

# Review of Sex and Relationship Education (SRE) in Schools

A report by the External Steering Group

## Foreword by Co-chairs

We are pleased to present this report to Government, which represents the views of all members of the external steering group that was established to take forward the commitment in the Children's Plan to: 'Review the delivery of Sex and Relationships Education (SRE) in schools'. It summarises how the review was organised, what evidence we considered to inform our decisions, the key challenges that we identified and the recommendations that we are making to improve SRE delivery.

Throughout the review, a consensus has emerged on some underlying principles that have guided our thinking about what needs to be done to improve the delivery of SRE:

- There needs to be a stronger focus in SRE on 'relationships' and the skills and values that young people need as they progress through childhood and adolescence, into adulthood. This does not mean that the factual aspects of SRE are always taught well and attention needs to continue to be paid to improving young people's knowledge of topics such as contraception. Rather, it recognises that there needs to be a rebalancing of SRE programmes so that the relationship aspects of SRE receive more attention;
- Work on SRE should be within a clear and explicit values framework of mutual respect, rights and responsibilities, gender equality and acceptance of diversity. The group felt it was important to challenge strongly the accusation that schools' programmes of SRE were 'values free'.
- SRE should be inclusive and meet the needs of all young people, recognising that existing SRE provision does not always take sufficient account of issues such as sexuality, disability, ethnicity and faith;
- SRE needs to complement the wider provision of information, advice and support to young people on sex and relationships, led by parents and supported by high quality and accurate advice and support by schools, helplines, websites, peer educators and other professionals whose work involves supporting children and young people's personal development;
- Schools need to do more to inform parents about what SRE they are delivering in each key stage, building a stronger dialogue between school and home so that parents are clear about what is being taught and are reassured that good SRE will give their children the knowledge, skills and confidence to make informed, safe choices;
- Schools should work in partnership with external professionals working in health and wider children's services, both to bring expertise into SRE delivery and to ensure that young people have access to advice and

support on sex and relationships outside the classroom, building on the opportunities provided through Extended Schools; and

- SRE should not be taught in isolation and links need to be made with other parts of the Personal, Social and Health Education (PSHE) curriculum, in particular in respect of alcohol education, given the strong links between binge drinking and risky sexual behaviour.

Chapter 1 sets out the measures that we recommend should be introduced, to improve the quality and consistency of SRE delivered by schools. **The principal recommendation is that PSHE should be made a statutory subject in Key Stages 1-4 and that it should be underpinned by a statutory programme of study that sets out a common core of knowledge and skills that all young people should be taught.**

Chapter 2 sets out the scope of the review and the way in which it was managed. Chapter 3 summarises the evidence that was used to inform our discussions and to help us reach decisions. In chapter 4, a summary of the key issues that we discussed are set out under six broad headings:

- Improving the skills and confidence of those who deliver SRE;
- Encouraging more schools to draw on support from external professionals and agencies to enhance their delivery of SRE;
- Providing further guidance and support for schools;
- Involving young people in the design of schools' SRE programmes;
- Maximising the impact of wider Government initiatives and programmes on SRE delivery; and
- Improving leadership on SRE.

Chapter 4 also explores the ways in which schools and parents should work in partnership to support young people on sex and relationship issues and identifies a number of issues where we felt that further work was needed, but which could not be addressed within the scope of this review.

We believe that the time is right to put PSHE on a statutory footing. It would: be consistent with the vision for the '21<sup>st</sup> century school', as set out in the Children's plan; support schools in meeting the new duty to promote pupils' well-being; and ensure all schools are making a contribution to the achievement of a wide-range of Government objectives and targets, including the five Every Child Matters outcomes and the Youth Public Service Agreement (PSA) indicators. It would also respond to young people's calls for more advice and support on issues such as SRE and Drugs Education.

Without PSHE being made statutory, we are concerned that PSHE would continue to be patchy and that in many schools it would not be given sufficient

curriculum time; teachers would not be released to attend training courses; and that funds would not be made available to buy resources to support the delivery of schools' SRE programmes.

We call on the Government to be bold and to secure a clear place within the curriculum where young people can learn the knowledge and skills they need to make the increasingly complex transition through childhood and adolescence, into adulthood. In no area is this needed more than in respect of sex and relationships. On the one hand young people are growing up in an increasingly sexualised society. On the other hand, many parents still find it hard to discuss these issues and without school-based SRE, many young people would not have the opportunities they need to make sense of the mixed messages they hear, or the confusing feelings and emotions they are experiencing.

