



Sexual Health &
Black & Minority
Ethnic Youth

**COMMUNITY
CONVERSATIONS**
December 2008

Report Prepared by
Sarah Pulle



Naz Project London

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We would like to specifically thank the following individuals and agencies that contributed to the success of the community conversations

EVENTS FACILITATORS

- Dr. Bryan Teixeira, Chief Executive, Naz Project London
- Rhon Reynolds, Deputy Chief Executive, AHPN
- Dr. Priscilla Nkweti, Chief Executive, Black Health Agency

KEYNOTE SPEAKERS

- Jabulani Chwaula, Project Development Officer, AHPN
- Maurice Cunningham, Director, MDC Training Consultancy
- Dr. Robert Berkeley, Deputy Chief Executive, Runnymede Trust

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1. INTRODUCTION

This report outlines the results of the three Community Conversation events organised by Naz Project London, from September 2008 to October 2008 at Kings Fund offices in London.

The purpose of the Community Conversation events was to bring together, and facilitate a dialogue between people and various interest groups, whose work has an impact on young people's sexual health.

Areas discussed included:-

- Black and Minority Ethnic (BME) young people's sexual health needs,
- The role of adults in supporting young people's sexual health.
- Enhancing Sex and Relationships Education (SRE) in schools to meet the needs of BME young people;
- Improving sexual health knowledge and skills set required by BME youth workers
- Key opportunities and resistances to providing competent and consistent SRE to BME young people.

The three Community Conversations raised many questions and important issues relating to BME young people's sexual health. It is envisaged that the feedback received at these events will be used to inform improvements in the planning and delivery of Sex and Relationships Education to meet the sexual health needs of BME young people.

2.0 BACKGROUND

2.1 ABOUT NAZ PROJECT LONDON (NPL)

NPL provides sexual health and HIV prevention and support services to Black and Ethnic Minorities (BME) in London. NPL runs a wide programme of activities in schools and in community settings that are aimed at promoting the sexual health of BME young people, enhancing their knowledge and skills to make informed choices about issues relating to sex and relationships. It also provides training services and resources to voluntary, community and statutory organisations.

In 2007, NPL hosted a National Conference in London entitled "Taboos and Mixed Messages" which focused on the sexual health needs of the Black and Ethnic Minority youth. A number of key Action Points came out of this conference that needed further discussion at a community and policy level. These key Action Points provided the basis for hosting the Community Conversation events to provide a forum for considering how best to improve BME young people's sexual health.

2.2 SEXUALLY TRANSMITTED INFECTIONS AMONG BLACK AND MINORITY ETHNIC YOUNG PEOPLE

According to the recent Health protection Agency report¹, sexually transmitted infections remain one of the most important causes of illness due to infectious disease among young people aged between 16 to 24 years old. Nearly all young people diagnosed with HIV in 2007 were infected through heterosexual contact, (48%) of whom the largest group were Black Africans, who were probably infected abroad. The impact of acute sexually transmitted infections (STIs) is also high for younger Black Caribbeans, Black Africans and other Black populations². Information from the National Chlamydia Screening Programme (NCSP) reveals that Chlamydia positivity is higher in people of Black Caribbean ethnicity (14%), than those of white ethnicity (10%). The disproportionate burden of gonorrhoea in Black communities is also seen in data from the Gonococcal Resistance to Antimicrobials Surveillance Programme (GRASP) which showed that in 2006, Black Caribbeans accounted for 17% of gonorrhoea diagnoses, while Black Africans accounted for 4.3%.

¹ Health Protection Agency, (2008), *STIs among young people in the UK*

² MedFash Project (2008), *Sex and Our City, Achieving better sexual health services for London, Project Findings and recommendations.*

2.3 POLICY CONTEXT

The National Strategy for Sexual Health and HIV (2001)³ sets out the government's commitment to improving sexual health. The Strategy aims to reduce transmission of sexually transmitted infections (including HIV), and provide clear information to people to make informed decisions about prevention of sexually transmitted infections. Young people and Black and Minority Ethnic communities are among the groups considered most vulnerable to acquiring sexually transmitted infections and in need of targeted sexual health information.

The Public health White paper "Choosing Health" (2004) includes targets for Chlamydia screening, Genitourinary Medicine (GUM) waiting times and a reduction in gonorrhoea to supplement the existing target for a reduction in teenage conceptions. Improving sexual health is one of the six key goals identified for the comprehensive wellbeing and prevention services to be commissioned by Primary Care Trusts in partnership with local authorities⁴.

Personal, Social and Health Education (PSHE) plays a major role in the development of young people. PSHE legislation and guidance is set out in a number of policy documents which include Sex and Relationships Education Guidance (DFEE, 2000); Careers Education and Guidance (DFES, 2003); and Healthy Schools (DFES and DH 2005). The Children's Act 2004 requires all schools to contribute to the five outcomes for children. Successfully planning and delivery of PSHE is vital to schools effectiveness in achieving positive outcomes for young people in their care.

A recent "Sex and Relationships Education and drugs/alcohol review"⁵ highlighted concerns about the quality of teaching and learning in PSHE, particularly around sex and relationships education and significant variations in SRE in schools, which have had a negative impact on meeting young people's needs. In response to this review the government has undertaken to improve the skills and confidence of those who deliver SRE; provide further guidance and support to schools and involve young people, parents and external agencies and provide strong leadership with a view to improve young people's sexual health.

³ DH, (2001), *The National Strategy on Sexual health and HIV*

⁴ DH and NHS (2008), *High quality Care for All:NHS Next Stage Review Final Report*

⁵ DCSF, (2008), *Government response to the report by the Sex and Relationships Education (SRE) Review Steering Group.*

3.0 METHODOLOGY

The three half day Community Conversation events were organised and facilitated by Bryan Teixeira (Chief Executive, NPL), with support from Rhon Reynolds (Deputy Chief Executive, AHPN) and Priscilla Nkweti (Chief Executive, Black Health Agency).

Following a brief introduction and presentations from keynote speakers, each event broke into facilitated roundtable discussions groups. Twenty two people participated in the Community Conversation events. They were contacted via telephone and e-mail. Participants included young people, parents, schools, faith groups, health, social services, local authority, voluntary and community-based organisations providing sexual health services targeted at young people in London.

