

Report of an Evaluation of Relationships and Sexuality Education in Post-Primary Schools

January 2011

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In this report, proportions may be described as percentages, common fractions and in more general quantitative terms. Where more general terms are used, they should be interpreted as follows:

Almost/nearly all	-	more than 90%
Most	-	75%-90%
A majority	-	50%-74%
A significant minority	-	30%-49%
A minority	-	10%-29%
Very few/a small number	-	less than 10%

In assessing the various features of the provision, Inspectors relate their evaluations to six descriptors as set out below:

DESCRIPTOR
Outstanding
Very Good
Good
Satisfactory
Inadequate
Unsatisfactory

1. INTRODUCTION

1.1 This report summarises the findings of an evaluation, of Relationships and Sexuality Education (RSE) in post-primary schools in Northern Ireland (NI) by the Education and Training Inspectorate (Inspectorate). The objectives of the evaluation were to:

- ◀ evaluate the quality of the provision for RSE within schools;
- ◀ report on the quality of the provision for staff training for RSE;
- ◀ record examples of good practice; and
- ◀ identify areas for development within RSE.

1.2 In October 2009, the senior leaders of all post-primary schools in NI were invited to complete an online survey to provide important background information and an overview of the provision for RSE. One hundred and seven schools took the opportunity to respond to this online survey, representing a return rate of 48.9%. In addition to the online survey, the Inspectorate visited a sample of 25 post-primary schools in April 2010 (Appendix 1). The sample included a small number of post-primary schools from each Education and Library Board, school type (grammar and secondary) and management type in Northern Ireland.

Table 1

Management Type	Number of Schools
Maintained Secondary	7
Controlled Secondary	7
Voluntary Grammar	6
Integrated Secondary	4
Special School	1

1.3 During these visits, discussions were held with the Principals, members of the senior leadership team, RSE co-ordinators and teachers. In each of the schools visited, groups of pupils were interviewed. In total, approximately 120 members of school staff and 475 pupils were interviewed or observed during the evaluation. In addition, inspectors observed 12 teaching sessions across key stage (KS) 3 and KS4.

2. CONTEXT

2.1 Young people today face many pressures and challenges. They need to learn to cope with, and manage, the situations, constraints, and opportunities which life in a complex society presents¹. To do this effectively, they require a broad range of knowledge and skills to enable them to develop relationships that will promote their physical, social and emotional well-being. Young people need to grow in self-esteem, confidence and independence of thought; they also need to become understanding, tolerant, sympathetic and sensitive to the needs of others. At the same time, they need help to develop an awareness of, and the

¹ http://www.dhsspsni.gov.uk/phnisuicidepreventionstrategy_action_plan-3.pdf
http://www.dhsspsni.gov.uk/dhssps_sexual_health_plan_front_cvr.pdf
<http://www.publichealth.hscni.net/news/young-men-urged-open-rather-cover-their-problems>
<http://www.mindingyourhead.info/>

coping strategies to deal with, threats to their health and personal safety, including bullying and risks associated with the misuse of illegal substances. Young people also need to be able to identify dangers and become aware of strategies that they can use to protect themselves from potentially hazardous situations, including all forms of emotional, physical and sexual danger or abuse. Above all, young people require access to reliable, accurate and age-appropriate information to enable them to engage in responsible personal relationships and make informed decisions about the choices that face them in life.

2.2 Schools can provide opportunities for pupils to develop these important life skills in a safe and secure environment. They have a responsibility to develop appropriate policies and practices which safeguard and keep pupils from harm, and ensure that individuals who are at moral or physical risk can be identified and appropriate support provided. They also have a key role in providing pupils with supportive learning experiences as well as relevant information and skills, to help them to make informed and appropriate life choices and promote their physical, social and mental health and well-being.

2.3 Health Education has been an educational theme in the Northern Ireland Curriculum (NIC) since 1992. Health Education aims to:

- ◀ enable young people to achieve their physical, psychological and social potential and improve their self-esteem;
- ◀ promote positive attitudes towards health;
- ◀ develop a sense of responsibility in respect of individual, family and community health; and
- ◀ provide an appropriate knowledge-base and enable young people to acquire an understanding of this knowledge, and the skills to interpret it effectively in order to make informed decisions.

2.4 A key element of Health Education in schools is RSE, which has been an integral part of the curriculum since 2001. The Department of Education (Department) Circular 2001/15² (Circular) confirmed that RSE was to be included within the curriculum on a statutory basis, both through the science programme of study and the cross-curricular theme of Health Education. The Circular states that the Department considers that every school should have a policy setting out how the school will address RSE within each pupil's curriculum, and that it should be the subject of consultation with parents and endorsed by the school's Board of Governors. Currently, RSE is a statutory component of the Personal Development strand of Learning for Life and Work (LLW) in the Northern Ireland Curriculum (NIC).

2.5 The Department's Circular acknowledges the need for a high degree of whole-school co-ordination of RSE and clarifies the role of the RSE co-ordinator. The Circular recommends that a senior member of staff should be designated as co-ordinator and that s/he should be responsible to the Principal for the oversight of the programme.

2.6 In addition to Circular 2001/15, the Department's recent Circular 2010/01³ makes reference to the guidance produced by the Equality Commission on eliminating sexual orientation discrimination in NI. The Circular states that all pupils have the right to learn in a safe environment, to be treated with respect and dignity and not be treated any less

² <http://www.deni.gov.uk/2001-15.pdf>

³ http://www.deni.gov.uk/22-circular_2010_01-rse-english_version-2.pdf

favourably on the grounds of their actual or perceived sexual orientation. This guidance relates to the Equality Act (Sexual Orientation) Regulations NI 2006. The Circular states that, in revising their RSE policy, schools should take account of the Equality Commission's guidance.

2.7 The Inspectorate survey of the quality of Health Education conducted in 2002⁴ identified a number of significant issues for action in relation to RSE and identified this area as the one with which teachers felt least comfortable.

“Of all the aspects in Health Education, RSE gives teachers most concern. Many state that they are unhappy not only with the content but also with the teaching strategies that are required to teach the topic effectively”.

2.8 The 2002 survey identified strengths in the provision in a minority of schools. In particular, the report identified the contribution of the co-ordinators in these schools who were working hard to ensure that there was a coherent approach to the planning for, and teaching of, RSE. The evaluation concluded that there was a clear need for schools to give higher strategic priority to RSE in their whole-school planning, that parents and pupils were not involved sufficiently in the consultation process, and that additional training was required for teachers. In addition, the survey highlighted that improved planning by schools was required to support the more effective use of external agencies to deliver components of the programme, and ensure coherence and continuity in the pupils' learning.

3. SUMMARY OF MAIN FINDINGS

3.1 Since the last survey, good progress has been made in the development of the curricular provision for RSE. In the schools inspected, the provision ranged from outstanding to satisfactory, but was good or better in most schools.

3.2 The main strengths are the:

- quality of the leadership and management of the RSE provision, which is good or better in nearly all of the schools inspected;
- increased priority given by senior leaders in schools to RSE; in particular, the identification of a designated member of staff to take responsibility for co-ordination of the area;
- development and implementation of appropriate RSE policies, practices and procedures, which are increasingly aligned to the individual school's ethos and values; these contribute effectively to the promotion of tolerance, inclusion and the acceptance of difference;
- motivation and enthusiasm of the RSE co-ordinators in almost all of the schools;
- quality of the planning for the RSE provision at KS3, in almost all of the schools;

⁴ <http://www.etini.gov.uk/survey-of-health-education-in-post-primary-schools-in-northern-ireland.pdf>

- ◀ high value placed by the pupils on RSE; they view this component of the curriculum as an important aspect of their learning and Personal Development; and
- ◀ good use made by most of the schools of links with a wide range of appropriate statutory and voluntary agencies, including the Health and Social Care Trusts (HSCTs), to inform planning and contribute to the delivery of RSE programmes.