We believe that parents need to be better supported to play a bigger role in educating their children about sex and relationships, in particular so that parents can reflect their own values in the way they discuss these issues. However, parents may lack confidence and up to date knowledge on issues such as Sexually Transmitted Infections (STIs) and contraception. We believe, therefore, that provision of SRE should be seen as a partnership between parents and schools. This partnership approach would help ensure that: children and young people receive accurate information, not the myths that pervade the playground; that they benefit from informed adult perspectives on the issues that they face; and so that they can understand and respect other people's values. We also believe that parents, Governors and young people have an important role to play in helping schools to develop school policies for SRE.

While we recognise that parents and Governors views should be taken into account in deciding how schools deliver SRE topics, we do not believe that the Government can leave it to individual schools to decide what priority to give to PSHE. PSHE needs dedicated curriculum time each week so that schools can deliver a planned, progressive PSHE programme, not occasional drop-down days or a reliance on cross-curricular teaching. Ofsted recognises that this is not sufficient and that PSHE needs discrete space in the timetable. It is not good enough that some children and young people only receive the biological aspects of SRE that are covered in Science. We believe that making PSHE statutory is the only way to achieve the step-change in SRE that is needed and we are hopeful that this report will bring about real change.

However, we recognise that making PSHE statutory is not enough. It is not a case of either making PSHE statutory or implementing the other recommendations in this report. The other recommendations are crucial too as it is these changes that will have the most direct impact on the quality of SRE that children and young people receive. But without the accompanying statutory underpinning for PSHE, we are not confident that these important other recommendations will be acted upon.

Jackie Fisher  
Principal and Chief Executive  
Newcastle College

Josh McTaggart  
UK Youth Parliament  
Member for Weston Super Mare

## Chapter 1: Recommendations

1 Our recommendations are set out below, brigaded under the key themes that we focussed on during the review.

### Position of SRE/PSHE within the curriculum

*PSHE should be made a statutory subject in all 4 key stages, with statutory content (for secondary schools) based on the current non-statutory programmes of study for 'personal well-being'. Statutory content for primary schools should be based on new programmes of study for personal well-being developed by Qualification and Curriculum Authority (QCA) in the context of Jim Rose's review of the primary curriculum.*

### Improving the skills and confidence of those who deliver SRE

*A route should be created within Initial Teacher Training( ITT) that allows teachers to train to become specialist PSHE teachers.*

*Department for Children Schools and Families (DCSF) should consider including more material in ITT for all teachers (not just those wanting to become specialist PSHE teachers) on 'relationships'. This would not explicitly be about equipping them to teach SRE, but would focus on the duty on all teachers to promote pupils' well-being/provide pastoral support on a range of issues.*

*DCSF, National Strategies and Training and Development Agency (TDA) should develop learning materials to help schools structure a days INSET that raises awareness across the whole school on the new duty on schools to promote pupils well-being – including on the role that good SRE can play in promoting well-being – and the materials should be actively promoted through the TDA, National strategies and appropriate websites and cascaded to local Continuing Professional Development (CPD) leads who can encourage and support schools in delivering INSET on this issue.*

*DCSF should undertake a concerted effort to increase the number of PSHE Advanced Skills Teachers (ASTs) .*

*'Promoting pupils' well-being' should be included as one of the national CPD priorities*

*Local Authorities should be encouraged to provide more opportunities for Governors to receive training on the benefits of SRE, within a broader training package for Governors on the new Well-being' duty.*

*Further consideration should be given to the supporting role that Higher-Level Teaching Assistants and other non-teaching staff (including those employed on 'instructor grades') could play in supporting teachers in delivering SRE and their consequent training needs.*

*DCSF should provide assurances that they will continue to fund the national PSHE CPD programme at existing levels and identify additional resources if demand for places on the programme increases.*

*Targeted research should be undertaken with past participants on the PSHE CPD programme, to identify best practice on effecting change to the quality of PSHE delivery across the whole school.*

*Wider PSHE opportunities – in particular shorter, knowledge based training on sex and relationships – should be advertised on the TDA website and information sent to local CPD leads.*

Encouraging more schools to draw on support from external professionals and agencies to enhance their delivery of SRE

