Sexual Behaviours Framework in Cornwall: embedding sexual health and development within the children and young people’s workforce

INTRODUCTION

In 2014 Cornwall became the first local authority to implement the Brook Sexual Behaviours Traffic Light Tool (BSBTLT) as a common sexual behaviours framework across health, education, social care and voluntary services.

The tool is an evidenced based resource and training programme which uses a ‘traffic light’ tool to help professionals assess and respond to sexual behaviours of young people. By integrating the tool into local practices Cornwall hoped to:

AIMS

- Increase workforce confidence in working with sexual development
- Develop a shared understanding of risk between agencies
- Embed relationships and sexual health within the workforce’s understanding
- Assessment of health and wellbeing
- Improve workforce understanding and acknowledgement of healthy sexual development
- Ensure children and young people receive a consistent response and support across agencies in Cornwall

MATERIAL & METHODS

Step 1: Public health led review of existing local guidance in place.
Step 2: Workforce skills and training needs analysis.
Step 3: Multi-agency working group established- agreement to develop best practice guidance across the children’s workforce including a common framework tool around presenting sexual behaviours.
Step 4: Review of resources, BSBTLT chosen based on range of criteria.
Step 5: Multi-agency guidelines incorporating tool endorsed by Children’s Trust, LSCB and Health and Wellbeing Board
Step 6: Conference held to launch tool followed up by Public Health funded programme of training for the Children’s Workforce.
Step 7: Independent evaluation of implementation carried out by University of Worcester.

RESULTS

Mixed methods approach applied to evaluate impact of implementation on practice using:
- Evaluation of training completions distributed by Brook at point of training (n = 432)
- Follow up electronic questionnaire distributed to all participants carried out by University of Worcester completions = 60)
- In-depth qualitative interviews with participants drawn from questionnaire sample (n = 13)

Analysis included descriptive statistics alongside thematic analysis of both open text quantitative data and verbatim transcripts of qualitative data.

Table 1: Confidence change in managing sexual behaviours

<table>
<thead>
<tr>
<th></th>
<th>Before</th>
<th>After</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green (0-1)</td>
<td>3.0</td>
<td>4.4</td>
</tr>
<tr>
<td>Amber (2-3)</td>
<td>3.45</td>
<td>4.2</td>
</tr>
<tr>
<td>Red (4-5)</td>
<td>4.05</td>
<td>4.84</td>
</tr>
</tbody>
</table>

TRAINING PARTICIPANT FEEDBACK:

- I found the traffic light tool fantastic, very clear and concise guidelines.
- AS I am a CP social worker this is essential for good safe practice and I will be using the info and skills learned today.
- I will follow the traffic light system within the school so an informed approach is used.
- Will use the tool throughout my practise…gives me a really clear focus on what is ‘red’ ‘amber’, ‘green’ behaviour.
- Brilliant training. Don’t change anything.
- I will use the tool to support YP in encouraging discussion around possible CSE behaviour, evidencing concerns with use of the tool.
- 62% reported a shared understanding of risk between agencies.
- 65% reported a shared understanding of sexual health between agencies.
- 98% reported the profile of sexual health had been raised amongst the children’s workforce.
- 59% reported frontline staff’s confidence had improved in managing sexual behaviours significantly or ‘quite a lot’.

SUMMARY / CONCLUSION

Evaluation of Cornwall’s implementation of the Brook Sexual Behaviours Traffic Light Tool has identified:
- Increased multi agency working
- Greater clarity in understanding and assessing sexual behaviours
- Process change in responding to need and risk.
- A raised profile for sexual health amongst the children’s workforce.

Next steps are to achieve sustainability of message and skills by securing ongoing training and sign up to using the tool.

Further work is required to ensure the tool is fully embedded into safeguarding practice and works in unison with emerging tools and practice.

ACKNOWLEDGEMENTS

Cornwall Council Public Health: who funded the programme and led its implementation.

Brook in Cornwall who worked in partnership with Cornwall Council and delivered such excellent training.

