In schools, Sex and Relationships Education (SRE) is often taught within the context of Personal, Social, Health and Economic Education (PSHE). HIV education can be delivered as a discrete module within SRE or integrated into the general SRE programme.

The latest Ofsted guidance offers suggested learning outcomes for work on Sex and Relationships Education across each key stage. Below are outcomes which are either specific to work on HIV or provide the broader context in which work should be developed.

**Key Stage 3**

By the end of Key Stage 3 young people should:

- be able to recognise the risk to personal safety in sexual behaviour and be able to make safe decisions
- ask for help and support
- develop assertiveness skills in order to resist peer pressure and stereotyping
- see the complexity of topical moral, social and cultural issues and be able to form a view of their own
- be tolerant of the diversity of personal, social and sexual preferences in relationships
- understand how the growth and reproduction of bacteria and the replication of viruses can affect health
- understand how the media influence understanding and attitudes towards sexual health
- know about when and where to get help, for example the Genito-Urinary Medicine (GUM) Clinic
- recognise the unacceptability of prejudice and homophobic bullying; recognise how it feels to be different and be discriminated against.

**Key Stage 4**

By the end of Key Stage 4 young people should:

- recognise the influences and pressures surrounding sexual behaviour and respond appropriately and confidently, and seek professional health advice that may be required
- have the confidence to assert themselves and challenge offending behaviour
- understand how HIV and other STIs affect the body
- understand the risks of early sexual activity and the link with the use of alcohol
- have an understanding of HIV as a global issue, including its economic and social impact
- take responsibility for their own attitudes and behaviour.
The context for teaching about HIV

HIV, like SRE, must be contextualised within the broader areas of relationships, teenage pregnancy, sexuality, sexual behaviour, cultural beliefs and norms. In an increasingly globalised world children and young people need to learn about the global impact of HIV, whilst at the same time appreciating its local impact. Effective education about HIV cannot take place in isolation. Children and young people must learn about it in its broadest social context so they can effectively develop an understanding of the risks, rights and responsibilities associated with HIV.

It is increasingly recognised that SRE is most effective when it is well linked to sources of support and sexual health services in the community. This is particularly significant when HIV is taught in the context of SRE. Facilitating access to health services for help and support, including the provision of condoms, forms an important part of the school’s pastoral role in promoting the health and well-being of young people. Access to services can be promoted by:

- improving information about services in the school
- visits from health professionals into school
- pupils’ visits to sexual health services
- mobile services visiting schools
- easy referral and access
- on-site health services.

A safe, supportive and positive learning environment is an essential prerequisite for learning about HIV. Children and young people need to feel safe in order to learn effectively. This is particularly true when addressing the sometimes complex and challenging issues presented by HIV. Even the very best HIV education will have little impact if what happens outside the classroom does not support the taught curriculum. Examples include playground games where HIV is passed on in the form of ‘tag games’, or when comments about ‘queers, lesbos, AIDS victims and poofs’ go unchallenged or are inconsistently challenged by staff.

Education about HIV is an entitlement for all children and young people and should be available for all. Differentiated materials for children and young people with special needs in mainstream schools are particularly important. A commitment to addressing inequalities and promoting inclusion can be demonstrated in teaching by:

- improving information about services in the school
- visits from health professionals into school
- pupils’ visits to sexual health services
- mobile services visiting schools
- easy referral and access
- on-site health services.

SRE and the Law

In school settings the law relating to SRE is contained in the 1996 Education Act and the 2000 Learning and Skills Act. Every local education authority, head teacher and governing body has a statutory responsibility to take account of this. The biological content of SRE is laid out in the statutory National Curriculum Science Order. A written SRE policy, which is open to Ofsted inspection, must be in place and should be available to anybody working within the school setting. The Governments SRE Guidance (DfEE 2000) builds on these legal requirements and emphasises best practice by recommending that SRE is planned and delivered as part of Personal, Social, Health and Economic Education. During Ofsted (2002) inspections, the key features of good teaching in SRE included:

Planning:

- having a clear focus for lesson planning and a broad and detailed understanding of the different aspects of SRE.

Climate setting:

- creating a climate that encourages pupils to express their views and feelings and to respect the views of others, with clear established boundaries.
Teaching About HIV in PSHE

**Methods:**
teaching methods, including good use of resources that give good opportunities for all pupils to reflect on and assimilate their learning.

**Assessment:**
assessment of pupils’ knowledge and understanding the development of their values and attitudes as well as emotional and social skills.

**Planning and assessing need**
A needs-led approach and ethos will help you to deliver effective SRE. The process, as well as the content of each activity, must be addressed. SRE must also be appropriate in terms of maturity, ability, gender, sexuality and cultural background. Consulting pupils is essential to assess their needs.