*Department of Health (DH) should clarify what level of school nurse resource will be available to support schools' delivery of SRE (in relation to the Public Health White Paper commitment to have a school nurse in place to support each secondary school and cluster of primary schools, by 2010).*

*Local authorities and Primary Care Trusts (PCTs) should recognise the unique role that school nurses and youth workers have in contributing to SRE and agree what resource is available to support schools' delivery of SRE, and target that resource in schools where it will have greatest impact.*

*Local PSHE/Healthy School leads should develop directories of local voluntary and community sector organisations who can support schools' delivery of SRE, using the criteria in the Sex Education Forum's guidance on involving external contributors, to check that their input is appropriate and in line with principles that underpin the Government's approach to SRE, and does not undermine the ethos of any particular school.*

Providing further guidance and support for schools

*New SRE guidance should be developed and focus more on relationships. The new guidance should: take account of young people's views on what content they need and at what key stage; help schools to deliver SRE that is inclusive and relevant to all young people, including young people with disabilities, Lesbian, Gay, Bisexual and Transgender (LGBT) young people and which takes account of young people's ethnic and faith backgrounds.*

Involving young people in the design of schools' SRE programmes

*The Sex Education Forum's SRE audit toolkit should be widely promoted, including through: making it an integral part of the support offered to schools through the Healthy Schools programme; and encouraging all participants on the PSHE CPD programme to lead an audit in their school, as a way of demonstrating how their participation on the programme has had an impact on the whole school.*

*DCSF should add a new question to the 'Tellus' survey that seeks young people's views on whether the SRE that has been provided by the school met their needs. This would be used to measure progress on SRE at a national level.*

*DCSF should include a complementary question on whether SRE has met young people's needs as one of the school-level indicators that will be used by Ofsted to assess a school's contribution to pupils' well-being and revise the school inspection framework to place more emphasis on well-being, including SRE.*

*QCA's PSHE assessment guidance should be re-launched, taking account of the new guidance for schools on promoting well-being and the new programme of study for personal well-being.*

*QCA should be asked to consider how improved assessment of Personal Learning & Thinking skills could be used to assess young people's understanding of issues that are included in the 'relationship' aspects of SRE, such as assessing risk and making informed choices.*

*QCA should include PSHE - along with all other national curriculum subjects – when developing new materials to take forward the new Assessment of Pupil Progress (APP) programme.*

#### Maximising the impact of wider Government Initiatives & Programmes on SRE Delivery

*DH should review the quality assurance process for Healthy Schools accreditation to ensure it is sufficiently robust and ensure that someone with knowledge of SRE/young people's sexual health is a member of the Quality Assurance Group (QAG)*

*DH should develop Healthy schools guidance illustrating in more detail what schools needed to have in place to meet the PSHE criteria – similar guidance already exists for the other three Healthy School strands.*

*DCSF should develop supplementary Social & Emotional Aspects of Learning (SEAL) materials, which use sexual relationships as the context for work on developing and maintaining positive and healthy relationships.*

*DCSF should develop a brief for Local Authority (LA) and PCT senior officials on how SRE/PSHE can support achievement of indicators in the National Indicator Set (NIS) and encouraging them to bring pressure to bear on schools that do not prioritise SRE/allocate resource to help schools improve their delivery of SRE.*

#### Improving leadership on SRE

*DCSF should explore further with the NCSL how to raise the profile of SRE within its training programmes and communications to schools' senior*

*management teams.*

### Other Issues

*DCSF should revise the 'SRE & Parents' leaflet so that it summarises the Government's guidance to schools on what SRE topics should be taught at each key stage; and encourages parents to reinforce the SRE being delivered in schools, within the home. The leaflet should also reassure parents that SRE in schools is being delivered within a clear values framework of respect, mutuality, rights and responsibilities, gender equality and acceptance of diversity.*

*DCSF should consider the impact of retaining the existing right of parental withdrawal from the non-statutory aspects of SRE.*

*DCSF should establish a working group to consider what SRE should be provided by post-16 learning providers.*

*DCSF and DH should provide more funding to evaluate what works in SRE*

*DCSF should consider changing the name of SRE.*

## **Chapter 2: How the review was organised**

### **Introduction**

2 Following concerns from Ofsted and young people about the quality and relevance of SRE in schools, and the long-standing calls for statutory SRE from a range of stakeholders, DCSF announced in the Children's Plan (published in December 2007) that it would undertake a review of SRE in schools. A parallel review of Drugs Education was announced at the same time.