3.3 The main areas for improvement are the need for:

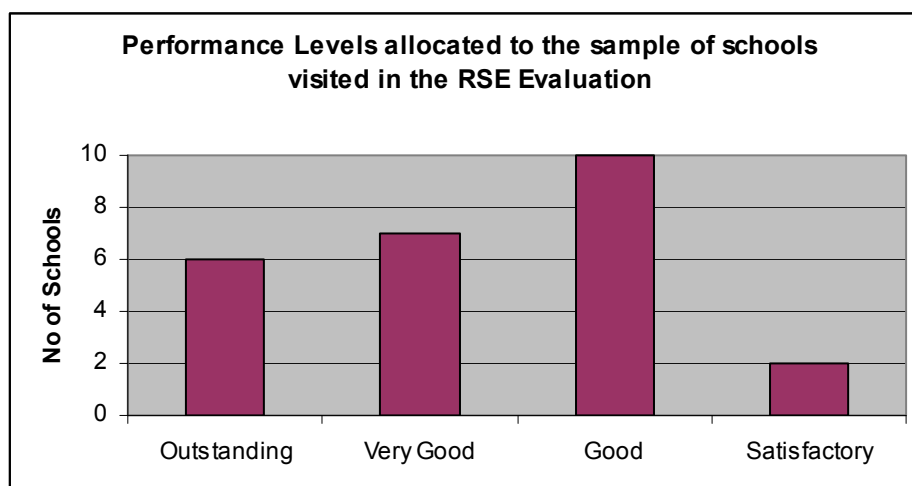
- ◀ improved whole-school planning to promote consistency in the quality of the teaching and learning across all of the year groups, and address gaps in provision, particularly at KS4 and beyond;
- ◀ the implementation of further whole-school staff training, with particular emphasis on the planning for the embedding of RSE within and across the curriculum, and training for staff in the handling of particularly sensitive areas, including self-harm, suicide, mental health issues, and sexual orientation;
- ◀ further development of the capacity within schools to deliver all aspects of RSE ;
- ◀ more opportunities for pupils to contribute to the planning for RSE;
- ◀ improved strategies for gathering and disseminating the most current and relevant information and research on sexual health issues to inform planning;
- ◀ the development of suitable RSE resources for KS4 and the strengthening of the provision for post-16 pupils; and
- ◀ further development of critical self-evaluation, to focus more sharply on the quality of teaching and learning in RSE and the coherence of the pupils' experiences across all year groups and to promote sustained self-improvement.

4. LEADERSHIP AND MANAGEMENT

4.1 In recent years schools have given increasing emphasis to a range of pastoral issues. Current pastoral care issues in schools are complex and wide-ranging and are often related to relationship difficulties or concerns or, at times, aspects of sexual health. These issues include anxiety resulting from examination pressures, low self-esteem, concerns about the health of family members, loss and bereavement, mental health issues, bullying, self-harm, and suicide. Of particular concern are issues associated with aspects of sexual health including gender and sexuality issues, and teenage pregnancy.

4.2 This evaluation identifies that progress has been made since the Health Education survey in 2002. In particular, the overall quality of the provision for RSE in the 25 schools visited ranged from outstanding to satisfactory, with over half being very good or better. The online survey however, identified variation across the schools in addressing key aspects of the RSE provision.

Figure 1



4.3 There is undue variation in the strategic priority accorded to RSE across the schools inspected. There is a strong relationship between the emphasis placed by senior leaders on the development of a strong ethos and value system which supports effective pastoral care, and the clarity and coherence of the associated policies and planning for RSE. These factors were also found to be strong determinants of the extent to which an inclusive and harmonious culture, which recognises and supports diversity, is established within the school. In the majority of the schools inspected, a strong strategic vision for the pastoral care of the pupils and for RSE, and a clear management structure with clearly defined roles and responsibilities, has been developed. In contrast, in a minority of schools, the arrangements for the design, delivery, monitoring and evaluation of RSE are at an early stage of development. In the best practice, there is a strong recognition of the sensitive and potentially emotive issues covered in RSE, and the schools provide clear guidance for teachers on the position to be taken on specific, challenging aspects they may face in their teaching.

4.4 Effective planning for RSE is dependent upon the development and implementation of relevant policies and associated procedures and guidance. The results from the online survey (Figure 2) indicate that most (80.4%) of the post-primary schools have a policy to support the RSE programme. In almost all of these schools (90.6%), the RSE policy is linked to the school's Pastoral Care, Child Protection and Internet Safety policies. It remains a matter of concern that nearly 20% of the schools report that they do not have an RSE policy.

4.5 The online survey identified a considerable variation in the numbers of schools which had an RSE policy across the Education and Library Boards (ELBs), ranging from 95% in the North-Eastern Education and Library Board to 69% in the Belfast Education and Library Board (Figure 2).

Figure 2

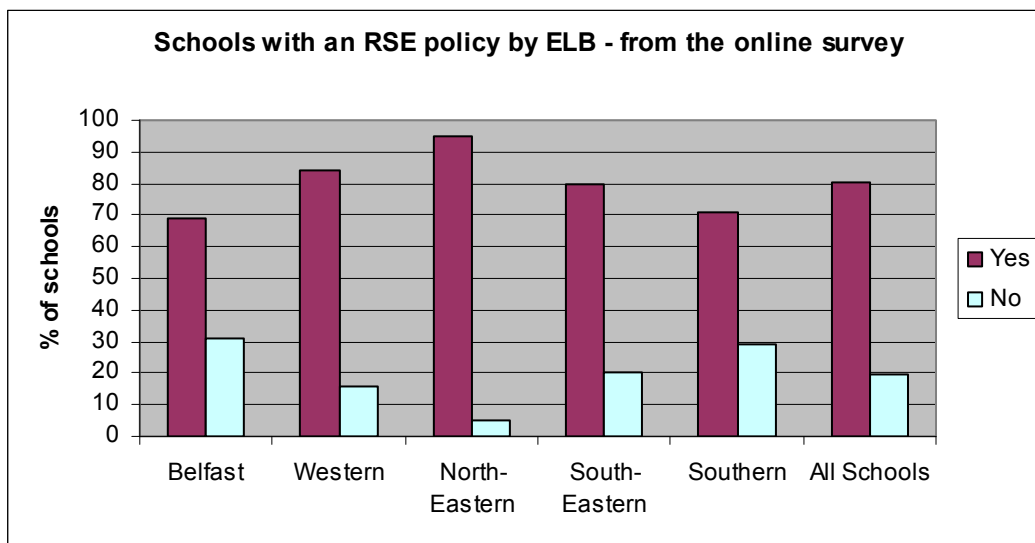
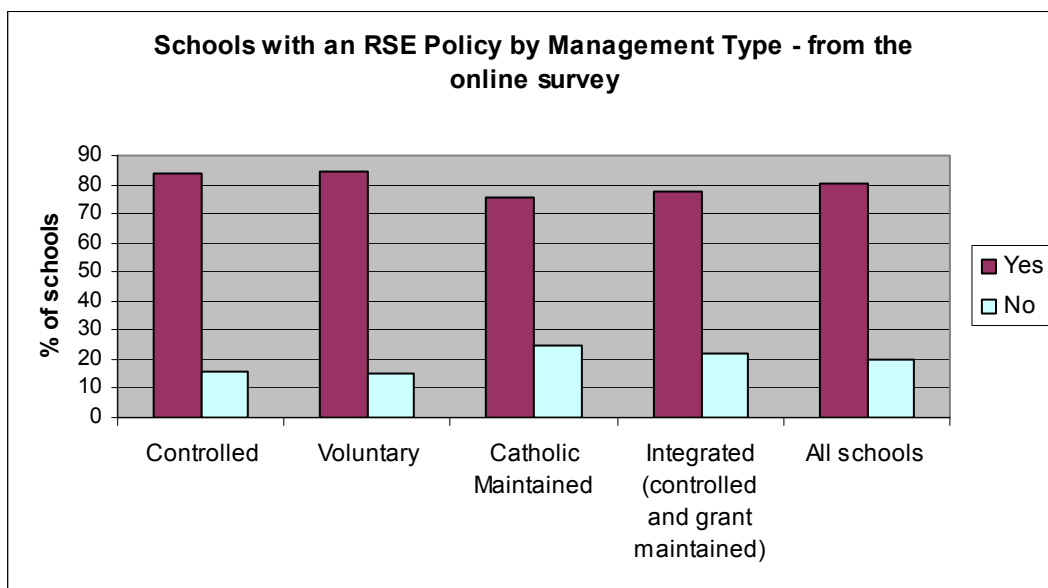