Sophie King-Hill, University of Worcester, who undertook the evaluation of the Programme.

Counsellor Andrew Wallis, Lead Member for Children, who has personally championed the tool.

REFERENCES

Sex and relationship education in a policy and funding lacuna: strategies used by actors in local authorities

Crichton, J.; Pound, P.; Wilmott, M.; Owen, J.; and Campbell, R.

School of Social and Community Medicine, University of Bristol. School of Health and Related Research, University of Sheffield.

INTRODUCTION

- Sex and relationship education (SRE) is important for preventing sexually transmitted infections and unwanted pregnancies.
- It has implications for health, wellbeing and educational outcomes.
- Local authorities are mandated to support and commission SRE. But their work has been affected by:
  - Reduced local authority budgets
  - Public health reorganisation.
  - Educational reform and pressure on schools to focus on academic performance at the expense of personal, social and health education.

Aim of study: to understand the approaches and strategies local authority actors are using to support SRE in this context.

METHODS

- Purposive and snowball sampling to identify key actors working on SRE in all English local authority regions and national organisations.
- 46 semi-structured telephone interviews with health commissioners and educational advisors in 36 local authorities and 6 national PSHE organisations.
- Interviews were transcribed verbatim and analysed using a framework method.

RESULTS

Participants described three broad local authority approaches to SRE (Box 1). Local authorities often combine elements from more than one approach. Networking approaches are increasing in popularity because of funding cuts:

- You haven’t got the feet on the ground now so we need to think initiatively about how to get the message out there [and ensure it is] up to date. (Healthy Schools Advisor, Yorks and Humber)

Box 1: Ways of working

<table>
<thead>
<tr>
<th>Job type</th>
<th>Service Manager / commissioner</th>
<th>PSHE / Education advisor</th>
<th>Healthy Schools / other</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>South East</td>
<td>2</td>
<td>0</td>
<td>0</td>
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</tr>
<tr>
<td>East England</td>
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<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>London</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Midlands</td>
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<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>North East</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Yorks and Humber</td>
<td>6</td>
<td>3</td>
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<tr>
<td>Total</td>
<td>28</td>
<td>7</td>
<td>7</td>
<td>39</td>
</tr>
</tbody>
</table>

Box 2: Supportive factors in local authorities

- Effective joint working across education and public health teams.
- Strong public health leadership including support for SRE from the Director of Public Health and elected council members.
- Longevity of staff responsible for SRE enables the development of relationships with schools and other stakeholders.
- Continuation of Healthy Schools schemes.

STRATEGIES:

Participants reported the following strategies for influencing school SRE provision:

- Gatekeeper role, helping busy schools select good SRE resources and providers.
- Reframing SRE:
  - Aligning it with school priorities (e.g. OFSTED assessments or schools’ spiritual, moral or cultural agenda).
  - Reframing work to fit national policy and funding streams.

Before I do anything now with schools I look at what I can hang on OFSTED. (Healthy Schools Advisor, East England)

We are shifting how we market our work to help our partners understand its true breadth and importance, to demonstrate that it addresses many other agendas, whether that’s child sexual exploitation or internet safety... (Service Manager, North West)

- Use of research evidence and local data to demonstrate need for SRE or impact of SRE.
- Advocacy to other stakeholders (e.g. elected council members, media)

There’s a big review now; we need to focus on good news, on outcomes, a ‘can-do’ approach (Healthy Schools Advisor, South West)

DISCUSSION

Reduced funding and educational reform have decreased local authorities’ social, political and economic capital for influencing school SRE provision.

At the time of interviews, local authorities varied widely in their ability to lead SRE provision. Actors in some local authorities have developed strategies to influence provision, but a minority stated that they lack capacity to support SRE.

IMPLICATIONS

Local authorities may benefit from sharing the strategies they use for supporting SRE.

- Relationships take time to build and are important for engaging schools, pointing to the value of continuity in local authority staff posts and long-term investment in SRE.
- Retain the core elements of SRE (content and risk/resilience approach) when linking with other agendas (eg child sexual exploitation).