Participants were given a copy of the "Taboos and Mixed Messages: Action Points" to prepare for the discussion.

The following points were discussed:-

- Common ground and differences between how BME young people and adults understand young people's sexual health.
- The top priority values, knowledge and behaviours needed for BME youth sexual health.
- Crucial attitudes, knowledge and skills required by SRE leaders working with BME youth, and how best to develop these including the role of BME young people in assisting in this development.
- Ways of working effectively on the opportunities and resistance to sustainable and competent SRE for BME young people within schools, in communities and with commissioners/funders.
- What needs to be prioritised to ensure effective SRE delivery to BME young people in the school system?

The information obtained from the three Community Conversations events was compiled, analysed and summarised under these three main themes:

- Meeting sexual health needs of BME young people.
- SRE leadership, skills and knowledge
- Opportunities for sustainable and competent SRE for BME young people within schools.

4.0 RESULTS OF THE COMMUNITY CONVERSATIONS

4.1 MEETING SEXUAL HEALTH NEEDS OF BME YOUNG PEOPLE

After the presentation participants were asked to respond to a series of questions including issues arising from the presentation. The results of the group discussions are summarised below.

4.1.2 What does sexual health include?

- In his presentation Jabulani Chwaula made reference to the World Health Organisation (WHO) definition of sexual health as "A state of physical, emotional, mental and social well-being related to sexuality; not merely the absence of disease, dysfunction or infirmity. For sexual health to be attained and maintained, the sexual rights of all persons must be protected, respected and fulfilled".
- Further clarity on what sexual health includes was based on the London Health Observatory's (LHO) description that concentrates predominately on the physical aspects of sexual health in four key areas. These areas include: sexual behaviour and lifestyles; sexually transmitted infections including HIV; access to services and what works with respect to improving sexual health. In this context particular attention is paid to young people and the importance of education for prevention of sexual ill health, men who have sex with men and better access to services.

4.1.2 What is the definition of young people in relation to sexual health matters?

- Government policy documents often refer to young people as aged from 16 to 25 years old; however the definition of young people varies from one community to another. In some cultures 16 is not considered a realistic age to start sexual activity, however young people often have sex with people who are older than them (late 20s or 30), a point which should be taken into account when designing Sexual health promotion interventions for young people.

- Participants also felt that for young people’s sexual health education to be effective, it should address the needs of young people from birth and not just concentrate on puberty.

4.1.3 Why do we focus on BME young people?

- Research has shown that available services are not always responsive to BME young people’s needs. Some sub-groups may be reached at the generic level, but other groups may not be reached, therefore we need to address the gaps.

“Being brought up in London I feel in tune with other young people, but there are sub-groups of young people who are brought up in different cultures who may not fit in well”. Views of a young participant.

“BME young people come from diverse communities and have different sub-groups with different sexual health needs. Their needs may be best met by involving a wide range of agencies with experience of working with these young people”. Views of a participant

4.1.4 What are the values that motivate young people?

- Good communication, respect, self-confidence, and influences from their culture, religion and adults around them often motivate young people.
- Young people learn or respond differently in various settings depending on who they are talking to, the environment they are in and their expectations. Adult behaviour is likely to influence the way young people behave, so it is imperative that adults remain positive role models and manage young people’s expectations in relation to faith, and culture.

“For example, in the presence of their parents they can be shy, but when alone they are more likely to contribute a lot more”. Views expressed by a youth worker

- Cultural values and influences of BME parents sometimes conflict with the British culture in which young people are growing. In these instances some parents are left confused and powerless to impose their wishes or have a meaningful relationship with their children.

4.1.5 What key knowledge is needed?

- Participants felt that young people needed basic knowledge about sexual health issues that affect them; information about gender, sexuality, sexual orientation, risk factors, and relationships in a language that is accessible to them.
- On the other hand sexual health service providers need to understand the profile of BME young people and their sexual health needs; level of knowledge, and risk taking behaviour.

Examples of good practice

- A sex education project in Hackney was cited as an example of good practice, which will hopefully be rolled out to other London boroughs.
- **The International AIDS Conference held in Mexico in August 2008 had a good session on gender and relationships, young people and risk of STI infections, pregnancy, love, sex and relationships”.** Views from a Keynote Speaker

4.1.6 What are the key messages we want to put across to Young People?

- Key messages delivered to young people should include information on love and relationships. Young people often get to hear about love and relationships when they are in trouble or when they are about to have sex.
- We need to present choices/options and not just say “Do not have sex.”
- Messages given to young people should be clear. Young people are often confused when they receive conflicting information from their parents, faith leaders and peers.

4.1.7 How are we going to deliver that message?

- It is important to establish a meaningful relationship with young people, and try to reach them where they are, and not to get them out of their environment.

- Facilitators should be aware of and open to the different messages and welcome discussion with young people. Listening to important clues from young people will help indicate when to introduce sexual health debates.

“...for example you can start by talking about hygiene and then introduce age appropriate information about sexual health”.

- Interventions should also be targeted at parents because of the way they influence their children and young people. Parents should aim to have a conversation with young people and explain issues instead of dictating negative messages such as “...do not get pregnant” without giving reasons.

4.1.8 How best to work with young people

- Participants pointed out that sexual health service providers need to be creative and innovative in the way they get sexual health information on young people’s agenda.
- Instead of delivering sexual health information, engage young people in hands-on activities in a fun and informal environment. Using cartoons and graphics in sexual health literature can help to overcome barriers and get the message across. Peer education can also help young people to listen.
- Avoid using jargon and keep language simple when talking to young people about sexual health issues. Do not assure young people that you know every thing. Respect young people and their decision-making processes.

4.1.9 What are we competing with? What are young people engaging in?

- Young people receive information from different sources. Parents and youth workers need to be aware of the influences from television, books, friends, peers and how they affect young people’s behaviour.

4.1.10 How do we communicate with young people?

- Young people respond differently when placed in different environments. Involving parents and supporting them to develop good relationships with their children and talk to them about sexual health matters will assist in reinforcing the positive sexual health messages young people have received from schools, and other community settings.
- Sex is seen as a taboo subject in some BME cultures, which makes it difficult for parents to talk to young people about sexual health matters. Young people should have access to responsible adults in instances where they can not talk to their parents.