Figure 3

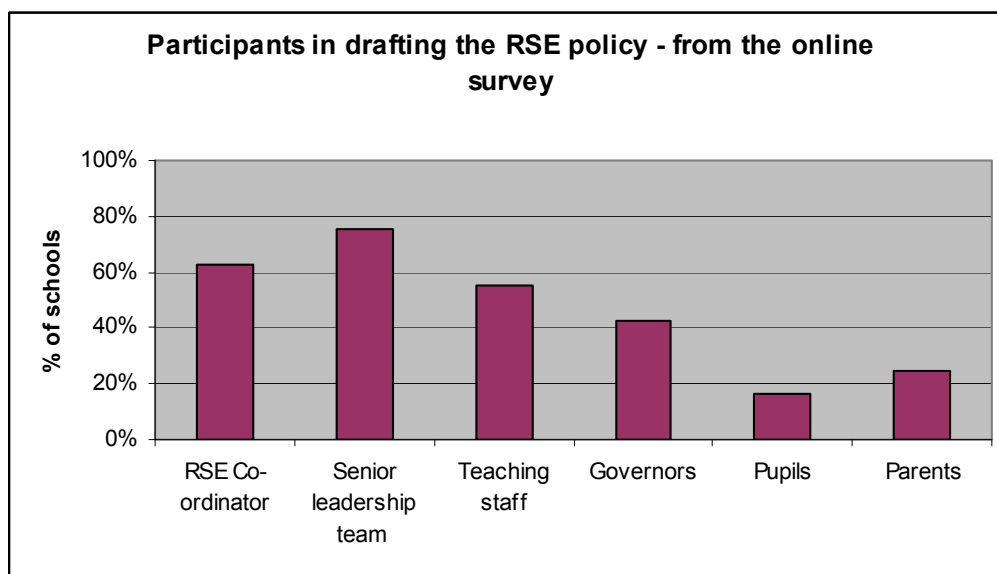


4.6 The Department Circular 2001/15⁵ states clearly that the school policy should be the subject of consultation with parents, and endorsed by the Board of Governors. Consultation with key stakeholders is of particular importance in developing policies which are perceived as relevant and owned by those who are affected by them. Parents, pupils and governors are more likely to understand and accept the policies if they have been consulted effectively at the drafting stage. In the majority of schools (79.8%) the RSE policy has been disseminated to, and ratified by, the Board of Governors.

⁵ <http://www.deni.gov.uk/2001-15.pdf>

4.7 The online survey identified the extent to which different individuals or groupings were involved in drawing up the RSE policy for the school. The senior leadership team, appropriately, was involved in a majority of cases; 14.1% of schools stated that their RSE policy was drawn up solely by their senior leadership team. In 69.4% of schools, more than one group or individual was involved in drawing up the RSE policy. Only one-quarter of schools consulted parents when drafting the policy (24.7%) and a smaller minority consulted pupils.

Figure 4



Case Study 1: Boys' non-selective school

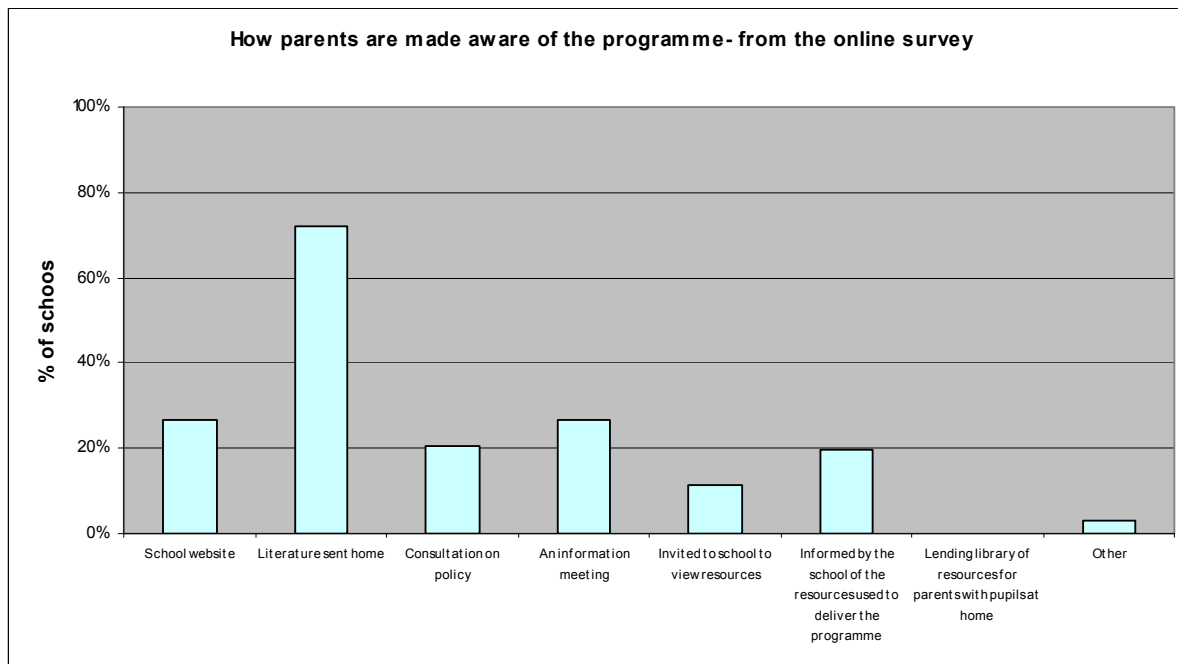
In one school in which RSE provision is outstanding, the RSE policy has evolved over the past number of years since the introduction of the Circular in 2001, and is updated regularly. The policy is reviewed every two years to match the changing needs of the pupils. In each of these reviews a wide range of stakeholders, including the School Council, pupils, parents, a parents' focus group and external agencies, including key personnel from the Health and Social Care Trusts, have been consulted. The outcomes have been used effectively to inform the content of the RSE and associated policies.

4.8 The Circular indicates that schools should provide parents with appropriate information on planned coverage of education about responsible personal relationships and an opportunity to view key resources. The evidence from the online survey would suggest that the situation has improved since the Health Education Survey in 2002 and that most schools (84%) make parents aware of the content of the RSE programme through a variety of methods. The most common methods, and the frequency with which they are used, are detailed in the graph in Figure 5. In the best practice, schools provide awareness sessions for parents in relation to the important areas of alcohol, drugs and sexual activity. In addition, parents are given the opportunity to participate in components of the school's RSE programme. A significant minority had provided summaries of their key policies for parents.

Case Study 2: Summary of policies for parents – co-educational, non-selective school

“The school is committed to developing the whole person. Its approach to relationships, sexuality and drugs education is firmly rooted in Personal Development. The school offers pupils the opportunity to increase their knowledge, develop positive attitudes and values and practise the skills necessary to help them resist personal, peer and media pressure and make informed decisions based on their own internal self-respect and self-esteem.”

Figure 5



4.9 Given the sensitive and potentially emotive nature of particular topics and aspects of RSE, for example, abortion and homosexuality, and the difficult situations that teachers can face in their pastoral role with pupils, coherent policies which state clearly the school’s ethos, values and moral or ethical framework are of paramount importance. The online survey indicates that almost all schools (93%) have policies which contain statements on the ethos and values of the school.

