health, which can have long-term physical and psychological health consequences. Since 1995, there have been significant increases in the numbers of diagnoses of genital chlamydial infection, genital warts and gonorrhoea. The rises were steepest in the 16-19 age group. 39% of those with AIDS in the UK are in their twenties, most of whom will have contracted HIV in their teens.

A survey conducted by the National Opinion Poll (1996) indicated that young adults may be becoming complacent about the importance of safer sex, increasing their risk of infection and unwanted pregnancy or paternity.

Strategies for teaching about HIV/AIDS and STI's should include:

- helping pupils clarify their knowledge of HIV/AIDS and STI's;
- teaching assertiveness skills for negotiating relationships; and
- enabling pupils to become effective users of services that help prevent/treat STI's and HIV.

Teachers should be aware that there may be pupils in their classes who are affected or infected by HIV.

### vii) Pregnant Young Women and Young Parents in Schools

The government is clear that teenagers who become parents/carers should not lose out on the opportunity to complete their education and will be supported to do this. Mothers under 16 year old are required to continue some form of education or training. In some cases they may be given help with childcare to enable this to happen. (*Social Exclusion Unit Report on Teenage Pregnancy*)

Schools need to develop procedures for supporting young women during pregnancy and as young mothers.

## 2f) Consultation with parents/carers ■

The teaching offered by schools should be complementary and supportive to the role of parents/carers, and should have regard to parents/carers' views about its content and presentation. The more successful schools are in achieving this, the less the likelihood that parents/carers will wish to exercise their right of withdrawal. Schools should work in partnership with parents/carers, consulting them regularly on the content of the SRE programmes.

Research shows the majority of parents/carers are supportive of SRE in schools. (*Parents, School and Sex Education* (1994) HEA/NFER) It is recommended that schools take a proactive stance in involving parents/carers in what the school is doing. It is important to keep in mind pupils' views about how their parents/carers are involved. Many young people have difficulties talking to their parents/carers about sex, some find the topic embarrassing. Their parents/carers or other family members may have sexually abused some pupils; others may wish to conceal their sexuality from the parents/carers.

### Procedures for Pupil Withdrawal from SRE

Schools need to make arrangements for children whose parents/carers exact their right to withdraw them from SRE. SRE policies must include information about the right of withdrawal and how this can be exercised. A pupil cannot be withdrawn from sex education where this is taught in the Science National Curriculum. Hence children who are withdrawn will still receive biological information but not taught in the context of relationships.

Parents/carers need to be aware that SRE can arise naturally from class discussion. Opportunity for discussion on feelings, values and relationships should be available to all pupils. Schools will therefore need to consider how much of their programme deals explicitly with reproduction, sexual intercourse or related issues.

## 2g) Teaching SRE within the PSHCE framework

The statutory requirements for sex education are set out in the National Curriculum Science orders. However a comprehensive SRE programme should encompass skills, and attitudes and values as well as knowledge and understanding. SRE should be supported by a school's wider curriculum for PSHCE. In this way, schools can ensure that pupils:

- receive their sex education in the wider context of relationships; and
- are prepared for the opportunities, responsibilities and experiences of adult life.

At **primary school** level, SRE should contribute to the foundation of PSHCE by ensuring that all children:

- develop confidence in talking, listening and thinking about feelings and relationships;
- are able to name parts of the body and describe how their bodies work;
- can protect themselves and ask for help and support; and
- are prepared for puberty.

At Key Stages 3 and 4, Citizenship is delivered under a statutory order and PSHE is non-statutory. Despite these differences, some aspects of the four broad themes of Key Stages 1 and 2 and the requirements of Key Stages 3 and 4 of National Curriculum Science can still be related to each other and delivered through them. SRE delivered through these four broad themes within the context of the National Healthy School Standard will ensure effective and appropriate provision.

At **secondary school** level, SRE should prepare young people for an adult life in which they can:

- develop positive values and a moral framework that will guide their decisions, judgements and behaviour;
- be aware of their sexuality and understand human sexuality;
- understand the arguments for delaying sexual activity;
- understand the reasons for having protected sex;
- understand the consequences of their actions and behave responsibly within relationships;
- have the confidence and self-esteem to value themselves and others and respect for individual conscience and the skills to judge what kind of relationships they want;
- communicate effectively;
- have sufficient information and skills to protect themselves and, where they have one, their partner from unintended/unwanted conceptions, and sexually transmitted infections including HIV;
- avoid being exploited or exploiting others;
- avoid being pressured into unwanted and/or unprotected sex;
- access confidential sexual health advice, support and if necessary treatment; and
- know how the law applies to sexual relationships.