4.1.11 What role should adults play in supporting young people’s sexual health?

- Adults could help to communicate and clarify sexual health information to young people.
- Facilitators should help parents communicate better with young people and provide them with information on available sexual health services. This will help to promote access and uptake of available services by young people.

4.1.12 What issues are preventing young people from accessing services?

- Participants listed a number of issues preventing young people from accessing services that included the way we target young people, content and delivery of sexual health messages, and how young people relate to different situations.
- Attracting young people to sexual health information events is not easy. It might be better to focus on general issues with an input on sexual health
- Young people may not want health promotion workers to act like them, but they do want to work with people who understand them.
- It is often challenging to work with young people. Sometimes young people know more than the health promotion worker does.
- Peer educators may not have the skills to work effectively with young people.
- Sometimes as facilitators we miss the point. A young person may do what their partner wants in order to stay in the relationship.
- Adults need to realise that these days young people are growing up much faster than before and need to be given the right information at an earlier age.

4.2.0 SRE LEADERSHIP, SKILLS AND KNOWLEDGE

4.2.1 *What are the essential sexual health knowledge and skill sets required of a BME youth leader?*

Maurice Cunningham outlined the knowledge and skills required of a BME worker in his presentation which was followed by a group discussion. Participants agreed that:-

- BME youth workers do not have to be Black, but they need to have good communication, management, leadership and facilitation skills. They also need to be creative, flexible, adaptable, and diverse
- BME Youth workers need to establish positive relationships with young people they are working with and approach young people with an open mind.
- BME youth leaders should be mindful of their language, be interactive and allow participants to express themselves.
- They should be assertive and have different ways of dealing with situations.
- BME youth leaders need to treat young people as equals, establish clear boundaries earlier on in the session and allow young people the right to express themselves (including negative views) within reason.

4.2.2 *Knowledge*

- BME youth leaders need to understand the cultural dynamics of BME youth, and the difficulties they face while living in Britain.
- They should respect young people's diversity of culture, race and religion. They need to know how to deal with different cultures and allow young people to make the right choices about their life.
- They need to have a good knowledge of young people's sexual health needs; legal rights, parental rights/cultural influences, and how this impacts on the rights of children growing up in the British culture.
- If you do not know, be honest and tell young people/group that you will get back to them.

4.2.3 *How is this knowledge and skills best developed?*

Participants suggested that these skills could be developed through: -

- Listening to young people, involving them in planning, delivering and evaluating SRE work, and consulting them on how best to get the messages across.
- Information sharing with other service providers, and parents.
- Resource development. It is vital to have different resources for different groups as young people use different channels of communication.
- Education, work experience and securing support from their organisation
- Research to keep up to date with the latest trends/language used and changes in culture.
- Participating in peer education initiatives, as young people are more likely to take note of what other young people are saying.
- Work with parents and supporting them to access information and communicate with young people around sexual health issues.
- Using different methods to communicate with young people such as texting, games, activities, or using different tricks/skills to deal with certain aspects of youth work.
- Identifying, motivating and supporting peer champions.

Examples of good practice

- Listen to young people and empathise with them, show them that you care, invest in them and progress from one point to another.
- Follow through the things you promise – no excuse is a good excuse.
- Know your material.
- Keep their confidence and set boundaries.

Learning points raised

- Working with young people is not easy. Let young people have their say about their sexual health needs, sometimes you need to find a common ground to make progress.
- Communication is important when working with young people. Endeavour to keep the communication flowing. Information sharing is key because you are able to understand and learn from other people.
- Learning and training from others never ends. Do not see yourself as superior to the people you are working with.
- BME youth workers need to have a plan and anticipate problems.

4.3.0 OPPORTUNITIES FOR SUSTAINABLE AND COMPETENT SRE FOR BME YOUNG PEOPLE WITHIN SCHOOLS

Robert Berkeley's presentation focused on SRE in schools, opportunities for involving young people, parents, community workers and working in partnership with external agencies to improve sex and relationship education in schools. Participants were asked to contribute ideas on how teaching of SRE in schools could be improved.

4.3.1 *Opportunities for improving SRE in School*

- School inspections could be used as leverage to get SRE on top of the school agenda.
- We need to consider how to enable young people to have a comprehensive understanding of SRE in a faith based setting.
- Music and arts could be used to deliver sexual health messages in schools.
- Schools are only part of the equation. SRE should be provided in non-school settings.

Issues raised

- The school system aims to prepare young people to operate effectively and grow up as responsible citizens. However increasing pressures on school curriculum compete for teachers' time and have a negative effect on SRE delivery in schools. In areas where there are a lot of pressures (e.g. kids not getting GCSEs), SRE may not be a priority.
- Success in teaching of SRE in schools is not uniform. Some schools are good at it whereas others struggle to achieve their goals.
- Most newly qualified teachers lack the skills and expertise to teach an ethnically/culturally diverse group of young people.
- BME young people are more likely to be taught in faith-based schools, where SRE is often based on protection from engaging in sex. Polarisation of religion/faith in schools often contributes to fears and lack of confidence in SRE delivered in schools. Schools are known to avoid teaching controversial subjects, including sex.
- One study found that 44% of Black males wanted someone from a similar background to teach them SRE.
- How much power do governors have in refusing or accepting SRE in schools? In some schools teachers manage governors, but in a good relationship the governors should influence issues.
- Lack of quality information for parents about SRE within schools.
- Some students do not want to be taught about SRE, yet their knowledge level is low.

4.3.2 *Community involvement opportunities*

- Community workers would like to get into schools to support teachers in plugging the gaps.
- There are opportunities to deliver SRE to young people with extended schools.
- It would be useful to secure multi-agency strategy to work effectively with faith groups and to negotiate with schools on how peer educators can be used effectively.

- Local Authority and Primary Care Trusts should work out criteria for checking the quality of those wishing to work in schools or work alongside school nurses.
- Parents could also be supported to deliver SRE components.