4.10 All of the schools visited during the evaluation had established appropriate management arrangements for RSE; these have been mostly effective in developing and implementing suitable policies. In the schools where the provision was evaluated as very good or better, there was a strong strategic vision which guided the planning for RSE. Robust systems were in place for the management of the programme; the provision was characterised by strong co-ordination, clear lines of responsibility and accountability, and well-developed systems for self-evaluation and action to promote improvement in teaching and learning. It is noteworthy that, in the outstanding provision, senior leaders demonstrated strong commitment to planning for the personal, social and emotional development of the pupils, as an integral component of their academic achievement. In these schools, the focus was on the development of a whole-school ethos linked firmly to the moral and ethical framework in which the school operated. Their policies and working practices were based clearly on the values of acceptance, tolerance, inclusivity and respect for diversity.

4.11 These schools recognised that teachers could be faced with requests from pupils that could challenge their own values and had planned for this contingency and provided clear guidance for their staff.

Case Study 3: Co-educational voluntary grammar school

One school with a strong religious ethos, in which provision for RSE is outstanding, has strong pastoral care arrangements. These are underpinned by a full range of well-designed policies, including an RSE policy based firmly on the school's well-articulated values and ethical and moral framework. The policy provides clear guidance for teachers on core principles that guide the behaviour that is expected from them, and on the lines to be taken in relation to important and sensitive issues, including sexual orientation.

Interviews with pupils in the school confirmed that excellent support is available to them on all issues:

Yr 14 pupil – 'Teachers always say that they are here to help us and not to judge us, and that is very much the case.'

Case Study 4: Integrated school

In another school visited, an excellent anti-bullying policy makes very clear the action to be taken in managing incidents of this nature. The policy is supplemented by excellent, practical guidance for teachers, including specific information and action to be taken on: challenging homophobic language and preventing and responding to sexist, transsexual and transphobic, homophobic and cyber bullying.

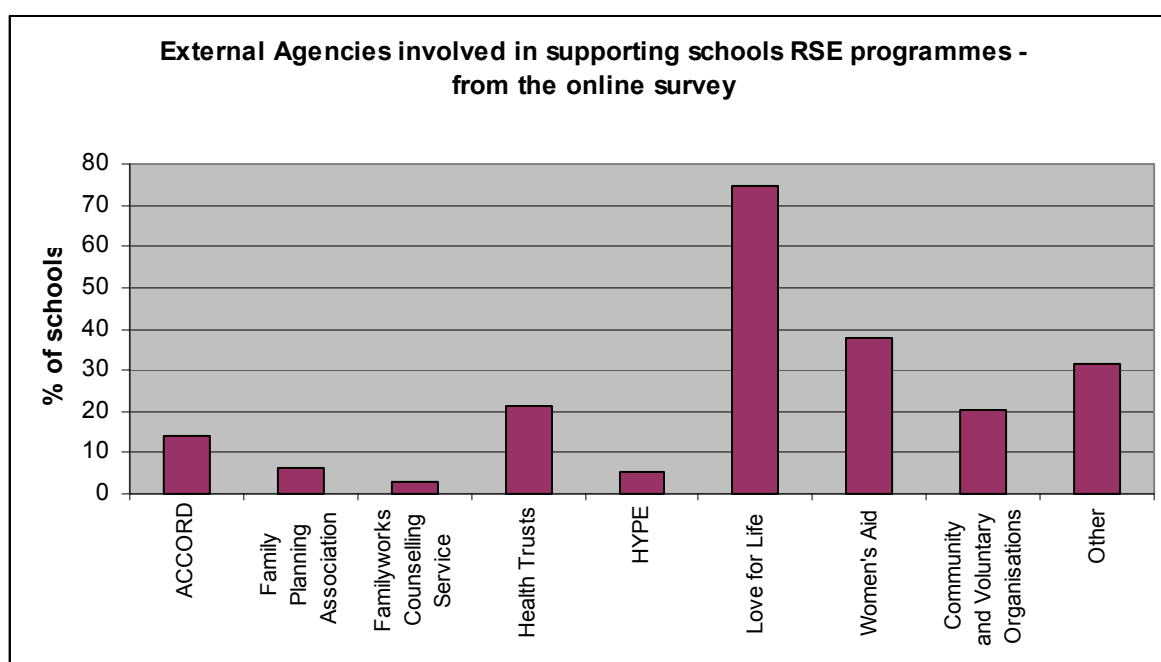
4.12 A number of resources have been produced to support learning and teaching in RSE. The online survey identified widespread use of the InSYNC materials for Personal Development, developed by the Council for Curriculum, Examinations and Assessment (CCEA) and the 'Love Matters' and ACCORD (NI) materials. A number of external agencies were also used to support the school's provision; most notably, "Love for Life". Those provided by a range of health professionals, including school nurses, were also mentioned within the responses. The evaluation findings indicate that whilst there is a good range of resources accessed, or developed, by schools for pupils in KS3 the resources for KS4 and sixth form are less well developed.

4.13 A number of respondents, to the online survey, expressed concerns about the limited currency of computer software and information leaflets, particularly in relation to aspects of sexual health and changing patterns in the prevalence of various sexually-transmitted diseases. A minority of respondents alluded to the fact that they chose materials judiciously to ensure they were consistent with the school's values and with their moral and ethical framework. A similar line was taken by almost all of the schools visited, it is important that this practice becomes widespread and that schools have a clear and well-considered educational rationale for their RSE provision, consistent with their values and ethos.

4.14 In a significant minority of schools, the arrangements for evaluating the quality of the provision for RSE and the subsequent planning for sustained self-improvement are underdeveloped. As a result, there are inconsistencies in the quality of provision both within and across the year groups, particularly at KS4 and beyond. There is a need for critical self-evaluation of the RSE programmes to ensure continuity and progression across all key stages.

4.15 Almost all of the schools have developed good working relationships with a range of other providers and a significant minority have developed strong partnerships with key agencies from the statutory and voluntary sectors. Results from the online survey (Figure 6) indicate that almost all of the schools (97.2%) make use of external agencies to deliver elements of the programme. The names of the main agencies involved, and the extent to which each one supports schools, are detailed in the graph in Figure 6. The proportion of schools with clear protocols for working with other agencies has increased significantly since the Health Education evaluation in 2002. The majority of schools (69.2%) have a policy for inviting or using visiting speakers and 57.9% have a policy on vetting visiting speakers. All of the schools have teachers present during presentations given by visiting speakers. The majority of school policies (70.6%) contain a statement in relation to the involvement of health professionals in the RSE programme.

Figure 6



4.16 In the best practice observed in the evaluation, there are robust procedures for managing the relationships with external agencies. In one boys non-selective school, in which provision was outstanding, the monthly multi-disciplinary care team meeting involves a wide range of professionals, including educational psychologists, the education welfare officer and representatives from the HSCTs. Case Study 5, below, illustrates the guidance that one school provides for teachers considering the use of external agencies in the delivery of RSE.

Case Study 5: Guidelines for the involvement of external agencies in RSE

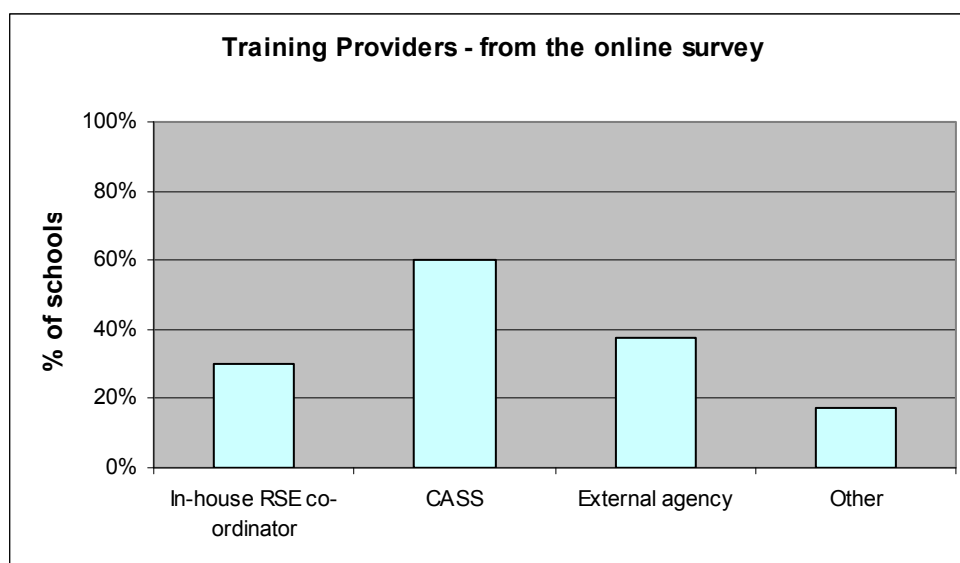
- *A copy of the school's RSE policy should be given to the agency/individual.*
- *The agency/individual must be made aware of the issues of confidentiality.*
- *The school ethos must prevail.*