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## 2h) Styles of Delivery and Teaching Methods

When organising a SRE programme, all schools need to identify key opportunities in the existing curriculum in subject areas and in whole school activities. A programme can then be developed for the designated PSHCE time, which brings coherence and ensures entitlement.

Most primary and special schools have an integrated approach to curriculum planning. This can provide opportunities to include SRE as part of PSHCE in a coherent way across the curriculum. The increasing use of circle time activities provides further specific time to focus on personal and social learning.

In secondary schools, SRE within PSHCE is taught by tutors or by a specialist team and usually has designated time in the curriculum. A number of activities and special events, which provide curriculum enrichment and extension, not usually considered as part of PSHCE, offer valuable opportunities for personal and social development. Such activities can however only be considered as contributing to personal and social development if pupils are given the opportunity to reflect on the experiences in relation to their own learning.

Teachers need to be clear about confidentiality and understand children's and young people's viewpoints. Teachers need the skills to encourage pupils to be involved in their own learning and to be clear about the use of language, e.g. sexual stereotyping.

It is essential that schools help children and young people develop confidence in talking, listening and thinking about sex and relationships. Teachers and other staff may need to overcome their own anxieties and embarrassment to do this effectively. There are a number of teaching strategies that can help this, including:

- Establishing ground rules with pupils;
- Using distancing techniques;
- Knowing how to deal with unexpected questions or comments from pupils;
- Using discussion and project learning methods and appropriate materials; and
- Encouraging reflection.

(For further details of teaching techniques refer to DfEE *SRE Guidance* and also The Learning Trust's *PSHCE Guidance*)

A methodology that involves pupils actively in their learning increases the likelihood of the learning being relevant and effective. All pupils should be consulted about issues they wish to explore, how they wish to work together, how well the lessons are going and what changes may need to be made. Negotiation and constant monitoring are of key importance. Young people have an entitlement to education led by sensitive, skilled and informed teachers who have access to appropriate and up to date resources.

## 2i) Schemes of work and appropriate resources

The Learning Trust has provided a guidance document to schools for PSHCE. The guidance is intended to assist schools in the development of their curriculum for PSHCE. The learning framework sets out what pupils may be expected to know, understand and be able to do but leaves the decisions about the detailed content and delivery of PSHCE including SRE. Guidance for each Key Stage is set out in six units of work for each year group. Schemes of work for SRE can be found throughout the units and have been highlighted below. Reference to recommended resources can also be found in the guidance.

### Overview of the SRE units of work from the Hackney PSHCE Guidance 2000

Key Stage	Year	Suggested content
1	Reception	Unit: Family Networks Unit: Feelings
1	Year 1	Unit: Change, Loss and Bereavement Unit: Friendships and Bullying
1	Year 2	Unit: Hygiene Unit: Child protection Unit: Growing Up Unit: Similarities
2	Year 3	Unit: Outdoors Unit: Self Esteem
2	Year 4	Unit: Assertiveness
2	Year 5	Unit: Puberty - including menstruation Unit: Different Types of Relationships
2	Year 6	Unit: Puberty and Reproduction
3	Year 7	Unit: Physical Health
3	Year 8	Unit: Sexual Health
3	Year 9	Unit: Sexual Health
3	Year 9	Unit: Sexual Relationships
4	Year 10	Unit: Body Image
4	Year 10	Unit: Parenting
4	Year 11	Unit: Sexual Health

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## 2j) Staff Training ■

It is important teachers feel confident and well informed both in content and methodology for teaching SRE effectively. Support for teachers can be provided through training and possibly team teaching, where a variety of teaching strategies can be explored and developed. The skills and personal qualities required in teaching SRE are complex. The most effective programmes are likely to be taught by confident, competent, well-trained and well-supported teachers.

Schools need to recognise that not all teachers are best suited to this task. In primary schools this may mean that the SRE teacher may not always be the class teacher. At Key Stages 3 and 4, regardless of the system used to deliver PSHCE & Citizenship, a panel of able, well-trained teachers willing to teach SRE should be identified. In addition, help with teaching can be sought from other specialist agencies.