4.3.4 Collaboration and joint working with Parents, carers and responsible adults

Parents, carers and responsible adults can play a big role in reinforcing SRE messages received by young people in schools. Participants felt that parents need to be supported and put forward the following suggestions: -

- Parents need to have more information about the content of SRE. Parents are always concerned about what people will say and how they influence young people.
- Not everyone is comfortable with talking to children about SRE and some parents expect schools to do the work.
- Some parents are keen to have more information, so there is a need to improve communication with parents.
- Runnymede Trust is about to publish a report on work done with BME parents.

Issues raised during the discussions

- Lack of parents' familiarity with the school system and what it can deliver, and the complexity of provision leading to barriers to choice and selection.
- Failure of schools to engage with BME parents especially in secondary schools.
- Levels of trust are low. Parents may not feel teachers have the competency to teach their children.
- Poor levels of communication between parents and schools, with parents fearing what their children are being taught.
- Large migration. Different systems and differences in what teachers can respond to.
- Failure to respond to diversity issues in schools. Identity is often not respected in schools and there is a tendency to reject everything alien.
- Challenges within families and diverse values. Lack of trust and the legacy of failure impact on the work in schools.

4.3.5 Involving young people

Issues raised during the discussions

- Levels of communication between different generations are poor and there is lack of clarity about the kind of relationship young people have with their parents.
- Racism affects the way young people interact with other groups, for example:
 - a) The perception of how Black males express their masculinity and how they react to these stereotypes; and
 - (b) The current focus on Muslims and how people may want to represent animosity, or elitism.
- The level of community awareness about issues affecting young people is very low, yet there is a huge pressure on young people to be seen in a certain way.
- There is a need to encourage good communication with young people, get a better understanding of sexual health needs, compromise and resolve conflicts amicably.

4.3.6 Partnership working opportunities

- NGOs working jointly with faith groups to develop resources and link up with schools. We need to consider how to enable young people to have a comprehensive understanding of SRE in a faith based setting. Steering group for faith based school could be asked to consider sexual health and how it fits in the schools curriculum.

- NGOs should work on joint policies, working protocols and approaching schools as one body with something tangible to present to schools. National targets could be used as leverage as a route to working with schools
- External agencies should get to know the SRE Co-ordinators and request their support to gain access into schools.
- Local Authorities could organise SRE training for governors; governors may override requests for SRE based on parental perceptions.
- It might be useful to review what is happening and get examples of good practice that can be shared out.

Issues raised during the discussions

- Delivery of SRE in faith groups is often based on interpretations of the Bible or Quran teachings, which may restrict information and knowledge to be delivered.
- There is a need to improve communication with young people in relation to SRE.
- There is a need for strong leadership and co-ordination from Primary Care Trusts and Local Authorities.
- Lack of tools to share on teaching about relationships, love and sex.
- We need to encourage stakeholders to take issues seriously.
- Faith leaders are not always representative of the views of the people in their congregation.
- System challenges and difficulties faced by the voluntary sector in working with schools.
- Young people may not always respect cultural boundaries
- BME Faith groups are not all the same.
- Faith groups often avoid talking about sexual health issues. Young people from faith groups may engage in risky behaviour due to confused messages.

Examples of good practice

- Hackney established sexual health teams with agreed policies that they present to schools if they want to go in and do SRE training.
- TACADE is working on tackling homophobia and bullying within schools.
- Spain has used DVDs and Videos to talk about drug use education. Parents were invited in schools to talk about drug use. A high number of parents responded and participated in school debates relating to drug use and sexual health.
- Channel 4 Television programmes often have resources accompanying their programmes that can be used in schools

5.0 RECOMMENDATIONS

- There should be an integrated approach to sexual health with BME young people.
- Non-governmental organisations (NGOs) should forge links with schools and establish joint working protocols; improve joint working and monitor progress.
- An accredited Sexual Health Skills Training Programme for youth workers and faith leaders working with youth should be introduced.
- There is a need to develop a comprehensive programme that includes alcohol, drugs and sexual health.
- Mandatory and comprehensive SRE should be introduced in all schools
- Parents need to be supported and trained to communicate sexual health messages to their children.
- Parents should be given adequate information on SRE curriculum delivered in schools
- Young people should be consulted and involved in planning Sex and Relationships Education programmes.
- Facilitated dialogue between parents and young people on sex and relationships issues should be encouraged and promoted to improve intergenerational communication.
- The possibility of getting information from parents on young people's sexual health matters using resident surveys carried out by Local Authorities should be explored.
- There is a need for better government leadership and more resources for improving SRE among BME young people to improve awareness and minimise the risk of acquiring STIs.
- There is need to recognize that no one way works best and that we need to share good practice and ensure that the best things happening are known about.
- There is a need to deal with racism in service provision and ensure that BME young people have access to culturally appropriate SRE in schools.
- A MORI survey on parents' attitudes to SRE delivered in schools should be commissioned to gain a better understanding of their views, service improvements and how best to involve them.
- Intergenerational work should be encouraged and alliances set up to drive SRE work forward.

6.0 CONCLUSION

An integrated approach involving young people and the different sectors working with young people is the best way to promote sexual health with BME youth. Adults with parental responsibility remain a primary sources of information, and all organisations working with young people around sexual health need to work in partnership with them. This will ensure that parents get information on sexual health and skills in health promotion, as well as being equipped with skills to overcome cultural boundaries of discussing sex with their children.

Schools and youth clubs offer vital opportunities for Sex and Relationship Education to BME youth. Involving young people, their parents, faith groups and voluntary groups in developing SRE programmes will make SRE more acceptable to all parties. Schools should also improve skills of SRE teachers and networking with external contributors to offer a holistic package.

An integrated approach to SRE will enable BME young people to express and manage their emotions and learn within the framework that honours the values and morals of their cultures. Peer interventions should be encouraged to promote young people's participation and involvement improving and delivering SRE programmes.