- *Parental consent, where appropriate, in writing, must be sought before participation in any programme.*
- *The teacher will be present.*
- *The programme must mesh with the school's RSE programme and involve preparation and follow-up.*

5. STAFF DEPLOYMENT AND STAFF TRAINING

5.1 There is evidence that schools are placing increasing importance on resourcing the co-ordination of the RSE programme. The online survey results indicate that the majority (68.2%) now have a designated co-ordinator for RSE. In the schools inspected during the evaluation, a variety of management arrangements was observed. In the majority of schools, the co-ordination of RSE is an element within the remit of the senior leader with responsibility for pastoral care. In others, the teacher with responsibility for LLW also has responsibility for RSE. The role of the co-ordinator is very important in ensuring that there is a coherent, consistent and progressive approach to the planning for, and teaching of, RSE. In a small number of schools, however, the co-ordinators have insufficient status or authority to ensure that their expertise in this area is used to best effect by the senior leadership team. In these schools, the focus is on the organisation of guest speakers and the collation of resources, rather than the provision of staff training to build internal capacity in the teaching of RSE.

Figure 7



5.2 The online survey (Figure 7) indicates that only a significant minority of staff (41%) have received professional development on RSE, either stand-alone or embedded within Personal Development training, within the past two years. Thirty-five schools took the opportunity to include additional comments to the online survey on this issue. Of these, 19 indicated that they had received training from the Curriculum Advisory and Support Service (CASS) officers in the ELBs. This training focused on the specifications for the NIC, with particular reference to the Personal Development component of LLW, and the InSYNC programme that has been developed to support the delivery of this strand of the curriculum.

5.3 Two of the schools, which added comments, had received training from ACCORD (NI) on the use of materials that had been designed specifically to support the teaching of RSE. Five schools had received training from the Sexual Health teams from the HSCTs. The remainder of the schools indicated that the training had been delivered within the school by staff that had been trained in RSE, pastoral care, child protection or Personal Development. One of the schools had engaged in whole-staff training which focused on 'ensuring that all aspects of the teaching on RSE reflect the school's ethos and on providing guidance to teachers who are required to deliver areas of the curriculum addressing sensitive issues'.

5.4 Most of the teachers interviewed reported that they valued the support they had received from the CASS officers in developing RSE programmes. In particular, they appreciated the assistance in the review and restructuring of the management arrangements for LLW and for RSE.

5.5 The online survey, and the discussions with staff during school visits, identified a clear need to build capacity, both during initial teaching training and continuous professional development, to enable teachers to deal more effectively with the challenges of teaching sensitive issues. The two main areas where the need for further support or guidance are needed are: the teaching of issues associated with sexual orientation (78.2%); and coping strategies to deal with challenging scenarios, including domestic violence and child abuse (72.3%). Around half of the schools indicated that they need further support and/or guidance on handling specific issues during RSE lessons (50.5%) and in particular, how to deal with difficult situations regarding disclosures on issues around the outcomes of sexual activity, pregnancy or sexual orientation (46.5%). In addition, 42.6% of schools indicated four or more areas in which they require further support or guidance. (Table 2) In the best practice, staff development for RSE is a significant component in school development plans. Where this was evident the schools recognised the importance of, and need to develop, the professional capacity of teaching staff in RSE. Table 2, below, summarises the areas where further support or guidance is required, as identified by schools in the online survey.

Table 2

Area for Support/Guidance	Number of Schools	% of Schools
The teaching of the implications of sexual maturation.	29	28.7%
The emotional, social and moral implications of early sexual activity.	35	34.7%
Coping strategies to deal with challenging scenarios, including domestic violence and child abuse.	73	72.3%
The development of pupils' self-awareness/self-esteem and their ability to make informed decisions about relationship issues.	27	26.7%
Information on how to deal with specific issues that may arise during RSE lessons.	51	50.5%

Information on the extent to which teachers are able to guarantee confidentiality on specific issues brought to them by pupils.	28	27.7%
Information on the teaching of issues associated with sexual orientation.	79	78.2%
Information on how to deal with difficult situations regarding disclosures on issues around the outcomes of sexual activity, pregnancy or sexual orientation.	47	46.5%
Base = 101 schools		

5.6 Evidence gathered during the schools visits reinforced, and confirmed, the results of the online survey. Almost all of the teachers interviewed stated that they would welcome more training from CASS officers, or relevant specialists, on the issues highlighted. Additional areas in which teachers felt they needed more training included learning strategies to deliver the LLW aspect of the curriculum and specific topics, as follows:

- ◀ mental health issues – recognising signs and strategies which can help;
- ◀ dealing with suicide and self-harm;
- ◀ children coping with the breakdown of their parents' marriage; and
- ◀ coping strategies, including constructive self-talk.

5.7 Training needs to focus not only on content and resources, but also on the development of appropriate teaching methodologies, particularly those strategies that encourage pupils to develop their own knowledge and understanding to inform their personal decision-making in RSE. It is noteworthy that, even where the content of the schools' policies and programme is strong, and where teachers have high levels of skill, they report that they require further help with the teaching of the most sensitive topics. Even where teachers recounted to the inspectors skilful handling of particularly problematic situations, they continued to feel that they were under-prepared. Opportunities should be provided for teachers to observe and share good practice in dealing with such situations.

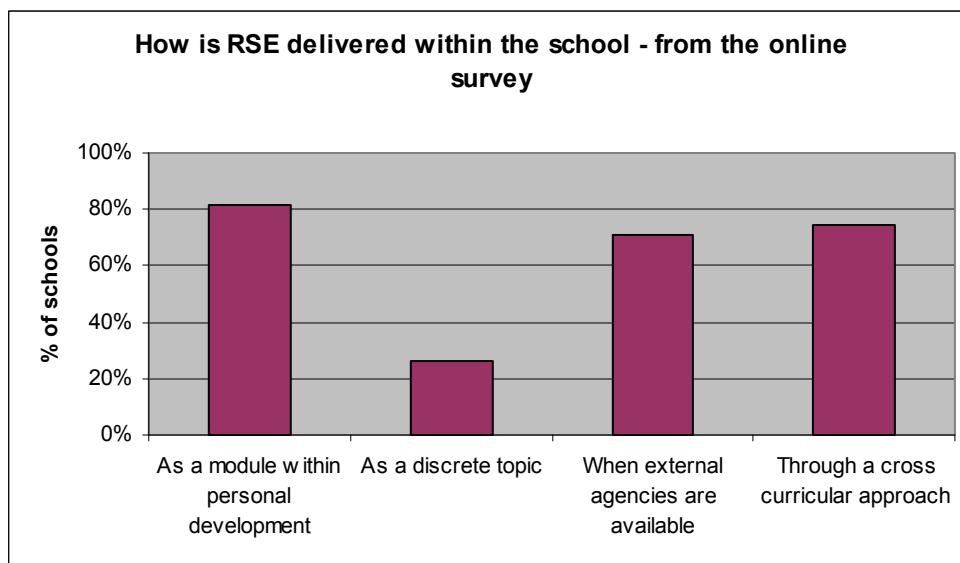
Case Study 6: Boys' non-selective school

In one school, an excellent and insightful staff development programme for RSE, which focuses on the handling of sensitive issues, has been developed jointly by the pastoral care and Learning for Life and Work (LLW) teams. The programme includes suicide awareness, coping with stress, alcohol and substance abuse and sexual health and relationships; high quality in-house and external agency delivery are both involved.