### **Scope**

3 It is clear that children and young people receive information and advice on sex and relationships from a wide range of sources other than schools - including from parents, other professionals working with young people, the media, websites and helplines etc. So while schools cannot be solely responsible for helping young people to develop the knowledge, skills and values they need to make safe and responsible choices about sex and relationships, they do make an important and unique contribution.

4 The review therefore focused on SRE delivered through the curriculum. It did not consider the delivery of these wider sources of information and advice, but given the interdependencies between them, it did include consideration of how:

- external professionals and agencies could support schools' delivery of SRE;
- parents are: made more aware of the SRE programme being delivered in their child's school; have an opportunity to influence its development; and use it as a prompt to discuss sex and relationships with their children at home; and
- SRE could provide opportunities to raise awareness of how to access specialist advice and support on sex and relationships from a range of sources, when young people need it.

### **Membership of the Steering Group**

5 An external steering group was established to lead the review, supported by DCSF officials. The external group was co-chaired by Schools Minister Jim Knight, Jackie Fisher (Principal of Newcastle College) and Joshua McTaggart (a member of the UK Youth Parliament). Other steering group members fell into one or more of the following 4 categories:

- Members with practical experience of planning and delivering SRE in schools: including a head teacher, PSHE teacher, school nurse, school governor and, at a Local Authority level, a Director of Children's Services and PSHE adviser;

- Members with expert knowledge of young people's sexual health;
- Young People; and
- Representatives from Faith Groups and experts on wider diversity issues.

6 A full list of the members of the steering group is provided at Annex 1.

### Process

7 The steering group met three times – in March, May and October 2008. At the first meeting, the group: took stock of the current position; identified gaps in the current evidence base (and asked members of the steering group to undertake work to fill those gaps); and identified six areas where it felt the review should focus its attention:

- How best to improve the skills and confidence of teachers and others involved in SRE delivery;
- How best to encourage schools to involve external professionals and agencies more, to support SRE delivery;
- Whether there was a need to update the existing guidance to schools on SRE, published in 2000;
- How best to ensure a stronger young people voice in the design of schools' SRE programmes;
- How to maximise the leverage of wider Government programmes and initiatives, to drive forward improvements in SRE; and
- How best to improve leadership on SRE, both in relation to senior managers in individual schools, and senior officials in Local Authorities and Primary Care Trusts (PCTs).

8 Members of the steering group joined sub-groups which considered each of these areas in more detail and identified options, which were discussed at the second steering group meeting in May. At the May meeting, the group also considered the additional evidence that had been identified at the first meeting.

9 At the final steering group meeting, the group considered an earlier draft of this report and made decisions on the recommendations that it wanted to put forward for consideration by Ministers. These recommendations are presented together in chapter 1 of this report.

### **Chapter 3: Evidence considered**

10 A number of sources of evidence were used to inform the review, including:

- Ofsted's subject reports on PSHE;
- Surveys of young people's views about whether SRE – as currently delivered – was meeting their needs; plus the more detailed outputs from a residential event with a group of 15 young people, organised jointly by the UK Youth Parliament and the Sex Education Forum;
- A survey, commissioned by the steering group, which sought teachers' views on what were the main factors that inhibited better delivery of SRE;
- A literature review of existing survey evidence on parents' views about SRE commissioned by the group (supplemented by evidence on the key issues raised by parents who had attended the fpa's 'Speakeasy' course, which provides advice and support for parents who are unsure about how best to talk to their children about sex and relationship issues);
- A literature review of the international evidence on SRE; and
- The knowledge, experience and expertise of members of the steering group itself.

11 The key points from these evidence sources are summarised below.

#### **Ofsted Reports**

12 The most recent Ofsted subject report on PSHE says that while overall the quality of PSHE is improving, it remains patchy and that some sensitive issues within PSHE – including SRE – are not generally taught well. Unsurprisingly, this is particularly the case where SRE is taught by form tutors who have had no training. Ofsted recommends that SRE should be taught by teachers who have received training and identifies the national PSHE certification programme as having had a beneficial impact on the quality of SRE delivery. Ofsted also recommends the involvement of external professionals and agencies – which can bring both expert knowledge and experience of talking to children and young people about sex and relationships - as long as their input is properly planned and integrated into the school's PSHE programme.