7. APPENDICES

APPENDIX 1:

Summary report of the first Community Conversation Event held on 8th September 2008:

| | | |
|----------|--|--------------------------------|
| Present: | Bryan Teixeira (BT) – Facilitator | - NPL |
| | Adrian Kelly (AK) Govt. office for London) | - Government Office for London |
| | Jabulani Chwaula JC) (Key note speaker) | - AHPN |
| | Jane Nake | - AHPN |
| | Rosemary Boateng | - ECCUK |
| | Asif Quraishi | - NPL |
| | Mudia Uzzi (MU) (Respondent) | - NPL |
| | Miebaka Okwulehie (Respondent) | - NPL |
| | Juned Ali (J) | - NPL |
| | Natasha Sakala (N) | - LEAT |
| | David Musendo (D) | - LEAT |
| | Jacinto Da Silva | - London Borough of Newham |
| | Sarah Pulle | - London Borough of Newham |

Introduction

Bryan Teixeira welcomed participants to the event. He gave a brief background leading to these Community Conversations. He outlined the topic of today's discussions focused on:

- Clarifying common ground and differences between how BME young people and adults understand young people's sexual health.
- The top priority values, knowledge and behaviours needed for BME youth sexual health.

Bryan introduced Jabulani Chwaula as the keynote speaker.

Jabulani gave a presentation on the sexual health issues affecting BME youth. A copy of this presentation can be obtained by contacting AHPN (NAHIP). He highlighted 3 key points in relation to Sexual health needs of BME youth:

- (a) To reduce inequalities, (b) To identify needs and respond accordingly, and
- (c) To empower young people, taking into account their rights.

Following Jabulani's presentation, Bryan invited discussions/comments from the participants by asking a series of questions.

Below is a summary of the main views expressed by participants at this event

What does young people's sexual health include?

- Sexual health should be considered from the age of zero.

What does BME sexual health mean?

- Youth sexual health efforts should take into account that BME group is a diverse group, not a single group. The process should involve a broader range of agencies.

What is the definition of young? What age range does 'young' people include?

- Government literature often refers to 16-25, but in some communities young means up to 30 years old, while in other communities 16 is not a realistic age to start sexual activity.

- The government is trying to harmonise the age range that can fit with different groups' expectations. However government's age range is based on the legal age of consent.
- Young people have sex with other age groups such as over 20s or 30s, so it is important to design interventions that take this into account.

What are the values that motivate them?

- Good communication, respect and self-confidence.
- Young people respond differently in various settings. For example, in the presence of their parents they can be shy, but when alone they are more likely to contribute a lot more.
- Young people often learn by example, therefore adults need to be aware of the behaviour they are modelling to young people.
- We need to manage young people's expectations in relation to faith, culture when growing up in Britain.

Should parents let go of their culture or their children?

- Parents are faced with a dilemma. Should they let go of their culture or their children? If they lose their children their culture will go with them.
- Parents from BME backgrounds often find themselves confused about differences between their own identities (e.g. African) and British culture which their children adopt.
- Parents are often deterred from talking to young people about sexual health due to cultural values.
- When the NPL/TSA research findings were initially presented, parents felt that the findings were biased; some felt that they needed to have conversations with young people about sexual health matters.

What is the key knowledge that young people need?

- Formal sex education is not always effective in schools.
- Young people need basic knowledge on issues that affect them; therefore, sexual health information needs to be in a language that is accessible.
- We need to understand the profile of BME young people and their sexual health needs.
- Exact level of knowledge and risk taking among young people is not known.
- We need to establish what young people need to know.
- Young people need to understand different relationships.

Example of good practice

- A sex education project in Hackney (Christopher Winter Project) was cited as an example of good practice which will hopefully be rolled out to other London boroughs.

What are key messages we want to put across to YP?

- Young people need to know about relationships. Young people often get to hear about love and relationships when they are in trouble or when they are about to have sex.
- We need to present choices/options and not just say "Do not have sex."
- The type of information is important. If messages conflict, young people are likely to take their peers' side.
- Young people are often confused about the messages given from parents, churches and peers.

Examples of good practice

- The recent International AIDS Conference in Mexico had a good session on gender and relationships, young people and risk of STI infections, pregnancy, love, sex and relationships.

How best to work with young people

- We need to be innovative and get sexual health information on the agenda.
- Peer education encourages young people to listen.
- Using cartoons and graphics in sexual health literature targeting young people.
- Instead of delivering sexual health information, engage young people in hands-on activities in a fun and informal environment. Things like learning through activities in a hands-on workshop allow boundaries to be overcome and message gets across.
- Attracting young people to sexual health information events is not easy. It might be better to focus on general issues with an input on sexual health
- Avoid using jargon and keep language simple when talking to young people about sexual health issues.
- Young people may not want health promotion workers to act like them, but they do want to work with people who understand them.
- Sometimes as facilitators we miss the point. A young person may do what their partner wants in order to stay in the relationship.
- Do not assure young people that you know every thing
- Adults must respect young people and their decision making processes.

How are we going to deliver that message?

- Intervention should also target parents because parents influence children and young people's values.
- We often distribute leaflets; young people use mobiles.
- We need to start having a meaningful relationship with young people. We need to change and invest in the relationship.
- Peer educators may not have the skills to work effectively with some young people.
- Facilitators should be aware of the different messages and be open to welcome discussion with young people.
- Religious citations (e.g. from the Bible or Quran) should be used as a tool to empower parents to discuss sexual health matters and improve communication with young people.
- Parents should not dictate messages, but should have conversations with young people. Negative messages such as do not get pregnant, without giving the reasons why is not good or helpful to young people.
- Listen to clues from young people, know when to introduce sexual health debates, for example you can start by talking about hygiene and then introduce age appropriate information about sexual health.
- We should try to reach young people where they are, and not get them out of their environment.
- Deliver sessions for parents and young people

What are we competing with? What are young people engaging in?

- We need to understand that young people often hear things from different sources.
- Parents need to be aware of the things happening around them such as TV programmes, books, influences from friends/peers where young people can pick up information and learn different behaviours.
- It is often challenging to work with young people. Sometimes young people know more than the health promotion worker.

How do we communicate with young people?

- Parents/adults need to give information in stages. If parents cannot talk to their children, they should find a responsible adult to talk to do so.
- Teach young people to develop good relationships with their parents.

- Young people often learn by example. Adults need to be aware of the behaviour they are modelling to young people.
- A lot of work needs to be done with BME young people and their parents.
- Young people respond differently when placed in different environments.

