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The Sexual Health Educator and the provision of Sex Education in Wales

The Sexual Health Educator role was established in 2008 as a collaboration between the Integrated Sexual Health Department in Cardiff Royal Infirmary and the Cardiff and Vale Public Health Team. The collaboration facilitates the secondment of a Sexual Health Adviser (SHA) to the Public Health Team; whilst working for the Public Health Team the SHA plans and delivers sexual health lessons to school and college pupils in Cardiff.

The lessons provided by the Sexual Health Educator (SHE) are designed to ease some of the pressure placed upon teachers when providing Sex and Relationship Education (SRE). Authors such as Glami et al (2006) and Frankel (2010) suggest many teachers might find sex education too embarrassing. The SHE is able to advise SRE co-ordinators on SRE activities, lesson plans and provide specialist lessons to compliment a school's existing SRE curriculum. In-Service Education Training (INSET) days have been organised for some schools requesting a specialist input to their SRE curriculum. The work of Walker et al (2003) highlights the potential benefits specialist training can bring teachers who often have not received any formal education in sex education. The specialist sessions described by Walker et al (2003) resulted in a mean increase in confidence to teach sex education and an increase in awareness of different teaching/learning methods after attending the sessions. It should be acknowledged that Walker et al (2003) remarked on a lack of published

evidence discussing specialist sexual health training for teachers; eight years later the deficit is still in existence, despite numerous organisations calling for action to tackle teenage sexual health.

Background

The lack of published evaluations in specialist sexual health training for teachers could reflect the conundrum that is SRE. True public health is not the sole concern of clinicians working from NHS offices. Public health reflects the work of teachers, drug workers, mental health charities, the police and local authorities who are all concerned with the health of the nation. Contemporary public health ('New Public Health') is now based upon the concept of the 'Third way'. The basis of the third way incorporates all relevant institutions in the planning and the provision of public health policies and initiatives, thus reflecting the multifaceted nature of public health. This concept is reflected in the work of the SHE: a clinician is seconded into a public health role to utilise their clinical knowledge to educate pupils (and teachers) on sexual health. This combines front line NHS staff, with the facilities and knowledge of public health officials to facilitate teaching within schools and colleges.

One could argue that the SHE model is a 'long winded' method of providing SRE, a more straightforward method could be to 'send the teachers on a course'. However, apart from the providing the teachers with a Continued Professional Development

(CPD) opportunity, would the pupils benefit? Attending a course can be expected to increase a teacher's knowledge, and possibly challenge attitudes, but regular CPD will be required for the teachers to keep up to date. Interestingly, NHS Scotland is running the SHARE (Sexual Health and Relationship Education) programme which aims to provide specialist sexual health knowledge for teachers.

The School Nurse is also an important player in the SRE conundrum. Some head teachers may decide the nurse should undertake the responsibility of teaching sexual health in the school. Indeed many schools successfully utilise their School Nurse to provide talks on puberty and sexual health. School Nurses are also able to work with the child protection guidelines imposed on teachers (within reason) to provide confidential advice to pupils; therefore making them ideal to be in the room when discussing sexual health so pupils know from whom to seek advice. However, many School Nurses are now being stretched by their child protection case load. This means non-urgent issues such as sex education lessons are missed. Furthermore, one should acknowledge that many School Nurses have not received formal training on teaching and assessing school age pupils. The female dominance of School Nursing needs to be considered when advising (for example) a young male pupil who is concerned about masturbating too much.

Other models of SRE delivery can involve peer-led sex education (such as the RIPPLE Study) (Stephenson et al, 2004) or utilising university students in providing sexual health education to pupils - the 'sexpression organisation' (www.sexpression.org.uk). It should be noted that a CINAHL and Medline search for 'sexpression' returned no results. Peer-led or 'pupil-led' sessions often allow pupils to build a more informal relationship with 'trainers' who are of a similar age to the pupils. This can create an

equal relationship between the trainer and pupils, this should ensure questions can be asked without embarrassment. However, Stephenson et al (2004) report some of the peer trainers had difficulties managing a classroom and engaging boys into the lesson. These problems should have been expected and it is hoped a qualified teacher was present in the lesson to limit disruptive behaviour. There is no published literature evaluating the work of the sexpression organisation, thus their lessons cannot be assessed.