13 Ofsted also says that assessment of what children and young people are learning in SRE is weak and so it is difficult to judge what impact SRE is having on their knowledge, behaviour and attitudes. They identify transition between primary and secondary as an area that needs further improvement. Ofsted also reports that in many schools there is too much emphasis on

providing factual information and not enough time spent helping children and young people to develop the skills and confidence they need to manage the real-life situations they face in their daily lives, such as how to resist pressure to engage in sex before they are ready and how to negotiate condom use when they do choose to become sexually active. Ofsted has expressed concern that a number of schools are now delivering PSHE through 'drop-down' days, rather than through a timetabled programme of PSHE across each key stage. Ofsted were concerned that 'drop-down' days did not allow the progression in learning that a planned PSHE programme across the key stages provides.

### Young People Surveys

14 A report published in 2007 by the UK Youth Parliament (UKYP)<sup>1</sup>, based on questionnaire responses from over 20,000 young people, provides a comprehensive and up-to-date picture of young people's views. The report says that 40% of young people described the SRE they had received as either 'poor' or 'very poor', with a further 33% describing it as only 'average'. Other key findings from the survey were that:

- 43% of respondents reported not having been taught anything about personal relationships.
- 55% of 12-15 year olds and 57% of 16-17 year old females reported not having been taught how to use a condom;
- Just over half of respondents had not been told where their local sexual health service was located;

15 UKYP also felt that it was unacceptable that children and young people's experience of SRE was so dependent on the approach taken in each school. In many schools SRE was delivered well. In other schools, children and young people received little more than the statutory aspects of SRE which are part of the Science curriculum. UKYP argue that broader SRE (delivered within a planned programme of PSHE) needed to be statutory to ensure greater consistency.

*Quote: "...One random contraceptive session in 12 months, I do not consider this to be adequate..." Young Person, SEF Survey 2008*

16 The new user perception survey, Tellus<sup>2</sup>, provides a national picture on a wide range of issues affecting children and young people. Tellus 2 reported that - from a range of issues where children and young people were asked to say whether they needed more advice and support - information about sex and relationships scored highest – above issues such as substance misuse, smoking and healthy eating.

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<sup>1</sup> SRE: Are you getting it? A report by the UK Youth Parliament, June 2007

<sup>2</sup> Ofsted Tellus 2 survey, November 2007

17 The findings from the more detailed survey of young people's views, which we commissioned the Sex Education Forum to undertake specifically for this review, were consistent with earlier surveys<sup>3</sup>:

- Significant numbers of young people did not feel that the SRE they had received was adequate: 34% rated it as poor and a further 43% said it was only OK;
- There was a strong view that SRE was too biological. Topics taught well included: the biology of sex and reproduction; and physical changes that occur during puberty. But broader aspects of SRE were taught least well, including: skills for coping with relationships; and feelings and emotions that we experience during relationships;

*Quote: 'I understand the science side pretty well but it seems a bit like a pencil- I know it's made from wood and soft graphite that gets broken off, but does that tell me how to write?'* Young Person, SEF Survey 2008

- Most respondents felt that many topics were introduced too late and that SRE should continue to be taught in post-16 learning;

*Quote: I don't see how they think that just because we're older it wouldn't be useful, considering I've only ever had one 'sex and relationships' lesson in my whole life, and that was when I was twelve.'* Young Person, SEF Survey 2008

- The main criticisms of current SRE delivery were that: it was not relevant to young people's real lives; it was not given sufficient curriculum time; it was delivered by untrained teachers; and it was not inclusive of LGBT young people and young people with disabilities.