The following may support local authority actors to influence schools:

- Research evidence that SRE affects academic attainment.
- National leadership for SRE including enhanced status for SRE in the national curriculum and in school inspections.

ACKNOWLEDGEMENTS

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REFERENCES

What is best practice in sex and relationships education? A synthesis of evidence, including stakeholders’ views
Pandora Pound, Sarah Denford, Janet Shucksmith, Clare Tanton, Anne Johnson, Jenny Owen, Rebecca Hutten, Leanne Mohan, Chris Bonell, Charles Abraham, Rona Campbell
Universities of Bristol, Exeter, Teesside, Sheffield, University College London and the London School of Hygiene and Tropical Medicine

INTRODUCTION
New digital technologies and widespread internet access have changed how young people learn about sex and conduct their sexual lives. SRE is regarded as vital for safeguarding young people and improving their sexual health but it is not statutory, a third of schools lacks good SRE and government guidance is outdated.

AIM
To identify characteristics that render sex and relationship education (SRE) programmes effective, acceptable, sustainable and capable of faithful implementation.

METHODS
We synthesised the findings from 5 research packages:
• Telephone interviews with SRE professionals in English local authorities to investigate best practice in SRE.
• Synthesis of qualitative studies of young people’s views of their SRE.
• Case study investigation of factors that make SRE programmes effective, acceptable, sustainable etc.
• Exploration of data from National Survey of Sexual Attitudes and Lifestyles (Natsal 3).
• Review of systematic reviews of effectiveness of alcohol and sexual health education.

We conducted public involvement activities with:
• Three young people’s advisory groups (in Cardiff, Bristol and Newcastle).
• Professionals commissioning/delivering SRE, members of PSHE Association, Sex Education Forum (1 day workshop).

RESULTS
Factors influencing acceptance of SRE
• Some young women prefer single-sex classes; young men prefer mixed classes.
• Young people advocate a ‘sex-positive’ approach but report this is lacking.
• Young people suggest that teaching on risk needs to be revised and updated.
• Many young people dislike having their own teachers deliver SRE.

Obstacles to fidelity
• Key SRE messages can become lost when interpreted and delivered by teachers.
• School pressures (curriculum, funding, staff capacity, academic), government policies, lack of statutory status for SRE.

Sustainability of SRE programmes
• Professionals believe teachers are the most sustainable option for SRE delivery.

Public involvement
The divergence between young people and professionals was echoed in the PI activities.

Best practice criteria
We developed criteria for best practice based on a synthesis of the evidence.

DISCUSSION
Our findings highlight the importance of focusing on SRE delivery as well as content. We uncovered a divergence between the views of young people and professionals on the acceptability of teacher delivered SRE, reflecting a potential conflict between the principles of acceptability and fidelity on the one hand, and sustainability on the other.

ONGOING AND FUTURE WORK
• Using our criteria for best practice we identified an existing programme in the North East of England that most closely meets our criteria. We are conducting a ‘proof of concept’ study there, aiming to explore how the programme works in practice, how acceptable it is to participants and whether it could be replicated elsewhere.
• We plan further work to encourage implementation of the best practice criteria.

REFERENCES
Mentoring is increasingly used as a way of working with young people to improve health and wellbeing.

Evidence of programmes is weak.

Need to define mentoring and to explore what kind of mentoring programmes are provided to young people in UK secondary schools.

**Aim**

To develop a better understanding of formal mentoring schemes for young people in secondary schools in the UK.

**Key research question**

How can mentoring programmes for young people in UK secondary schools be classified?

**Possible impact**

- A typology can help us understand what is delivered, for whom, and how.
- Findings will contribute to discussions about mentoring and help inform design for a evaluation of mentoring.

