



Sex Education Forum response to the call for evidence to support HPV immunization programme review

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The Sex Education Forum is the national authority on sex and relationships education (SRE). Our membership includes 60 national voluntary sector organizations and over 750 individual professionals from across the country and we are hosted by the National Children's Bureau (NCB). We believe that all children and young people are entitled to good quality sex and relationships education (SRE).

Over the last decade, the Sex Education Forum has provided leadership and extensive practical support to schools and health professionals in promoting the provision of sexual health services for young people in secondary schools and further education settings.

We recognise that the HPV vaccination programme makes a positive contribution to the sexual health and well-being of young people. We welcome the review as an opportunity to find ways to improve the reach and effectiveness of the programme.

In order to respond to this call for evidence we asked our members to tell us about their experiences of being involved in the HPV vaccination programme. As a result, we have identified four themes that we urge the review to address.

1. Education for young people

Under the UN Convention on the Rights of the Child, ratified by the UK government, children and young people have the right to access information that will allow them to make decisions about their health (Article 17).

Schools in England currently do not have to teach SRE beyond the biological basics covered in National Curriculum Science. There is a requirement for secondary schools to teach about HIV and other STIs but a recent survey (Sex Education Forum, 2011) found that only 1 in 4 young people had learnt about HIV in school. It is therefore likely that many young people do not learn

anything about Human papillomavirus or cervical cancer in school and are therefore unprepared to understand the biological context of the HPV vaccination. The parents of young women targeted by the vaccination may have had little or no SRE themselves.

Of equal importance is the social and relationship context of STIs, which young people have long argued is neglected at school (Sex Education Forum, 2008).

The Sex Education Forum recommends that all secondary schools teach about the social and biological aspects of HPV starting in Year 7 to ensure that pupils are prepared for the vaccination in Year 8. To achieve this, good practice in teaching about HPV needs to be identified and disseminated.

2. Involving parents

We have case-study evidence that the HPV vaccination programme can be an important opportunity for schools to talk to parents about sexual and reproductive health.

The case-study from Bristol (see appendix) documents how the need to talk to parents about the HPV vaccination programme triggered an effective engagement with a group of Somali parents and resulted in support for the vaccination, increased understanding about SRE provision at the school and increased motivation for the parents themselves to attend cervical cancer screening.

Our experience has found that parental support for their children to participate in lessons about sex and relationships is increased following an effective home-school communication strategy. However, schools tell us that they are sometimes afraid to talk to parents about SRE for fear of 'opening a can of worms', and because they are not confident about how to go about it. However, evidence shows that the majority of parents are supportive of SRE, with 98% of parents stating that they are happy for their child to attend school SRE lessons in a recent Mumsnet survey (2011).

We expect that similar attention is needed to communications with parents in order to maximize participation in the HPV vaccination programme.

The Sex Education Forum recommends that materials are developed that schools can use to communicate effectively with parents about the HPV vaccination programme. In addition schools need to be offered more personalized support to plan how to broach communications about sexual health with parents. The forthcoming Sex Education Forum publication 'Let's work together; a practical guide for schools to involve parents in SRE' (due February 2013) provides a useful foundation for this.

3. The role of schools

The case-study (see Appendix) demonstrates that a pro-active approach by schools can make the difference in ensuring that the vaccination programme reaches the young women targeted.

Sex Education Forum members have expressed their concern about whole schools opting out of the vaccination programme. This infringes the rights of the child to enjoy the highest attainable health, access to health facilities, preventative health care, and family planning education and services (Article 24, UNCRC).

Schools are clearly the ideal vehicle for immunization programmes and we believe that it should be mandatory for schools to offer the immunization or to make fully accessible alternative arrangements for pupils to receive the vaccination. Schools already have a legal duty to promote pupil well-being.

Some schools will not be aware of the research evidence that has found that giving the HPV vaccination does not increase sexual activity. From a cross-section of more than 1,052 British girls, researchers found the sexual behavior of the vaccinated girls was no different from that of the unvaccinated ones (Forster and others, 2012). This finding is also confirmed in recent research from the United States (Bednarczyk and others, 2012).

We recommend that schools are supported to fully understand the HPV vaccine through a series of regional awareness raising activities that empower schools to see the positive role they can take in promoting the health and well-being of pupils. This could be linked with awareness raising about the forthcoming national sexual health strategy and the government response to the review of Personal, Social, Health and Economic (PSHE education).