### Teachers' views

18 As part of the SRE review, an on-line survey was developed by the Sex Education Forum to allow teachers to offer views and comments on current SRE delivery<sup>4</sup>. The survey was completed by teachers who teach at least some SRE, so does not necessarily reflect the views of the teaching profession as a whole, or senior managers in schools. Almost 600 teachers responded to the survey from a mix of schools in terms of primary/secondary; faith/non-faith and mainstream/special schools. The key findings from the survey were that:

- 95% viewed PSHE as being as important as other curriculum subjects and 90% said it should be statutory;

*Quote: It is, in my opinion, highly inappropriate that the government state that all children should have access to good quality PSHE and SRE, yet do not*

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<sup>3</sup> Unpublished findings from on-line survey of young people's views on SRE, July 2008

<sup>4</sup> Unpublished findings from on-line survey of teachers' views on SRE, organised by the PSHE Subject Association, June 2008

*make it a compulsory subject. By doing this they lower the status of PSHE and put immense pressure on schools to deliver this with no support at national level'. PSHE Teacher, SEF Survey 2008*

- Just under half of teachers felt there was insufficient curriculum time allocated to SRE delivery;
- Around a quarter of respondents felt there was a lack of clarity in their school about what should be taught in SRE;
- A third agreed that there were not enough teachers in their school who were willing to teach SRE;

*Quote: Many staff feel uncomfortable when teaching whilst others are fine with it, this means that provision is mixed. All pupils get the bare essentials but there are others who receive a more detailed approach... depending on the teacher that is delivering the work'. PSHE Teacher, SEF Survey 2008*

- Lack of training was identified as the most significant barrier, with only 3% saying that Initial Teacher Training (ITT) prepared them to teach SRE adequately, and 90% arguing that there should be a route developed within ITT to allow teachers to specialise in PSHE;
- Only a quarter of respondents felt that they were unable to provide the SRE young people really needed, because they perceived that there would be a negative reaction from parents (but see section on parents' views below);
- Most teachers felt the factual aspects of SRE – human reproduction, STIs and contraception – were taught well. But that teaching on the relationships aspects – sexuality, feelings and emotions, skills for coping with relationships and making decisions about sexual activity – was weak; and
- The majority of respondents felt that further guidance for schools would be welcome, on issues such as how to teach sensitive topics; and on involving young people in the design of SRE programmes.

### Parents' Views

19 As illustrated in bullet point 6 (above), there is a perception that some parents oppose the provision of SRE in schools, or believe that it should not cover sensitive issues. In fact, surveys of parents over many years show that the vast majority of parents do want schools to teach a comprehensive programme of SRE and often want topics to be taught earlier than they are currently.<sup>5</sup> They value SRE in schools because they believe it will provide:

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<sup>55</sup> Stone, N. and Ingham, R. (1998) Exploration of the factors that affect the delivery of sex and sexuality education and support in schools, Final Report, Centre for Sexual Health Research, University of Southampton

information that is factually accurate; that it will be taken more seriously by their children; and it will help their children understand risks. Parents also wanted their children to be made aware – through SRE – of where they could access specialist support.

*Quote: Statutory sex education in schools is poor, I think there are subjects that need to be taught which are not statutory, and I also think some subjects should be discussed at a younger age'. Parent attending fpa's 'Speakeasy' project*

20 Other surveys identify a reliance on schools by parents who, because of lack of knowledge or confidence, avoid discussing sensitive issues, even though they recognise that their children need opportunities to discuss them and clarify values<sup>6</sup>. On many SRE topics, the gap between what parents want their children to know, and whether they themselves discuss these issues with their children, is significant. Without school-based SRE to fill that gap, young people may turn to less well informed/desirable sources of information.

21 Among parents who have sought out help and advice on talking to their children about sex and relationships, there is a concern that SRE in schools is too focussed on biological facts, and does not give their children the skills and confidence to deal with the real life pressures and situations that they face in their daily lives. When parents have been encouraged to find out more about what is taught in their children's school, they are generally surprised about how little of SRE is statutory.<sup>7</sup>

*Quote: I was surprised at how little of the SRE policy was statutory. This seems to give schools very vague guidance as to what should be taught in school.' Parent attending fpa's 'Speakeasy' project*

### International Evidence

22 In general, there is a dearth of good quality international evidence on SRE. A literature review of the international evidence that does exist confirms that it is difficult to be precise about the impact of SRE, for a number of reasons. Firstly, there is not always clarity about what the objectives of SRE are. For example, do we judge the success of SRE in terms of reduced unplanned pregnancies and STIs, or through improvements in the quality of sexual and other relationships that young people experience? Second, there is such significant variation in the delivery of SRE that it makes comparisons between programmes difficult. For example, variations in age at which it is taught; who delivers it; what training they have had to prepare them to deliver

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<sup>6</sup> NFER (National Foundation for Educational Research in England and Wales) (1994) Parents, Schools and Sex Education: a Compelling Case for Partnership, prepared for the HealthEducation Authority.