## 2k) Confidentiality

Confidentiality, in both group settings and one-to-one interactions with children and young people, needs to be considered by schools when devising their SRE policy. Schools must be absolutely clear about the boundaries of their legal and professional roles and responsibilities. A clear and explicit confidentiality policy should ensure good practice throughout the school which both pupils and parents/carers understand. Schools should ensure they are familiar with the procedures set out in the guidance from the DFES: *Safeguarding Children Child Protection: Guidance about Child Protection Arrangements for the Education Service*. Section 175 of the Education Act 2002 came into force in June 2004 and creates an explicit duty to strengthen arrangements for safeguarding children.

The degree of confidentiality that teachers will give needs to be made clear and be related to the school's Child Protection procedures. The team of workers who may be involved in SRE (teachers, health visitors, school nurses, family planning staff and others) must have a consistent approach to confidentiality. Where appropriate, schools may wish to use a counselling service from outside school to refer young people to if necessary. To guarantee confidentiality, an open access system of booking appointments with the counselling service is essential. Teachers cannot offer or guarantee absolute confidentiality.

Schools should ensure that their policy on confidentiality is clearly related to the SRE policy. It should include reference to:

- making sure that pupils and parents or carers are aware of the school's confidentiality policy and how this works in practice;
- reassuring pupils that their best interests will be maintained;
- encouraging pupils to talk to their parents or carers and giving them support to do so;
- ensuring that pupils know that teachers cannot offer unconditional confidentiality;
- reassuring pupils that if confidentiality has to be broken, they will be informed first and then supported as appropriate;
- if there is any possibility of abuse, following the school's Child Protection procedures;
- making sure that pupils are informed of sources of confidential help, for example, the school nurse, counsellor, youth and community worker, GP or local young person's advice service;
- using ground rules in lessons;
- clear procedures for staff to follow.

Children and young people may make personal disclosures in group settings where an atmosphere of trust is created. It is important to reach agreement with the group about confidentiality before personal disclosures are made. It should be made clear that individuals need to take responsibility for what they choose to disclose. Also, personal information given in pairs or small groups is not to be repeated by other people outside that pair or small group without permission.

## Section 3: Teenage Pregnancy / Teenage Parents

### 3a) Support and Re-integration ■

The Learning Trust has in post a Teenage Pregnancy Re-Integration Officer whose primary responsibility is to offer support to students who are pregnant or parents/carers to ensure that these young women can continue their education during the pregnancy and after the birth and to offer support to enable them to make successful transition to post-16 provision.

Pregnancy or parenthood should not signal the end of an entitlement to education. The Learning Trust aims to encourage and support the continuity of education and enhance the life chances of teenage parents and their children.

The Teenage Pregnancy Re-integration Officer offers support and advice through:

- Regular contact with teenagers who are pregnant/parents and their families;
- Liaison with schools and alternative education providers to ensure there is an appropriate educational package in place;
- Financial assistance with childcare supported through Care to Learn;
- Contact with Council departments such as the Youth Service, Social Services and Housing to ensure young mothers receive appropriate support;
- Dialogue with learning mentors, education attendance officers, social workers and home school support workers to identify and provide assistance.
- Partnership work with Hackney Young Families and Connexions.

To support schools in delivering education to young women who are pregnant (or providing support to parents) the following guidelines have been developed.

- i) Procedure for supporting the educational needs of pupils who are pregnant
- ii) Referral form for support from The Learning Trust

Teenage Pregnancy Re-Integration Officer

Tel. 020 8820 7373

# Procedure for Supporting the Educational Needs of Pupils Who Are Pregnant

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## During pregnancy ■

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School informed of pregnancy either by pupils or Teenage Pregnancy Re-integration Officer on pupil's behalf

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The Learning Trust requires schools to inform the Teenage Pregnancy Re-integration Office for DfES anonymous data collection purposes. If pupil gives consent, a referral for support can be made to the Re-integration Officer

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The schools statutory responsibility is to educate the pupil throughout the pregnancy and after the birth. Discuss with pupil and/or Re-integration Officer how education will be provided. Agree an education plan based on the following options

### Option 1

Pupil attends school until last stages of pregnancy

### Option 2

Pupils attends school until she no longer feels comfortable with this arrangement from which time school provides support and school work

### Option 3

Pupils attends alternative education provision

### Option 4

Home Tuition provided for pupils with documented medical conditions

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## Following the birth ■

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The Learning Trust recommends the earliest a pupil returns to school is six weeks providing a positive six week health check and appropriate child-care has been secured.