Policy

The Welsh Assembly Government (WAG) issues guidance for SRE within Wales, this guidance is also supported by reports from her Majesty's Inspectorate for Education and Training in Wales (Estyn). Wales still has optional SRE, therefore allowing parents to withdraw their children from SRE lessons. The WAG has produced three key policy documents to inform SRE in Wales:-

- Personal and Social Education Framework for 7 - 19 year olds in Wales (2008).
- Sex and Relationships Education in Schools (2010)
- Sexual Health and Wellbeing Action Plan for Wales 2010 - 2015 (2010)

The Personal and Social Education Framework for 7 - 19 year olds in Wales (2008) contains a broad overview for all PSE lessons, in relation to sexual health it does specify:-

Key Stage 3 pupils should be able to understand:-

- a) The law relating to aspects of sexual behaviour
- b) Contraception, sexually transmitted infections and HIV within the context of relationships

Key Stage 4 pupils should be able to understand:-

- a) The range of sexual attitudes, relationships and behaviours in society
- b) The importance of sexual health and risks

involved in sexual activity including potential sexual exploitation

c) How to access professional health advice and personal support with confidence

The Sex and Relationships Education in Schools (2010) guidance produced by WAG outlines the position and responsibilities of primary and secondary schools in relation to SRE. The document also provides more information for teachers on possible sources and approaches to SRE, peer educators are specifically mentioned as an aid to compliment formal teaching.

School nurses and outside health professionals are highlighted as providing specialist up to date local knowledge on sexual health and sexual health services.

The Sexual Health and Wellbeing Action Plan for Wales 2010 - 2015 (WAG, 2010) emphasises the role SRE plays in preventing teenage pregnancies and reducing STI transmission. This plan specifically states School Nurses should have SRE incorporated into their role. However, it would seem incorporating SRE into the School Nurse's role and allowing sufficient time for SRE are two different issues.

Estyn's report, 'Sex and Relationship Guidance' (2007), highlights the difficulties School Nurses face in trying to attend SRE lessons and suggests the SRE lessons are often cancelled due to other pressures. Furthermore, Estyn identifies a lack of an overall strategy to direct the work of School Nurses in relation to SRE. The report also suggests pupils' knowledge of SRE is inconsistently evaluated during SRE lessons.

As part of SRE lessons, delivered by the SHE, pupils are routinely asked to complete a 'pop quiz', which can then be utilised to assess students' knowledge of sexual health. The lessons are also evaluated by teachers who are present during the lesson. These evaluations will now be presented.

Audit tool

Anonymous sexual health pop quizzes were completed by the school pupils participating in a specialist SHE lesson between January and April 2011. The pop quizzes were audited against WAG guidelines for Key Stage 3 & 4 SRE knowledge. Standardised Cardiff and Vale University Audit protocols were followed. All pop quizzes were included in the audit and incomplete quizzes were coded appropriately in SPSS™. Teacher's evaluations were completed after the lesson, if a lesson was being repeated to another class within the same school an evaluation was not requested.

Results & Discussion

The teachers' evaluations of the SHE lessons were all positive. It should be acknowledged that a possible Hawthorne* effect cannot be excluded.

- 100% (n=15) felt the SHE lesson met the objectives of the School's/college's PSE policy
- 100% felt the teaching strategies deployed in the lesson were appropriate for the age group being taught
- 100% stated the pupils were interested in the specialist SHE lesson

When requested to provide any other comments these were some of the responses:-

"I think before the session the students thought they had all the information they wanted. I think they all learnt something from the session"

"Excellent session, children thoroughly enjoyed"

"Very informative and delivered in a very relaxed and appropriate manner"

"Very informative and well presented. All pupils engaged considering it was a Friday afternoon"

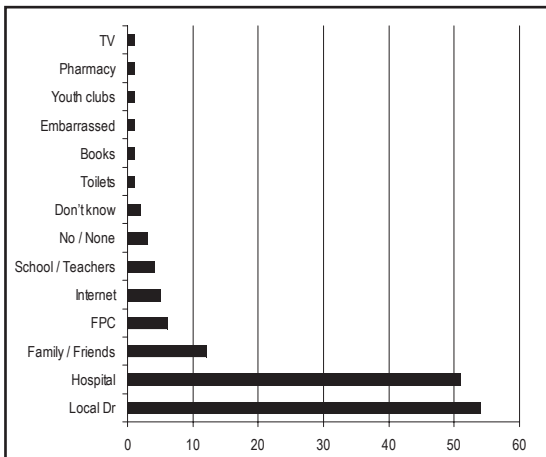
In total, 308 contraception quizzes and 235 Sexually Transmitted Infection quizzes were completed; if the quiz was not fully completed the quiz was still included in the data analysis. Table 1 displays the

*The Hawthorne effect: The tendency of some people to work harder and perform better when they are participants in an experiment. Discovered and named by Harvard University researchers who conducted experiments at the Hawthorne Works plant of Western Electric.