6. QUALITY OF PROVISION FOR LEARNING

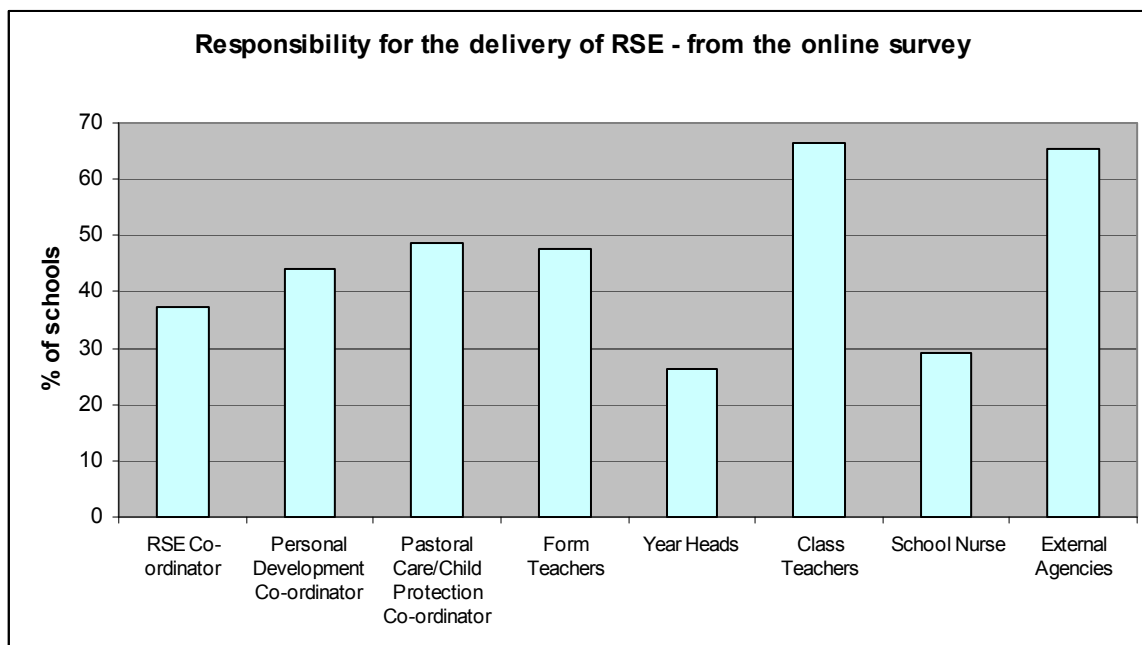
6.1 Most of the schools indicated, through the online survey, the involvement of year groups 8 to 12 in the programme for RSE. In contrast, it is a matter of concern that less than half of the schools with year 13 or year 14 pupils reported the involvement of these year groups in the RSE programme.

Figure 8



6.2 A variety of models is used by the schools for delivery of RSE. These range from provision as a module within Personal Development, or as a discrete topic, to a cross-curricular approach. The majority of the schools (83.2%) indicated that they used more than one delivery method. (Figure 8) Over half of the schools indicated that the primary provision of RSE was through a module within Personal Development, or by means of external agencies, or through a cross-curricular approach in conjunction with more than one of the other delivery methods.

Figure 9



6.3 The majority of the schools (87.9%) which responded to the online survey indicated that the delivery of RSE was the responsibility of more than one teacher and/or external agency. (Figure 9) A majority of the schools (65.4%) reported that external agencies support them in the delivery of the RSE programme. In a significant minority of schools the RSE co-ordinator, year heads, and the school nurse share in the responsibility for RSE; this presents significant challenges for the effective co-ordination of the provision.

6.4 Schools visited, during the evaluation, used a similar range of curriculum models to those illustrated in the online survey. In a significant minority of schools the form teacher has the responsibility for most of the teaching of RSE, as part of their responsibility for the delivery of Personal Development or LLW. Most of the schools which use this curriculum model arrange for form teachers to stay with the same set of pupils as they move through the school. This approach promotes continuity and has the potential to allow trust to build, and good relationships to develop between the teacher and the pupils over a period of time. It is noteworthy, however, that a minority of schools have moved away from this model, due to the concern expressed by some of the teachers about teaching the most sensitive subjects of the Personal Development programme, and RSE in particular. A minority of schools visited have asked teachers to self-nominate to teach Personal Development, in the interests of identifying those staff whose interests and aptitudes are best matched to the subject matter.

6.5 A significant minority of the schools visited have appointed a core team of specialist teachers for Personal Development or LLW, who teach RSE as part of their responsibility for these subject areas. The pupils are timetabled with these teachers as they would be in any other subject. The advantages in this approach are that these teachers are more likely to be comfortable with the subject matter and more familiar with the range of teaching and learning strategies best suited to the subject content. As a result, the pupils receive a more consistent range of learning experiences than would be likely if a larger team of teachers was involved. This model works best when it is complemented by whole-school training. In the absence of specific strategies to ensure that all teachers are made aware of the content of the programme, however, this approach can lessen the whole-school ethos and impact of the RSE programme.

Case Study 7: Co-educational non-selective school

In one of the schools in which best practice was observed, school assemblies are linked, one day each week, to a Personal Development theme; these are supported by a formal whole-school programme which can be used by the teachers or they can follow topics which are relevant to their specific class. These periods are very well used by individual teachers to handle disputes between groups and by the school to deal with particularly traumatic issues which have an impact on all of the staff and the pupils, including the suicide of a pupil some years ago.

Case Study 8: Girls' voluntary grammar school

In one school, a small dedicated teaching team delivers RSE effectively and in a progressive manner. The Pastoral Care and RSE co-ordinators feel strongly that the subject is too sensitive to involve teachers who lack sufficient training or are reluctant to engage in this area of the curriculum. When interviewed the pupils spoke highly of the content of their RSE lessons and the trust established with the teachers who worked with them. Other staff members are informed about the content of the programme through staff development days.

6.6 The quality of the planning for RSE in the schools visited in the evaluation was generally good, with the planning in almost one-third of the schools visited evaluated as outstanding. In a small number of instances there were a number of weaknesses in the planning which outweighed the strengths. In these instances, there was an over-reliance on external agencies to provide the RSE programme.

6.7 Whole-school planning for RSE generally identifies the content to be covered within each year group. This method of planning helps to ensure that all the relevant topics are covered at the appropriate stage. For example, in the majority of schools, where sexual reproduction is being taught in science the topic is also covered from the moral and ethical viewpoint in religious education and Personal Development. Young people need to develop an understanding of the physical, emotional, moral and social risks of certain types of behaviour, together with an awareness of their rights and responsibilities in all sexual matters. They need to receive factual information on maturation, contraception and sexual health at an early stage in their post-primary education. Most of the schools visited have carried out appropriate audits to determine the subjects in which aspects of RSE were being taught. In a small number of the schools inspected, however, the pupils were not being given access to timely information. The planning for KS4 and sixth form is under-developed in most of the schools and this is an area which requires immediate attention.

Case Study 9: Planning

In the schools in which RSE provision is very good or outstanding, the co-ordinator ensures that RSE is a whole-school issue, linked explicitly to pastoral care and safeguarding arrangements. Suitable counselling services complement the pastoral role played by form teachers to provide appropriate and independent support and guidance for the pupils. The planning by subject leaders ensures that RSE is progressive and that there is connected learning across subject areas. Where provision is very good: the long-term planning and schemes of work ensure that the programme of learning for each pupil is broad and balanced and promotes continuity and progression in the pupils' learning; the short and medium-term teachers' planning is effective and identifies the intended learning outcomes.

6.8 Two of the schools visited during the evaluation have made significant qualitative and quantitative improvements over the past few years, in their overall provision and in the standards achieved by the pupils. It is noteworthy that these schools have identified their increased focus on planning for RSE as a key factor in raising pupils' self-esteem and improving overall standards of academic performance.