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School and Re-integration Officer to meet to negotiate pupil's attendance at school. Either full time or staged return, i.e. two days a week initially building up to a full week over time.

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Appropriate curriculum to be negotiated with young person, i.e. reduced timetable initially to facilitate adjustment to motherhood

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Liaison between young person, Re-integration Officer and school will continue until the end of compulsory education

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# Confidential Teenage Pregnancy/Parent Referral Form

Please complete all the details below and return by post, marked 'Personal' to:

**Dawn Foye**

Teenage Pregnancy Re-Integration Officer  
Access Service  
Edith Cavell Building  
Enfield Road  
London N1 5BA

Pupil	
<b>Name:</b>	<b>Date of Birth:</b>
<b>Address:</b>	<b>Ethnicity:</b>
	<b>Name of Parent/Carer if different:</b>
<b>Telephone Number:</b>	<b>Expected date of delivery/age of child:</b>

What programme of work is the pupil currently undertaking?
(Please give KS3 results if known)

What are the potential educational outcomes for the pupil?

Are there any other concerns regarding this pupil that are relevant to this issue?

Any additional information:
(e.g. Other agencies involved/health issues)

Referrer
<b>Name:</b>
<b>Position:</b>
<b>School:</b>
<b>Date:</b>
<b>Signed:</b>



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#### 4b) Transmission of HIV ■

HIV has been isolated in many body fluids. All this means is that when scientists have tested for the virus in the laboratory, they have been able to find its presence in these fluids. It is very important, however, to remember that although a virus can be found in a particular body fluid, this does not necessarily mean that it can be passed on to someone through contact with that fluid. In order for HIV to be transmitted from one person to another there needs to be a particular route (a way into the bloodstream), a particular quantity (sufficient amounts of the virus to cause infection) and quality (not damaged in any way by heat, light, or detergent).

It has been found that sufficient quantities of the virus exist in:

- blood and blood products
- semen
- vaginal and cervical secretions
- amniotic fluid (fluid surrounding the foetus in the womb)
- breast milk

There is no evidence of the virus being passed on through:

- saliva
- tears
- sweat
- urine
- faeces

This is because there is not a sufficient concentration of the virus in these body fluids. In the case of saliva, digestive juices and enzymes also act upon the virus, weakening it and further preventing transmission; in the case of urine and faeces, the virus would be affected by the toxins found within these waste products.

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#### Routes of Transmission ■

In order for the virus to be transmitted, it has to be introduced into another person's body. The virus is fragile. It is unable to survive for long in body fluids outside the body except in favourable conditions' it is destroyed by heat, light and detergents. It cannot be carried through the air. The main ways a person could become infected with the virus are:

##### **Sexually**

Any sexual activity between women and men, men and men or women and women which allows blood, semen or vaginal fluids inside the body, e.g. having unprotected anal or vaginal intercourse with an infected partner. The mouth is not a good route of transmission and therefore oral sex is considered to be low risk unless there are cuts in the mouth.

### Blood to blood

By using a needle or syringe to inject drugs, when it has already been used by someone who is infected. Thoroughly cleaning needles, syringes and spoons before use reduces the risk.

Since 1985, in the United Kingdom, all donated blood has been tested for HIV antibodies. In the U.K. the risk of becoming infected through a blood transfusion is five million to one. In certain other countries, the risk of infection through blood transfusion may be higher because resources may not be available for testing blood. Blood products such as Factor VIII (which is used to treat haemophilia) are heat-treated to kill the virus.

### Mother to baby

HIV can be transmitted via an infected mother to her unborn baby. Between 10% and 13% of babies born to women with the virus will be HIV positive. The virus is transmitted during birth or in some cases in the womb. (This information may vary as the results of new research become available). The virus can also be transmitted from mother to baby via breast milk.

Pregnant women living with HIV can be prescribed medication prior to delivery, which appears to reduce the likelihood of vertical transmission of HIV to the baby.

### Situations where there is no risk of virus transmission

There is no known case anywhere in the world of HIV infection having been transmitted in childcare settings or schools.