N = 235	Yes
Total sample	80%
Males	81%
Females	85%
Year 9	72%
Year 10	76%
Year 11	83%
16+	86%

percentage of correct answers collated by the sexual health pop quizzes. There is a gradual increase in knowledge from Year 9. It is notable that the highest level of correct responses were found in the 16+ age group (86%). The age range for these participants varied from 16 to mid thirties and were mainly female. The lowest level of knowledge was found in Year 9. The low level of correct answers in Year 10 could be an artefact due to a smaller number of completed quizzes returned. Chart 1 details the locations given by pupils to find help on sexual health

Chart 1- If you were worried about sex or STIs where would you go for help



issues, these responses were free text and categorised by thematic analysis.

The most popular location to get help on sexually transmitted infections was the local GP. This could suggest a change in perspective regarding patients' relationships

with their GP. Patients may avoid going to their GP with sexual health issues as they are too embarrassed to discuss the problem with a doctor they have known for many years and who may also be their family doctor. Thus the status quo was to visit a GUM clinic and be seen anonymously. However, these results could suggest the pupils are not afraid to discuss sexual problems with their GP. An alternative explanation for this change in perspective could be attributed to the age of the pupils, meaning the only source of medical information they are aware of is their GP, and thus, they have not been informed of specialist local sexual health services. Table 2 further explores the pupils' expectations of their GP to treat STIs.

N = 217	Yes	No	Don't know
Total sample	48%	37%	7%
Males	52%	38%	10%
Females	53%	43%	4%
Year 9	66%	27%	7%
Year 10	69%	23%	8%
Year 11	44%	48%	8%
16+	52%	40%	8%

The responses seen in Table 2 appear to support the results seen in Chart 2. The pupils seem to hold their GPs in high regard and feel the GP will treat any STIs. The willingness of GPs to treat STIs has grown in the past few years, and some GPs now operate a Level 1 or 2 sexual health service. However, patients with a diagnosed STI should be tested for

other sexual transmitted infections and correct partner notification needs to be conducted. To ensure this occurs, many GPs will refer the patient directly to GUM services. Therefore, the expectations held by the pupils in this audit could indicate

inappropriate accessing of primary care facilities. The WAG sex and relationship guidance document (2010) does specify that teachers should be aware of local sexual health services and be able to direct pupils effectively. This appears to be a pertinent issue as many pupils seem to have a lack of awareness of sexual health services. This could be addressed as one of the aims of a teaching session for older pupils (possibly Key Stage 4 onwards) to raise awareness of the confidentiality aspects placed upon GUM clinics by the National Health Service (Venereal Diseases) Regulations 1974 (Department of Health, 1974).

Conclusion

The issue of sexual health education is a contentious one. Religious and personal views mean many professionals are afraid to address sexual health education openly. Furthermore, many teachers are ill-prepared to address sexual health topics. This could be remedied with the introduction of national or regional standardised training for teachers on SRE. The training would provide the opportunity for sharing best practice, updating teachers on SRE developments and create an environment for effective assessment methods to be produced. The updating of teachers on SRE can also be used to promote the concept of 'New Public Health' and its constitutential focus on partnership working to create a healthy nation. Therefore, reinforcing the teachers' responsibility as a conduit for health promotion.

The need for effective working relationships between School Nurses and teachers is essential for a school to have an efficient SRE curriculum. The importance of child protection cannot be questioned; however, School Nurses also have a duty to fulfil their public health responsibilities to the whole school. More effective working patterns or increasing numbers could assist School Nurses in meet their SRE commitments.

This audit only touches on the surface of assessing pupil's sexual health knowledge; more inventive and probing techniques of assessment need to be created. Possible methods of evaluating SRE could focus on case studies, drama productions, creative writing and formal quizzes. One specific area for teaching/assessing pupil's knowledge would appear to be local knowledge of sexual health services and their role in maintaining a healthy sex life.

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