**Typology of mentoring programmes**

Overall programme types:
1) Personal and developmental mentoring programmes (PDM)
2) Educational and Employability mentoring programmes (EEM)

- Further distinction by purpose, type of mentor and setting
- 12 ‘mentoring models’

**Conclusions**

- Mentoring programmes are heterogeneous
- Twelve different ‘mentoring models’ found
- Future study to test prevalence and generalisability of models in the UK

**Further information:**

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Secondary school teachers are consistently reported to be at increased risk of emotional health difficulties, and the need to equip teachers with the skills to support students’ emotional health and wellbeing is crucial. However, policies and practices specifically to support and promote staff emotional health and wellbeing are not widespread across this diverse sample of 13 secondary schools. Most schools do not provide support for staff with training to promote their emotional health and wellbeing. Given teachers’ heightened risk of emotional health difficulties, and the need to equip teachers to support students’ emotional health, schools may benefit from developing specific policies and practices in this area and providing training.

No schools have a policy which addresses students emotional health and wellbeing and although the majority of schools provide training to staff to promote emotional health and wellbeing, this is often only provided to the pastoral team.

Many thanks to all our WISE study schools and participants and to our funders. Thanks to the rest of the WISE study team: Oddell Harris, Bryar Kadir, Aida Moure Fernandez, Richard Morris, Rhiannon Evans, Jill Grey and Amy Bond.

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METHODS

Audits were completed at 13 schools participating in The WISE Project (Wellbeing in Secondary Education) which is a cluster randomised control trial which aims to evaluate the effectiveness and cost effectiveness of an intervention that provides peer support for secondary school teachers, and teacher training in Mental Health First Aid (MHFA).

The schools were based in 5 local authorities in the South West England, and varied by size, socioeconomic catchment area and academic performance.

Audits were carried out by email, phone or in person with a senior contact at the school during the first and second term of the 2016/2017 academic year (example shown in Figure 1).

RESULTS

Staff

- Policy: 92.3% of schools did not have a specific policy on staff’s emotional health and wellbeing.
- Training provided to staff: 92.3% of schools did not provide training to staff to promote their emotional health and wellbeing. Training in schools which did provide this was a one-off training session during an INSET day.
- Access to a counsellor: 7.7% of schools allowed staff to meet with the student counsellor, 61.5% of schools provided staff with an off-site counsellor, the remaining schools (38.5%) did not provide staff with access to a counsellor (see Figure 2).
- Other activities aiming to promote staff emotional health and wellbeing: examples of activities/events at schools to promote staff wellbeing include ‘Random Acts of Kindness Week’, tea and cake in the staff room, ‘Colleague of the Month’ nominations to and yoga classes

Students

- Policy: No schools had a specific policy on students’ emotional health and wellbeing. Although all schools had statutory policies such as anti-bullying and safeguarding.
- Training provided to staff to address students’ emotional health and wellbeing: 53.8% of schools provided staff with training on students emotional health and wellbeing however 83.7% of these schools only provided training to key staff members such as the pastoral team.
- Access to a counsellor: 7.8% of schools did not provide students with access to a counsellor, 61.5% of schools provided students with both an on-site counsellor and off-site counsellor. 15.4% of schools provided students with only an on-site counsellor and 15.4% of schools provided students only with access to an off-site counsellor (Figure 3).
- Curriculum based activities: 53.8% of schools have curriculum based activities which focus on emotional health and wellbeing or mental health. These ranged from individual one-off lessons covering topics such as healthy relationships and mental health stigma to external organisations such as ‘Off the Record’ delivering resilience labs.

DISCUSSION AND CONCLUSIONS

Policies and practices specifically to support and promote staff and emotional health and wellbeing are not widespread across this diverse sample of 13 secondary schools. Most schools do not provide staff with training to promote their emotional health and wellbeing. Given teachers’ heightened risk of emotional health difficulties, and the need to equip teachers to support students’ emotional health, schools may benefit from developing specific policies and practices in this area and providing training.

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Figure 1. Example section of audit

Figure 2. Graph summarizing the counselling access that schools provide to staff

Figure 3. Graph summarizing the counselling access that schools provide to students