- there is no risk of infection:
- if blood spills on the unbroken skin of another person;
- from coughs or sneezes;
- from sharing toilet facilities;
- from spit or vomit;
- from using public swimming baths;
- from attending schools, youth clubs, discos, etc.;
- from touching, hugging and comforting; and
- during dental inspections

#### **ALL THE ABOVE SITUATIONS ARE PERFECTLY SAFE.**

It is important for the health of everyone to avoid all infection, wherever possible. All children and staff (where matters of hygiene are concerned) should be treated as if they are HIV positive, for this will ensure good practice and equal treatment for everyone. If a member of staff or child is injured, good hygiene procedures such as immediately washing the wound are an effective counter measure against the risk of most infections, including HIV.

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#### 4c) Testing ■

HIV tests can be performed at the Sexual Health Clinic at Homerton Hospital, Choice N4 at John Scott Health Clinic if under 25, and at other sexual health clinics across London. Information, advice and counselling will be given.

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#### 4d) Equal Opportunities ■

HIV infection has implications for equal opportunities. There is still considerable prejudice surrounding HIV infection. This results in individuals and groups experiencing discrimination.

The Learning Trust recognises that prejudices exist institutionally and amongst staff and recommends that schools include HIV as an integral part of their Equal Opportunities policy statement. A person's HIV status does not affect their right to employment by the Learning Trust or a school. Discrimination should be challenged in all aspects of the school, including the taught curriculum and the hidden curriculum. The Learning Trust will not accept discriminatory behaviour as outlined in the Equal Opportunities Policy. This includes discrimination against employees who are known to have HIV.

HIV is not transmitted by everyday social contact and hence is not a notifiable disease. Thus there is no reason why any pupil or student should be excluded from attending a school or other establishment if he/she has HIV.

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#### 4e) Parents and Governors ■

Teaching about HIV infection is likely to be a sensitive matter. Parents should be informed about the school's policy on sex education, of which HIV infection should be a part. All parents have the right to withdraw their child from sex education lessons.

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#### 4f) Teaching about HIV ■

Education about HIV infection is an essential part of the drugs and sex education component of any PSHCE programme. It can also be taught in other contexts across the curriculum and in informal settings such as youth centres. It is essential that the teaching input is planned, co-ordinated and continuous throughout a young person's education.

Sexual health education, including HIV education, aims to foster a sense of responsibility and respect for oneself and others. It also aims to provide young people with the self esteem, confidence and skills they will need to negotiate their relationships. This will not only provide protection from becoming infected with HIV but from other sexually transmitted infections, unwanted pregnancy, abuse and exploitation.

SRE, in particular HIV Education, is most effectively taught in a context where young people feel safe to express their opinions and beliefs. It is important to start from issues that are important to young people rather than preach or offer expert advice. Creating a sense of trust and finding a language to discuss potentially embarrassing topics are essential components. The use of outside agencies and support from the Healthy Schools Team have proved to be very successful in meeting the needs of young people and complementing the work of teachers and youth workers.

Teaching about HIV has several aims including to:

- provide accurate information about HIV and AIDS including how HIV can be transmitted;
- promote an understanding of how infection by HIV can be managed and prevented;
- challenge prejudice and ignorance regarding HIV;
- explore feelings, attitudes and values concerning HIV;
- encourage students to develop the necessary skills to avoid contracting HIV. Through developing communication, assertiveness skills, self respect and respect for others;
- promote a caring and compassionate attitude towards those people who are infected and/or affected by HIV;
- challenge homophobia and homophobic bullying and hence empower young lesbians and gay men to look after their own sexual health needs.

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#### 4g) Confidentiality - Pupils/Students

HIV/AIDS is not a notifiable disease under RIDDOR (The Reporting of Injuries, Disease and Dangerous Occurrences Regulations 1995).

School staff cannot necessarily expect to be informed of a child's HIV status. Where a member of staff has been informed by a parent/carer of their child's HIV status, their informed consent must be sought in each instance before passing on that information.

It must be the responsibility of the person passing on the information to ensure the recipient understands the need for strict confidentiality and that disclosure only takes place on the terms agreed (in writing if requested) with the child and family.

The possibility of sharing information in general terms without disclosing the identity should always be considered.

The need for strict confidentiality to be maintained applies to whether a person receives information about the child/young person's HIV status directly (specifically being informed) or indirectly (finding out).

#### 4h) Employees ■

Disclosure of information about a person's infection should only take place with the informed consent of that person.