**Setting clear aims and outcomes**
Lessons have clear aims and proposed learning outcomes, which are to be achieved by specific learning approaches. Be realistic about what you can achieve in the time provided. Check:

- What are you trying to achieve?
- What activity will best achieve the outcome?
- How big is the group?
- How well does the group know each other?
- How well do you know the group?
- What are the different levels of ability in the group?
- What does the group already know?

Once you have determined the aims, outcomes and the time available for the lessons, appropriate activities will need to be selected. You will also need to ensure that the room is appropriately arranged. The lesson may, for example, require the ability to work in circles rather than behind desks.

**Climate setting**
The following techniques will support the development of a safe environment in which effective learning takes place.

**Develop a working agreement**
This ensures a ‘safe environment’, reduces anxiety and embarrassment and minimises unconsidered, unintended personal disclosures. A key agreement is that no personal questions will be asked of pupils or of staff. The way people feel when engaging in learning will clearly impact upon how well they engage with the learning process. A safe teaching environment will enable both yourself and pupils to discuss a whole variety of issues and topics. Trust and respect takes a while to develop and is usually based on past experience. The discussion should also include reminders to avoid personal revelations (methodologies such as the use of case studies and distancing techniques should be used to protect pupils from this).

**Negotiate language**
As part of the working agreement the language used in the classroom should also be negotiated. Language that confuses, mystifies or offends is not helpful. Take care in your use of language because it can easily convey prejudice, disengage pupils or make assumptions about children and young people’s abilities, desires, background or experience. Clear language is also important to ensure that misunderstandings are not developed or perpetuated. This is particularly true at the primary level where children may use family names for body parts. Respectful language has to be encouraged across the whole school and not just in the classroom.

**Task setting**
Set very specific tasks, not just ‘discuss this picture’ but ‘make a list of everything that is going on in this picture’; set time limits for tasks; and ask for specific feedback - for example; ‘three things you think are the most important about...’ Give clear instructions and be confident about using an activity by practising beforehand.

**Security and learning**
Clarify at the beginning of the session what is going to happen and what people are going to do (in effect the lesson plan). Reflect on the content and process at the end. ‘What have we done during this session, what have we learnt, was it what we planned?’ Be clear about why you are using an activity.
Teaching About HIV in PSHE

Self-disclosure is not appropriate
Although it may be tempting to illustrate the lesson with experiences from your own life, it is not good practice. To safeguard against this, it is advisable to ensure ‘no personal questions will be asked or answered’ is part of the initial group agreement. Using characters from TV programmes allows you to demonstrate to the young people how to discuss personal issues in an impersonal way. For example ‘Sharon (in EastEnders) this week had to face the dilemma of ... How do you think she should resolve the situation?’

Summarise at regular intervals
This helps to keep students to task and can help the group to feel ‘contained’ and ‘safe’. For example, ‘This discussion seems to have interested you all and you have expressed several different opinions. For instance, some of you think that marriage is a good idea and others are saying that you believe in committed relationships. But you all seem to agree that you will need to work at relationships to develop trust and respect.’

Give opportunities for reflection
Use open-ended questions to encourage options for change: how and why things happened rather than what happened. Listen to all students’ opinions, attitudes and feelings in a non-judgmental way. This models a respectful way of communicating with people. There will of course be times when you have to draw a line, but always remember to hold concern for the minority view and experience. Give encouragement and be available to give support.

Use open questioning
Use open questioning to enable discussion instead of closed questioning which usually elicits a monosyllabic response. An example of a closed question might be ‘So you think boys aren’t interested in contraception?’ An open question might be, ‘What do boys think about contraception?’ Using open questions helps you develop an enabling rather than prescribing style.

Use distancing techniques
Use distancing techniques to encourage objectivity. They are used to help students to work with material which, although identifiable, is not personal. Asking them to do role plays or consider case studies of people who they can relate to but are not them, can make them feel safe and give them ample opportunities to explore relevant issues and develop appropriate skills. This is a key technique for protecting confidentiality.

Challenge
Challenges can be perceived badly as ‘telling off’ or received well as helpful learning. This is a very difficult skill. You are the adult and have to control the class but if you ‘police’ prejudiced remarks too heavily you may put the young person on the defensive and this may result in them resentfully confirming their prejudice. Try using an open question. For example, ‘Let’s think for a moment, what messages do we receive from society and the media about girls?’ You could get pupils to brainstorm this, and then run a short discussion on the effect of the negativity of these messages and compare it with their reality.

Further support
It is important that SRE includes information about advice services that children and young people can access including helplines, websites and support services.

Question box
Many pupils may not feel comfortable to ask questions in front of the class. A question box provides an opportunity for anonymous questions to be ‘asked’ at the end of the lesson which are dealt with during the following lesson. This can also help guide the planning and development of future lessons.

NAT would like to acknowledge the Sex Education Forum for allowing us to use their published guidance in developing this section.

For more ideas for lesson plans and information tools, visit http://LearningPositive.com. This is an interactive website to teach young people about HIV, how it affects people in the UK, how to prevent it spreading and how to reduce stigma and discrimination.