Case Study 10: Voluntary grammar school

In one school the RSE co-ordinator has facilitated a high level of collaboration between departments. Planning at KS3 is excellent: science, home economics, RE and LLW leaders have mapped RSE across the key stages in order to ensure progression and minimise repetition; adjustments have been made, including bringing the former year 10 module on hygiene, including menstruation, into year 8. Years 8 to 12 are involved in the RSE programme; teaching is through subject areas, LLW, in mixed and single sex groups and in a range of formats. Usually school staff deliver the lessons, but sometimes outside agencies are involved. The school's approach is very flexible; they give teachers room to emphasise areas of RSE which they consider most relevant to the particular class and to bring in different providers every year, depending on the needs of the pupils in front of them.

Case Study 11: Girls' non-selective school

In one all-girls school, all year groups are involved in RSE from years 8-14 and there is clear evidence of age-appropriate learning. For example year 8 pupils, many of whom have come from single-sex primary schools, learn about gender differences and forming relationships with boys. By year 13, they are framing relationships in the context of ethics and are exploring multi-perspective approaches to sensitive issues. Pupils respond very well to this approach.

Case Study 12: Developing resilience

One integrated school, in which RSE provision is developed to a very high level, is piloting a resilience training programme which currently focuses on working with pupils who are assessed as having high anxiety levels which interfere with their social and academic skills. The programme aims to develop mental toughness, using strategies such as visualisation to cope with examination stress. The school reports very good outcomes, with improved examination performance for the pupils who have participated.

6.9 It is of the utmost importance that pupils have access to relevant, age-appropriate and current sources of information. In the best practice, resources are selected with due attention to pupils' age and stage of development and well designed to meet the learning needs of all pupils. In a significant minority of schools, the co-ordinators have developed a series of quality resources, including interactive materials for pupils with special educational needs, to support the learning and teaching of more sensitive issues within the RSE programme. These resources are having a very positive impact on the pupils' understanding of topics, including menstruation and private body parts. In a significant minority of schools, the school nurse makes a valuable contribution to the production of appropriate resources.

Case Study 13: Boys' non-selective school

In one school, the talent and skill of the School Nurse was used to good effect. The nurse delivered the sensitive aspects of the programme to do with maturation and puberty. A particular strength of the provision was that she modified and amended resources in order to meet the needs of pupils who had difficulty with aspects of their learning. All of the materials used were ratified by the senior leadership team and the Board of Governors which ensured that the resources, teaching and learning were acceptable and appropriate to the values and moral code outlined in the school ethos.

6.10 Most schools make extensive use of a range of external agencies to support their work. The quality of the contribution that these agencies make to the breadth of the Personal Development programme and the range of the pupils' learning experiences, is generally good. The extent to which these inputs are integrated effectively into a coherent programme is more variable. In a minority of schools, the planning is not sufficiently detailed to enable appropriate use to be made of the expertise of the specialist providers.

Appropriate external agencies bring useful expertise and insights and can provide the most current information about sexual aspects of health; sufficient planning before and after the session is, however, required to ensure coherence and continuity in the pupils' learning. In the best practice, as a result of thorough planning, the work of specialist agencies complements the work of the school and enhances the learning for the pupils.

6.11 Almost all of the lessons observed across the 25 schools, during the evaluation, were evaluated as good or better; almost a quarter (24%) were outstanding; with another quarter being very good. The standards achieved by the pupils ranged from very good to satisfactory, but were mostly very good. A key objective identified by many of the schools was the raising of self-esteem and providing the pupils with the knowledge and skills to make informed decisions and choices in relation to sexuality.

6.12 In most of the lessons observed, the quality of the working relationships between the teacher and the pupils, and amongst the pupils, was good. The pupils felt secure and confident enough to discuss complex issues in the knowledge that their views would be respected. In many lessons, a good range of teaching strategies was used, including open-ended discussion, paired and group work, role-play and drama, as well as more extended written work and debates. In the main, the quality of the pupils' responses in these lessons was very good.

6.13 In one outstanding lesson, with a year 9 class, in a co-educational non-selective school, the skills of the teacher in setting out ground rules which had resulted in high levels of trust, enabled the pupils to share hopes, aspirations and career targets. In another class on self-harm and suicide with year 14 in an all-boys voluntary grammar school, skilful and appropriate self-disclosure by the teacher, coupled with discussions about the behaviour of iconic figures from contemporary movies and music, were used effectively to broaden the pupils' understanding of these highly emotive issues and to enable them to empathise more effectively with individuals in crisis.

6.14 In the majority of schools visited, written tasks were matched appropriately to the pupils' abilities and the quality of their written and oral work was good. In the best practice, teachers used an appropriate range of teaching and learning strategies which motivated the pupils and engaged them purposefully in their work, both collaboratively and independently. Teachers used and built upon the pupils' ideas, interests and prior learning; they ensured that learning supported the development of the pupils' thinking skills and personal capabilities and consolidated the learning effectively.

Case Study 14: Girls' voluntary grammar school

In one outstanding year 10 drama lesson observed, role play on inappropriate relationships was followed up with high quality debate, discussion and questioning on the issue; this session represented a model of good practice for the teaching of RSE through a cross-curricular approach.

The girls in one year 12 biology class produced a number of information leaflets on a range of topics to be used as a teaching aid for younger pupils. Topics included: "What is happening to my body?"; "A girl's guide through puberty"; "Sexually transmitted infections"; "Guidelines for a healthy childhood"; and "Tips for a healthy pregnancy". The short and succinct leaflets were well-presented and made effective use of a wide range of graphics. They also provided the reader with appropriate contact details for further information.

6.15 Visits to schools in the sample demonstrate that best practice is characterised by:

- ◀ high quality teaching, which engages the pupils actively through investigative and open-ended methodologies and provides the pupils with appropriate levels of challenge;
- ◀ teachers who are confident in handling sensitive issues and well-structured, appropriately paced lessons which have a stimulating range of pupil-friendly resources and activities;
- ◀ high teacher expectations leading to outcomes which empower the pupils and develop greater independence, self-efficacy and self-esteem;
- ◀ age-appropriate learning, coupled with engaging scenarios, which help pupils see and value a 'real and relevant' context for their learning both in the present and in the future;
- ◀ effective use of questioning to engage pupils more fully in debate and time provided to allow pupils to reflect on the complexities of the issues; and
- ◀ coherent and judicious use of external agencies to enhance the pupil experience and support the programme meaningfully.

7. THE PUPIL VOICE

7.1 In the course of the evaluation inspectors met with 475 pupils from years 8 to 14. (Samples of the questions used during these interviews are contained within Appendix 2.) Almost all of the pupils stated very strongly their confidence in the school's, and individual teacher's, procedures for dealing with their concerns; they knew who to go to if they were experiencing difficulties and were confident that they would get the help and support they needed.

7.2 Almost all of the pupils stated very clearly and consistently that they view RSE as a very important component of their learning. The pupils identify the need for RSE teachers who are: "*compassionate, knowledgeable and know the facts*". The comments below are typical of their views.

"RSE should be taught at every stage of school life – in single-sex groups for year 8 to let pupils focus on puberty and differences; from year 9 onwards in mixed groups".

"RSE - it is about getting young people to make good choices about every aspect of their lives."

"Young people need good factual information – people think we know everything but we certainly don't."

"Young people need very good access to published materials; lots of relevant information should be on display in schools."

"Mental health issues, including self-harm are very important; these issues should be introduced gently in year 8, and built upon in the lead up to GCSEs".

"The planning for RSE in this school is excellent; it is subtle and relevant and builds up knowledge appropriately as you move through the school."

“Post-16 RSE does not focus sufficiently on preparing young people for the changed relationships they will face in moving to employment or further or higher education. Relationships education for young people moving on to university or employment is really important and should be a compulsory part of the curriculum.”

7.3 In the best practice schools make effective use of a wide range of evidence as part of a systematic and critical self-evaluation of RSE. The majority of schools have used discussions with staff and pupil focus groups to identify trends, views and opinions relating to RSE. However, while the situation has improved since the Health Education survey in 2002 it remains the case that further emphasis needs to be placed on gathering feedback from pupils to ensure the appropriateness of the RSE programme.