How do you motivate young people to talk about and have safer sex?

- We need to provide good information around gender, sexuality, sexual orientation and encourage faith based groups to have an input.
- Get parents to see the evidence regarding risk factors for young people.
- Young people should be encouraged to engage in programmes that are peer to peer.

What role should adults play in supporting young people's sexual health?

- Communicate with young people.
- Young people often hear information from peers. Adults could help to clarify some of this information.
- Facilitators should help parents communicate better with young people.
- Parents should be given information on where they can signpost young people to access information on sexual health and related issues.
- Adults need to realise that these days' young people are growing up much faster than before, so young people need to be given the right information.

What issues are preventing young people from accessing services?

- How we target young people we work with.
- Problems with content and the way we convey the messages.
- How young people relate to different situations.

How do you personalise the information to suit young people in a classroom against a background of culture, and religion?

- Encourage good communication, compromise and resolve conflicts.
- Try to harmonise information young people receive from parents and peers.
- Talk to young people on their level.

APPENDIX 2:

Summary report for the second Community Conversation Event held on 22nd September 2008

| | | |
|-----------------|------------------------------|------------------------------|
| Present: | Bryan Teixeira (Facilitator) | - NPL |
| | Rhon Reynolds | - AHPN |
| | Rosemary Boateng | - ECCUK |
| | Asif Quraishi | - NPL |
| | Mudia Uzzi | - NPL |
| | Miebaka Okwulehie | - NPL |
| | Natasha Sakala (N) | - LEAT |
| | Fatima Bole-Kamara | - NBICC |
| | Elizabeth Da Cruz | - ECCUK |
| | Fatima Msumi | - NBICC |
| | Maurice Cunningham | - MDC Training & Consultancy |
| | Sarah Pulle | - London Borough of Newham |

Introduction

Rhon Reynolds welcomed participants to the event. He gave a brief background leading to these Community conversations. He outlined the topic of today's discussions that focused on:

- Clarifying the crucial attitudes, knowledge and skills required by SRE leaders working with BME youth
- How best to develop these including the role of BME young people in assisting in this development.

Bryan introduced Maurice Cunningham as the keynote speaker.

Maurice gave a presentation on SRE leadership, skills and knowledge. He highlighted a number of points in relation to skills and knowledge and how this could be developed.

Skills: -

- The SRE leader/worker does not have to be Black.
- Establish a positive relationship with young people you are working with.
- Approach the work with an open mind.
- Be flexible, creative and innovative.
- Treat young people as equals – have a conversation with them as adults.
- Establish clear boundaries earlier on in the session – it is easy to go off track if you do not have boundaries.
- Allow young people the right to express themselves within reason.
- Young people have a right to express negative views, so long as it is done respectfully.
- Have good group management & facilitation skills.
- Communicate through different media, e.g., talk, videos, music, theatre and having fun.

Knowledge

- Understand the cultural dynamics of BME youth, and the difficulties they face while living in Britain.

How is this knowledge and skills best developed?

- Listen to young people.
- Talk to them to see how best to get messages across.
- Educate yourself about the issues.

- Get support from your organisation.
- Resource development – A lot of resources are not culturally appropriate. Search for what is appropriate or develop your own resources.
- Have your work evaluated by young people.
- Involve young people in planning, and delivery of SRE work.
- Peer education is the future of SRE work with young people. Young people are more likely to take note of what other young people are saying.

Following Maurice's presentation, Rhon invited discussions/comments from the participants by asking a series of questions.

Below is a summary of the main views expressed by participants at this event

Do you have to be from a BME background to work with BME youth on Sexual health?

- You do not have to be from a BME background to work with BME youth on SRE.
- It helps to be from the same ethnic group, as young people respond better to peers.
- Being from the same background helps to break down the feeling of "us" and "them".
- You do not have to be from the same background. What helps is to understand cultural and religious values held by young people. In certain cultures sex is not discussed, yet you are expected to get married and have sex.
- If you are from a different background you need to be prepared.
- The relationship you have with young people will supersede all the differences.

Examples of building a good relationship

- Listen to young people and empathise with them, show them that you care, invest in them and progress from one point to another.
- Follow through the things you promise – no excuse is a good excuse.
- Know your material.
- Keep their confidence and set boundaries.

Shouldn't we be working with all young people instead of focusing on BME young people?

- The skills outlined above can be applied to all young people, not just BME youths.
- Research has shown that available services are not always responsive to BME young people's needs; we need to address the gaps.
- "Being brought up in London I feel in tune with other young people, but there are sub-groups of young people who are brought up in different cultures who may not fit in well".
- Being targeted may make you feel embarrassed.
- Some sub-groups may not be reached at the generic level.
- If you have a mixed group you have to address the needs of the different sub-groups.
- You need to deliver a session that is appropriate to that group. In some cases you may have to leave things out.

What are the essential sexual health knowledge and skill sets required of a BME youth leader?

- Have a good knowledge about your group
What are their needs?

What is the best approach to address topics such as sexual assault or needs of visually impaired young people.

- Have a good knowledge of the sexual health topic and back it up with statistics.
- Have a good knowledge about young people's legal rights, parental rights/cultural influences, and how this impacts on the rights of children growing up in the British culture.
- Have some information you leave with them for follow up.
- You need to be adaptable, flexible and diverse.
- Respect diversity of culture, race and religion.
- Know how to deal with different cultures - present the information and allow young people to make the right choices about their life.
- Be aware of the different information and cultures young people may be exposed to.
- Be mindful of your language, be interactive and allow participants to express themselves
- Know how to communicate and facilitate a group – mix up the group if you need to.
- Be assertive and have different ways of dealing with situations.
- If you do not know, be honest and tell young people/group that you will get back to them.

How is this knowledge and skill best developed?