If for any reason in the course of their employment or by unauthorised or accidental access to records, an employee learns that another employee is affected or infected by HIV, it is forbidden for that employee to disclose that information to anyone inside or outside of the Learning Trust or school.

In the event of disclosure, however this occurs, strict confidentiality should be observed.

In order for the Learning Trust to operate its policy and procedures on sick leave and other matters, an employee may need to reveal their HIV status to protect their rights. The employee must give permission for disclosure in writing and such information filed. This must be done in such a way as to prevent, as far as is possible, unauthorised and accidental access to that information.

Any breach of confidentiality will be made a disciplinary offence following the agreed normal procedures.

In the event of the death of a person from an AIDS-related illness, confidentiality should still be maintained and respected and support offered to colleagues in the workplace.

The above guidelines also apply to parents, carers and siblings.

#### 4i) Health and Safety ■

##### The Learning Trust requires that:

- universal infection control guidelines be followed at all times to safeguard against the risk of any cross infection in the work setting and staff should be issued with guidelines;
- the means to implement these guidelines be available to staff. These will vary according to work tasks and include materials or liquids, e.g. gloves, bleach, disposable towels, plastic bags, sharps boxes, etc.
- each manager of the premises organises the safe disposal of all clinical waste.

##### Personal Care

- Check any cuts, wounds or abrasions and cover these.
- Wear surgical gloves when dealing with blood.
- Wash hands with hot soapy water after handling body fluids. (Regular washing is to be encouraged.)

### Accidents Involving External Bleeding

- Wear surgical gloves.
- Follow normal safe first aid procedures and apply firm pressure to the wound for 5-10 minutes with a sufficient pad of clean absorbent material, e.g. disposable towels and triangular bandages.
- When bleeding has stopped blood should be washed off surrounding skin and hair with plenty of soapy water without disturbing the wound.
- Any contaminated hard surfaces should be cleaned in the normal way.

### Mouth-to-Mouth resuscitation

There is no evidence that HIV has been transmitted by saliva.

Trained first aiders may, if they wish, use a shield or similar device, the use of which has been included in their training. These items should be available in the first aid box.

**Remember to report accidents following the normal procedures.** (*The Learning Trust Health and Safety Manual, section 4, 'accident reporting'.*)

**Schools should ensure that the school has an appropriately stocked first aid kit.** (*The Learning Trust Health and Safety Manual, section 8, 'First Aid'.*)

### 4j) Counselling and Support

Counselling and support includes information giving, advice and confidential counselling. Any employee who has concerns about an HIV or AIDS related issue which may or may not be connected directly with work, can seek advice from Occupational Health via the Human Resources team in the Learning Trust. A decision will be taken as to whether they have the necessary skills and information to deal adequately with the issues raised or to refer on. In all circumstances, the guidelines on confidentiality in Section 4g of this policy statement must be borne in mind.

Despite the progress that combination therapy is making in the treatment of HIV and AIDS related illnesses, HIV is still potentially a life-threatening disease. A great deal of stigma and prejudice is still attached to the virus. Individuals considering being tested for HIV are recommended that pre- and post-test counselling be obtained from the health advisors or staff at the Department of Sexual Health at Homerton Hospital.

The voluntary sector has spearheaded the provision of information and the development of support skills. It continues to provide much of the expert counselling for people with HIV and AIDS. Information about the Terrence Higgins Trust is contained in Section Agencies, as well as details of local agencies.

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## Section 5: Footnotes

- <sup>1</sup> OFSTED (2002) *Sex and Relationships in Schools*
- <sup>2</sup> UNICEF (2001) *A League Table of Teenage Births in Rich Nations, Innocenti Report Card Issue No.3*
- <sup>3</sup> DoH (2004) *Teenage Pregnancy Unit Statistics*
- <sup>4</sup> Health Protection Agency (2003) *Epidemiological Data – Sexually Transmitted Infections*
- <sup>5</sup> Avert (2003) *UK HIV and AIDS statistics by age* [www.avert.org.uk](http://www.avert.org.uk)
- <sup>6</sup> University of York, CRD (1997). *Preventing and reducing the adverse effects of unintended teenage pregnancies*, *Effective Health Care Bulletin* 3:1-12
- <sup>7</sup> DoH (2003) *The Independent Advisory Group on Teenage Pregnancy: Annual Report 2002/2003*
- <sup>8</sup> *Playing it Safe*, Douglas et al, 1998.