7.4 Interviews conducted with pupils reinforced that where there are increasing opportunities for the pupil voice to be heard, greater empathy and understanding develops between teacher and pupil, and pupils are more likely to engage in informed and open discussions on sensitive issues. Where monitoring is most effective, the co-ordinator is able to provide first-hand evidence, through lesson observation and analysis of the outcomes of questionnaires, that an appropriate range of teaching strategies is being used in the delivery of the RSE programme. Best practice observed during the evaluation included classroom observation of Personal Development teaching by the co-ordinator or members of the senior leadership team.

Case Study 15: Non-selective co-educational school

In one school, in which monitoring and evaluation are well developed and involve both pupils and staff, year 11 pupils and teachers identified problems; teachers were not comfortable and pupils were not happy with the quality of the RSE teaching. The outcomes of the evaluation were used effectively to make changes to the curriculum model and move from form teachers to a team of ten teachers who self selected and were trained by internal staff.

7.5 The majority of schools have used discussions with staff and pupil focus groups to identify trends, views and opinions relating to RSE. In a significant minority of schools, pupil questionnaires are administered on a regular basis and feedback from pupils is sought frequently. The outcomes of these evaluations are used to inform curriculum leaders of changes or amendments required in the delivery or content of the RSE programme. In one typical example, pupils complete an evaluation of each module addressing the questions: What I liked best; What I liked least; How could it be made better for next year? In contrast, in a small number of schools in which monitoring and evaluation are inadequate, important issues which should be used to inform future planning are missed.

Case Study 16: Non-selective co-educational school

In one example of best practice observed the Vice-principal and the Year Heads monitor schemes of work and the quality of the RSE programme through the collection of teachers' notes and lesson plans, scrutiny of pupil books and RSE classroom observation. In this school, the evidence from the pupils' questionnaires indicate a very good standard of teaching in RSE.

8. CONCLUSION

8.1 There is a solid foundation of good practice for the delivery of the complex issues related to RSE and much commitment on which future developments can build. The evaluation has also identified a number of areas that require further development to ensure that all pupils receive a broad and balanced programme of RSE. The evidence from this evaluation indicates that most schools are well placed to address these issues. Overall best practice in RSE is characterised by:

- ◀ clear, informed and purposeful leadership from the Principal and the senior leadership team, ensuring that RSE has a significant role in the curriculum provision;
- ◀ a planning process that involves wide-ranging consultation with all of the stakeholders, including the parents, pupils and governors;
- ◀ comprehensive policies and planning which underpin the programme and provide excellent guidance and support for all, including parent-friendly versions of the full range of pastoral policies;
- ◀ clear linkages and explicit connections made with the aims, values, ethos, moral and ethical framework of the school;
- ◀ coherent planning that makes very clear links with the broader aims and objectives of the NIC as well as the internal contributions from discrete subject departments;
- ◀ the use of current and age-appropriate resources;
- ◀ a focus, within the curriculum, on the use of a broad range of teaching strategies, with a strong emphasis on active learning approaches to promote the development of pupils' coping strategies and decision-making skills;
- ◀ judicious and appropriate use of internal personnel, external agencies and guest speakers, to handle topics which may include sexual orientation, aspects of sexual health, and suicide and self-harm;
- ◀ supplementary guidance materials to support teachers in the implementation of the programme; and
- ◀ robust procedures for the monitoring and evaluation of the provision within the school.

9. KEY PRIORITIES FOR DEVELOPMENT

9.1 To improve the quality of RSE further, there is a need to:

- ◀ disseminate the findings of this evaluation;
- ◀ encourage the development of new teaching resources in order to help promote consistency in the quality of teaching and learning in RSE provision, particularly at KS4 and beyond;
- ◀ revise existing Departmental circulars, to guide schools in the effective dissemination of the good practice identified in the evaluation; and

- ◀ provide additional in-service training on RSE with particular reference to sensitive topics and to the teaching approaches which are most effective in engaging pupils in learning and promoting their personal development and capacity for decision-making.

Furthermore, there is a need for post-primary schools to:

- ◀ critically review their policies, procedures and practices to take account of the findings of this evaluation;
- ◀ implement procedures to support the robust self-evaluation of RSE; and
- ◀ make whole-school staff development in RSE a key priority in their School Development Plan.

In addition, there is a need for all involved in the initial and continuing professional development of teachers to facilitate opportunities for the teachers to develop a clear understanding of the importance of RSE in promoting pupils' personal growth and development and in supporting their academic achievement.

SCHOOLS VISITED DURING THE EVALUATION

Assumption Grammar School, Ballynahinch

Glastry College, Ballyhalbert

St Malachy's High School, Castlewellan

Newtownhamilton High School

Victoria College, Belfast

Erne Integrated College, Enniskillen

St Mary's High School, Newry

Friends' School, Lisburn

Drumragh Integrated College, Omagh

St Colm's High School, Twinbrook

St Mark's High School, Warrenpoint

St Paul's High School, Bessbrook

Fort Hill College, Lisburn

Nendrum College, Comber

Fleming Fulton School, Belfast

Our Lady of Mercy Girls' School, Belfast

Thornhill College, Londonderry

Belfast Boys' Model School

Ashfield Boys' High School, Belfast

Coleraine Academical Institution

Coleraine College

Loreto Grammar School, Omagh

Slemish College, Ballymena

St Colman's High School, Ballynahinch

Castledearg High School

PROMPTS FOR DISCUSSION WITH YEAR 12 PUPILS

A. THE PUPILS' EXPERIENCE OF THE SCHOOL

1. Do you enjoy being at school?
2. What do the teachers in this school do to make you happy or help you to enjoy school?
3. What do you like best about this school?
4. Are there any things you do not like about being in this school?
5. How has the school given the pupils a say in what happens in the school?
6. What do you do if you are having problems with your school work? Were you content with the help you received? If not, why?
7. How useful to you is it having a Class Tutor/Form Tutor/Head of Year?
8. What topics have been discussed in form time or in your personal and social education classes? Which ones did you find valuable? Are there any topics which you think should have been included?
9. What does your school do to encourage you to eat healthily and to be active?

B. THE WAYS IN WHICH THE SCHOOL DEALS WITH GOOD AND BAD BEHAVIOUR

1. What do you think of the rules the school has about behaviour? What are the rewards for good behaviour?
2. What happens if someone behaves badly in class and, for example, keeps other pupils back from their work?
3. What happens if someone behaves badly outside the classroom?
4. If something happened, for example, a possession was stolen, to whom would you go for help?
5. Have you ever been subjected to treatment which you regarded as unfair or not acceptable/threatening, for example, shown a lack of respect, been unfairly shouted at, blamed unfairly? What did you do? Were you content with the action the school took?
6. What would you do if you were being bullied, or 'put down' or threatened by your school mates? Is bullying a problem?
7. What kind of rules does the school have about the use of mobile phones/use of the internet?

C. ARRANGEMENTS FOR THE CHILDREN'S SUPERVISION OUTSIDE THE CLASSROOM

1. Have you ever been sick in school? Did you tell someone? What happened?
2. What happens if you have to go home?
3. What would you do if someone or groups of pupils were calling you names or making your life in school uncomfortable?
4. Do you feel safe in school - in the school ground, on school trips, at the swimming pool, etc?

D. MEANS BY WHICH THEIR CONCERNS OR WORRIES ARE ADDRESSED

1. In what ways are new pupils made to feel welcome in class – by teachers and by other pupils?
2. What do the teachers do to make you feel safe at school?
3. Has there been any time when you felt uneasy or frightened in class or about the school? Did you tell anyone how you felt? What happened? Do you still feel the same? Did this happen again after you got help?
4. Was there any time when you did not want to go to school? Did you tell anyone? What did they do to help you?

E. CONCLUSION

1. Whatever the outcome, the discussion with the pupils should finish on a positive note - for example, "If someone wanted to come to this school, tell me some of the best things about being here."

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