<sup>7</sup> Unpublished findings from parents participating in fpa's 'Speakeasy' programme

the programme; number of SRE sessions and over what time period etc, all make comparisons between different programmes and approaches difficult.

23 Despite these caveats, the key findings from international evidence are that:

- Evidence from randomised control trials (where one or more schools trial a new type of intervention, while 'control' schools carry on as normal) shows limited impact on sexual behaviour/outcomes. However, this might be accounted for by the quality and specific nature of delivery<sup>8</sup>;
- Retrospective studies, where individuals are asked to reflect on the quality/value of the SRE they received at school, show that individuals who said their SRE at school was positive tend to have better sexual health outcomes – indicating that the quality of SRE does make a difference<sup>9</sup>; and
- Evidence reviews – where information from a range of studies is collated (helping to iron out methodological problems associated with individual studies) – conclude that school-based sex education can be effective in reducing risk-taking sexual behaviour. None of the evidence reviews suggested that provision of SRE led to increased levels of sexual activity<sup>10</sup>.

24 In terms of what sort of SRE was effective, evidence reviews suggest that:

- The combination of comprehensive SRE programmes in schools, alongside easy access to contraceptive services in the local community, are effective in reducing teenage pregnancies;
- There is no reliable evidence that simplistic 'just say no' approaches that promote abstinence until marriage, but do not provide information on contraception, are effective. This does not mean, however, that support to delay sexual activity should not be a key part of broader

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<sup>8</sup> Wight, D., Raab, G., Henderson, M., Abraham, C., Buston, K., Hart, G. and Scott, S. (2002) Limits of teacher delivered sex education: interim behavioural outcomes from randomised trial, *British Medical Journal*, 324, 1430. and Stephenson, J., Strange, V., Forrest, S., Oakley, A., Copas, A., Allen, E., Babiker, A., Black, S., Ali, M. and Monteiro, H. (2004) Pupil-led sex education in England (RIPPLE study): cluster-randomised intervention trial, *The Lancet*, 364, 9431, 338-46.

<sup>9</sup> Wellings, K., Wadsworth, J., Johnson, A., Field, J., Whitaker, L. and Field, B. (1995) Provision of sex education and early sexual experience: the relation examined, *British Medical Journal*, 311, 417-20.

<sup>10</sup> Grunseit, A., Kippax, S., Aggleton, P., Baldo, M. and Slutkin, G. (1997) Sexuality education and young people's sexual behavior: A review of studies, *J. Adol. Res.* 12(4) 421-53

SRE programmes.<sup>11</sup>;

- Most effective interventions use trained teachers/facilitators, include content that is specific to reducing risk (help to resist pressure, negotiation skills etc) and involve interactive and participatory techniques;
- SRE is more effective if begun before the onset of sexual activity; and
- Small group work, focussed on skills and attitudes (rather than knowledge) is effective in reducing sexual risk behaviour<sup>12</sup>.

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<sup>11</sup> Kirby, D. (2008). The Impact of Abstinence and Comprehensive Sex and STD/HIV Education Programs on Adolescent Sexual Behavior. *Sexuality Research and Social Policy*. 5(3), 18-27

<sup>12</sup> Trivedi, D., Bunn, F., Graham, M. and Wentz, R. (2007). *Update on review of reviews on teenage pregnancy and parenthood; submitted as an addendum to the first evidence briefing 2003*, (Hertfordshire: Centre for Research in Primary and Community Care, University of Hertfordshire, on behalf of NICE)

## **Chapter 4: Consideration of options for improving SRE**

25 Based on the understanding of current delivery and the evidence provided in the preceding chapter, we identified six broad areas where it was considered that action was needed to be taken to improve the delivery of SRE in schools.

### Improving the skills and confidence of those who deliver SRE

26 We were strongly of the view that SRE needed to be delivered by trained, confident teachers, who were happy to teach the subject. In our view, it is unacceptable for untrained form tutors to be pressed into delivering a subject that has challenging content and requires a different style of delivery to other subjects, and that DCSF and TDA should explore all possible options for developing the trained workforce needed to deliver high quality SRE. We have considered the role of ITT, In-service Training (INSET) and CPD in addressing current weaknesses.