- By working with young people and gaining experience.
- Listen to young people.
- Information sharing – Link up and find out about other people's work and share good practice.
- Training on youth work, and learn to deal different circumstances.
- Work with parents and support them to access information and communicate with young people around sexual health issues.
- Find out about how information and culture complement each other.
- Keep up to date with the latest trends/language used and change in culture.
- Have different resources for different groups. Young people use different channels of communication.
- We could use texting as a way of encouraging young people to take their medication or use creative arts to promote sexual health.
- Use games or activities, give young people instructions and assess their progress.
- Develop different tricks/skills to deal with certain aspects of youth work, e.g., ask them about their favourite artists. Young people are bound to have different views/preferences. There is no need to resort to arguments because of these differences.
- Look out for those who are eager and motivate them to work with you and attract other young people.
- Secure support from your organisation for the work you are undertaking.
- Get your peer champions.

Learning points

- Working with young people is not easy.
- Let young people have their say about their sexual health needs.
- Communication is important when working with young people. Endeavour to keep the communication flowing.
- Information sharing is key, you are able to understand and learn from other people.
- Learning and training from others never ends.
- The need to plan and anticipate problems.
- Some times you need to find a common ground to make progress.

- Not seeing yourself as superior to the people you are working with.
- Change in attitude and behaviour.
- What is the support that needs to be put in place for youth workers to work effectively with young people around sexual health?

APPENDIX 3:

Summary report of the third Community Conversation Event held on 13th October 2008

| | |
|---|-----------------------|
| Present: Bryan Teixeira (BT) – Facilitator | - NPL |
| Priscilla Nkweti | - Black Health Agency |
| Robert Berkeley | - Runnymede Trust |
| Helen Lee | - Tacade |
| Lucy Emmerson | - NCB |
| Gary Alessio | - Westminster PCT |
| Rosemary Boateng | - ECCUK |
| Asif Quraishi | - NPL |
| Natasha Sakala(N) | - LEAT |
| David Musendo (D) | - LEAT |
| Sarah Pulle | - LBN |

Introduction

Priscilla Nkwenti welcomed participants to the event. Bryan gave a brief background leading to these Community conversations. He outlined the topics of today's discussions that focused on:

- Clarifying ways of working effectively on the opportunities and resistance to sustainable and competent SRE for BME young people within schools, in communities and with commissioners/funders.
- What needs to be prioritised to ensure effective SRE delivery to BME young people in the school system?

Priscilla introduced Robert Berkeley as the keynote speaker.

Robert's presentation focused on the work done by schools in relation to SRE and barriers to working successfully with BME young people. He highlighted opportunities within the school system, challenges with working with BME parents and young people, and ways of improving SRE within schools.

Following Robert's presentation, Priscilla invited discussions/comments from the participants.

Below is a summary of the main views expressed by participants at this event

Area of opportunities for sustainable and competent SRE for BME young people within schools:-

Community involvement

- Community workers would like to get into schools to support teachers in plugging the gaps.
- Respect for faith groups' views and values. There is a need for a multi-strategy to work effectively with faith groups.
- There is a need for voluntary organisations and parents to work with schools to deliver SRE components.
- Local Authority and Primary Care Trusts should work out criteria for checking quality of those wishing to work in schools or work alongside school nurses.

- Negotiation with schools on how peer educators can be used effectively.
- There are opportunities to deliver SRE to young people with extended schools.

Support for BME parents

- Parents are always concerned about what people will say and how they influence young people.
- Parents need to have more information about the content of SRE.
- There is a need to identify where BME parents have worked effectively with parents from which others could learn.
- Runnymede Trust is about to publish a report on work done with BME parents.
- Some parents are keen to have more information, so there is a need to improve communication with parents.

Partnership working

- NGOs working jointly with faith groups to develop resources and link up with Schools.
- NGO working together on policies, working protocols and approaching schools as one body. NGOs should have something tangible to present to schools
- One idea would be to form a cluster of schools to work with non-governmental organisations (NGOs) and review progress.
- It might be useful to review what is happening and get examples of good practice that can be shared out.
- Have a good relationship with School leads.
- Get to know the SRE Co-ordinators and request their support to gain access into schools.
- Intergenerational work - with parents and young people jointly working on SRE education.
- Have clubs to work through issues with young people – offer childcare.
- Organisations wanting to work with schools should develop a package that is broader, with less provocative language to deliver to school.
- National targets could be used as leverage as a route to working with schools
- Steering group for faith based school could be asked to consider sexual health and how it fits in the schools curriculum.
- Music and arts could be used to deliver sexual health messages in schools.
- Look at what resources teachers have developed and use those.
- MORI could be commissioned to survey parents on how they should be supported in this matter.
- Resident surveys carried out by Local authorities could be used to get information from parents.
- School inspections could be used as leverage to get SRE on top of the school agenda.
- How can we mobilise parents?
- Schools are only part of the equation. Education should be provided in non-school settings.

Challenges to sustainable and competent SRE for BME young people within schools

- Lack of quality information for parents about SRE within schools.
- Some students do not want to be taught about SRE, but knowledge level is low.
- How much power do governors have on refusing or accepting SRE in schools? In some schools governors are managed by teachers, but in a good relationship the governors should influence issues.
- Local Authorities put on SRE training for governors, however governors may fear what parents may say. Governors may override requests for SRE based on parental perceptions.
- Faith groups often avoid talking about sexual health issues. Young people from faith groups may engage in risky behaviour due to confused messages.

- We need to consider how to enable young people to have a comprehensive understanding of SRE in a faith based setting.
- Delivery of SRE in faith groups is often based on interpretations of the Bible or Quran teachings which may restrict information and knowledge delivered.
- There is a need to improve communication with young people in relation to SRE.
- There is a need for strong leadership and co-ordination from Primary Care Trusts and Local Authorities.
- There is a need to develop a comprehensive programme that includes alcohol, drugs and sexual health. Presentation will be vital to the successful role out of such a programme.
- Lack of tools we can share on teaching about relationships, love and sex.
- There is a need for strong leadership from government - With a review of SRE organisations may have the opportunity to contribute to the reviews.
- Parents need to be supported to communicate sexual health messages to their children.
- We need to encourage stakeholders to take issues seriously.
- How can we put forward the demands for services without anyone supporting the demand?
- Faith leaders are not always representative of the views of the people in their congregation.
- System challenges and difficulties faced by the voluntary sector in working with schools.
- Young people may not always respect cultural boundaries
- BME Faith groups are not all the same.