We also have evidence that further education colleges play a crucial role in offering the vaccine to young women who missed out on it at school. The contribution of further education colleges should be factored into future plans, for example if a catch up programme is offered to boys.

4. Extending the programme to boys

Currently, boys are not being offered the HPV vaccination and this leaves them at risk through sexual relationships with un-vaccinated female partners and same sex relationships. This is a case of gender inequality, which contravenes the Equality Act 2010.

In addition to the clinical case for giving the vaccine to boys there would be benefits in terms of social attitudes as it would demonstrate that boys and girls have equal responsibility for their own sexual health and that of their partner.

The Sex Education Forum recommends that the vaccination programme is extended to boys.

Conclusion

The Sex Education Forum is experienced in supporting schools with sex and relationships education and also in promoting access to sexual health services on-site. We would welcome

the opportunity to support the delivery of the vaccination programme, for example through the communications and capacity building activities identified above.

Appendix: Case-study

Somali parent engagement in inner-city secondary school

Need

City Academy in Bristol is a large multi-cultural inner-city academy with a growing Somali population. In the summer of 2005 its curriculum leader of citizenship, PSHE and religious studies was studying the PSHE continuing professional development (CPD) programme and recognised that good sex and relationships education was based on the needs of the young people, parents and the local community. She realised that including the parents of the Muslim Somali pupils she was teaching was particularly important and sought to overcome any challenges this might bring and how best to communicate with this particular community.

Setting up the group

Her first step was to look at what the school was doing already with parents. The academy had a community liaison group within the school, and so she went to the group to see what structures were already in place to communicate with parents. The group had already set up a parental advisory group to engage with parents who were unable to engage with the school in a traditional way, such as parent evenings, email, etc. and so she attended the group and advertised for members so she could set up a PSHE group. This was then advertised word of mouth via the group members.

The school already had a good relationship with its Muslim community and prayers were led every Friday morning by the local Imam who also attended the group. The group was attended by on average eight parents, including a majority of dads and some mums, and they met every half term for the first eighteen months that it was set up, and continued on a termly basis from then on.

When the group was first set up the members translated for each other, but it felt that for accuracy of translation it was best to organise a parent/community engagement worker to translate, who already worked in the school.

Agenda

The group's agenda was led by the curriculum leader and focused on a number of key PSHE initiatives, including the setting up of on-site sexual health drop-in service, the implementation of the HPV vaccination programme, the content of the PSHE curriculum including SRE, the commissioning of a theatre in education programme covering sex and relationships themes, and sensitive but culturally relevant topics such as Female Genital Mutilation and Sexual Orientation.

Some of the key aims of setting up the group were to ensure that the parents fully understood what SRE was and were able to dispel any myths before they escalated amongst the parents. The parents were very supportive of the programme that included an emphasis on relationships and delay; waiting until they were ready. They were offered the opportunity to review the content and resources before each year programme was due to be delivered and were happy for their children to have an insight into the subject and be able to discuss it with their peers in a safe space. This process also helped avoid withdrawals and ensure that initiatives such as the drop-in service and theatre in education programme were financially viable.

Concerns

Some parents had concerns about the role of the sexual health drop-in, and were worried that their children would be exposed to information they were not ready for. However once they realised it was optional, and the children self selected- opting to attend in their own lunchtime they were reassured. They also requested that Somali children who were questioning their sexual orientation were signposted to someone from the Muslim community to talk to. The school reasoned that they were able to include information about someone from the Muslim community in the literature they provided when signposting young people, but had a responsibility to provide information about all the services available so the young person could make the right choice for them.

Unexpected outcomes

Discussing the HPV vaccination offered the opportunity to talk about cancer, and it became apparent that the parents were unaware of the health services, such as screening; including smears and other vaccinations that were available. Word of mouth ensured this information was shared with other parents and the curriculum leader ensured her availability during the school day, after school and over the phone to talk to and support parents to access these services.

Key learning

- Keep discussing SRE with parents, maintain regular meetings, as the group members can be quite a mobile group and their children may only attend the school for a year or two before moving on.
- Be creative about the way you recruit parents. Don't just go through the official school channels, but think of other voluntary organisations who work with your target group and ask them to help recruit.

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References

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Forster, A. and others. Human papillomavirus vaccination and sexual behaviour: Cross-sectional and longitudinal surveys conducted in England. *Vaccine*, vol. 30, issue 33, 13 July 2012, pp.4939-4944.

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Action for Children

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