Examples of good practice

- Hackney established Sexual health teams with agreed policies that they present to schools if they want to go in and do SRE training.
- TACADE is working on tackling homophobia and bullying within schools.
- Spain has used DVDs and Videos to talk about drug use education. Parents were invited in schools to talk about drug use. A high number of parents responded and participated in school debates relating to drug use and sexual health.
- Channel 4 Television programmes often have resources accompanying their programmes that can be used in schools

Way forward

- Improve BME young people's attainment and close the gaps
- Deliver peer interventions.
- Deal with racism.
- Have a better understanding and engagement with parents.
- Review government policy on teaching SRE in schools.
- Improve joint working.
- Commission a MORI Survey on parents' attitude to SRE within schools.
- Secure funding for SRE to improve young people's knowledge and understanding of sexual health matters.
- Partnership working
- To recognise that no one way works best and the need to share good practice - Try to make sure that the best things happening are known about.
- Intergeneration work – Form alliances to drive SRE work forward.
- Sexual health and well being is something that should be made normal.

APPENDIX 4:

Presentation by Jabulani Chwaula

FINDING COMMON GROUND: BLACK AND ETHNIC MINORITY YOUTH SEXUAL HEALTH, by Jabulani Chwaula, Project Development Officer- NAHIP, African HIV Policy Network

Understanding Young peoples' Sexual health:

The World Health Organisation (WHO) definition of sexual health is "A state of physical, emotional, mental and social well-being related to sexuality; not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be protected, respected and fulfilled".

Understanding Young peoples' Sexual health:

London Health Observatory's (LHO) data concentrates predominately on the physical aspects of sexual health in four key areas: Sexual behaviour and lifestyles, sexually transmitted infections including HIV, access to services and what works with respect to improving sexual health. It pays particular attention to young people and the importance of education for prevention of sexual ill health, men who have sex with men and better access to services.

What do we mean by BME young people's sexual health?

"Old people don't want you to have sex. They don't want you to have fun... It's because they're jealous"

-Young woman aged 15

Source: Young People's Perceptions of Contraception and Seeking Contraceptive Advice, Counterpoint (UK) Limited, for Department of Health, 2001.

What do we mean by BME young people's sexual health?

- Values/benefits:
- What is in it for them, what are the benefits?
- Knowledge:
- What is it that they need? – "Telling it like it is"

Behaviours:

- What is the motivation?
- What are the behaviours we are asking to change?
- What does promoting BME young people's sexual health include?

For young People:

- Reducing inequalities
- Empowering Young people
- Greater Investment in Young People

What does promoting BME young people's sexual health include?

For delivery Organisations:

- Partnerships
- Knowledge – understanding the actual Sexual health needs of young people.
- Priority Investment against Need

Clarifying common ground

- Progress is not Victory
- Meeting the actual needs
- Individual values
- Commitment
- Responsibility

APPENDIX 5:

Presentation by Maurice Cunningham

SRE LEADERSHIP, by Maurice Cunningham, MDC Training & Consultancy

What are the essential sexual health knowledge and skill sets required of a BME youth leader?

How is this knowledge and skill best developed?

Skills

- You don't have to be black
- Establish a positive relationship with your young people
- Approach with an open mind
- Try and treat young people as equals
- Establish clear boundaries
- Allow young people the right to express themselves
- Good facilitation skills
- Communicate through different mediums
- Have fun

Knowledge

- Cultural dynamics of BME youth
- Understanding/appreciation of the dual culture of BME youth and difficulties this presents for them

How is this knowledge and skills best developed?

- Listen to BME young people
- Educate/train yourself
- Support from your institution
- Resource development
- Have young people evaluate your work
- Involve young people in planning, preparation and delivery of SRE work
- Peer education

APPENDIX 6:

Presentation by Robert Berkeley

Opportunities and resistances to sustainable and competent SRE for school-based BME young people, by Dr. Robert Berkeley, Deputy Chief Executive, Runnymede Trust

The school system

• The school system aims to prepare young people to operate effectively and grow up as responsible citizens. There are increasing demands on schools beyond numeracy, reading, healthy eating and crime prevention that compete for teachers' time and attention, so there is a risk that SRE will be seen as something extra.

Working with BME Parents

- Failure of schools to engage with BME parents especially in secondary schools.
- Lack of parents' familiarity with the system and what it can deliver, and the complexity of provision leading to barriers to choice and selection.
- Levels of trust are low - Parents may not feel teachers have the competency to teach their children.
- Poor levels of communication between parents and schools, with parents fearing what their children are being taught.
- Large migration - Different systems and differences in what teachers can respond to.
- Failure to respond to diversity issues in schools. Identity is often not respected in schools and there is a tendency to reject everything alien.
- Challenges within families and diverse values - Lack of trust and the legacy of failure impact on the work in schools.

Teaching of SRE in schools

- Teacher training - Most newly qualified teachers are least prepared for training an ethnically/culturally diverse group of young people.
- Teachers are conservative as to the topics they choose to teach.
- BME young people are more likely to be taught in faith-based schools, where SRE is often based on protection from engaging in sex.
- When you locate SRE in schools in some cases it works, while in others they struggle.
- Education success – Success at GCSE level is not shared among all groups. Indian, and Chinese may be doing better, but Pakistanis, Bangladeshi, African and Caribbean are lagging behind.
- Polarisation of religion/faith in schools - There are fears related to faith and lack of confidence around SRE in schools.
- Impact of peer groups – One study found that 44% of Black males wanted some one from a similar background to teach them SRE.
- Issues around where BME young people are being educated – Areas where there is a lot of pressures, e.g., kids not getting GCSEs, SRE may not be a priority.

Communication with young people

- Schools are known to avoid teaching controversial subjects, including sex.
- Intergeneration shift – levels of communication are poor. There is a question mark about the kind of relationship young people have with their parents.
- Impact of racism and how it impacts on young people and their interaction with other groups e.g.
 - (a) Black males and their expression of masculinity and how they react to these stereotypes.
 - (b) The current focus on Muslims and how people may want to represent animosity, leading to elitism.

- Levels of community awareness – Perception and pressure to be seen in a certain way.
- Not everyone is comfortable with talking to children about SRE and some parents expect schools to do the work.

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