#### *Initial Teacher Training*

27 In line with the findings from the teachers' survey, we consider that there needs to be a route developed through ITT to allow teachers joining the profession to become specialist PSHE teachers. Failing to create this option to specialise in PSHE would perpetuate the low status given to PSHE in many schools and the resulting problems of lack of quality and consistency in delivery. Contrary to arguments that have been put forward in the past that there was no demand from schools to recruit specialist PSHE teachers, we believe there would be a demand for specialist PSHE teachers in secondary schools, if the option were available. We believe that this would particularly be the case if PSHE became a statutory subject, although recognise that this assertion needs to be tested more fully with head teacher organisations. We believe it might serve to draw new professionals into the teaching profession from a range of disciplines, such as youth and health sectors.

28 We encourage DCSF to consider what scope there is to include more material in ITT for all teachers (not just those wanting to become specialist PSHE teachers) on 'relationships'. This would not explicitly be about equipping them to teach SRE, but would focus on the duty on all teachers to promote pupils' well-being/provide pastoral support on a range of issues. But it would nevertheless provide a basic understanding for non-trained teachers who are asked to teach SRE as part of their form tutor responsibilities.

#### *INSET*

29 While INSET would not help to create the specialist workforce needed to teach SRE, we believe it is important to raise awareness of the importance of SRE across the whole school and there is therefore value in considering the contribution that INSET could make.

30 We recognise that it would be inappropriate to either require schools to use one of its existing INSET days to raise awareness of SRE, or to designate an extra INSET day for that purpose. However, we believe that the new duty to promote well-being provides an opportunity to encourage and support schools to use an INSET day to consider what it is doing to promote well-being generally; including the role that good quality SRE has in helping young people to achieve well-being. We therefore recommend that the TDA and DCSF work together to develop INSET materials focussed on raising awareness about the new well-being duty, that schools could use. These would need to be actively promoted through, for example, the TDA website and local CPD leads.

### *CPD*

31 We acknowledge the current PSHE CPD programme's contribution to raising the quality of SRE teaching and the changes that are being introduced to modify the programme so that there is less of a burden on building a portfolio of evidence. Overall, we do not feel that there needs to be further major changes to the programme, but are concerned that the CPD programme is not having a bigger impact on the quality of SRE across the whole school (as opposed to the skills and competence of the individual participants). We are seeking assurances that funding for the programme will be maintained and increased if there is demand for more teachers to participate. We also request some targeted research, designed to identify and share good practice on how participants on the programme have effected positive change across the whole school.

32 We considered whether it would be appropriate for Government to develop a shorter, knowledge-based SRE programme for those who do not want to undertake the full PSHE Certification programme. However, while it was recognised that many professionals might benefit from such training, it is felt that there are sufficient courses already available locally, through providers such as fpa. We recommend that these wider CPD opportunities are actively promoted through TDA's website, and through direct communications to local CPD leads.

33 A number of further points were made in relation to improving the skills and confidence of the workforce:

- We felt that Advanced Skills Teachers (ASTs) had the potential to help embed best practice in SRE across neighbouring schools, but that insufficient ASTs with a PSHE specialism existed. The group recommended that DCSF makes a concerted effort to increase the number of PSHE ASTs;
- We believe that 'promoting pupils' well-being' should be included as one of the national CPD priorities identified by DCSF, as a way of encouraging local CPD leads and individual schools to prioritise CPD relating to SRE;

- Local Authorities should be encouraged to provide more opportunities for Governors to receive training on the benefits of SRE , perhaps within a broader information and training package for Governors on the new Well-being' duty; and
- Further consideration should be given to the supporting role that Higher-Level Teaching Assistants and other non-teaching staff (including those employed on 'instructor grades') could play in supporting teachers in delivering SRE and their consequent training needs. Many young people with special educational needs often receive a significant proportion of their learning through one-to-one interaction with a teaching assistant and that those teaching assistants needed to be equipped to meet the SRE needs of the child they are supporting.

Encouraging more schools to draw on support from external professionals and agencies to enhance their delivery of SRE

34 We acknowledge that many schools already use external professionals to support the delivery of their SRE programmes - both individual professionals from mainstream partner organisations (such as youth workers, school nurses and other health promotion staff) and voluntary and community sector organisations. Whilst we have some reservations about the use of external professionals and agencies: their qualifications and/or appropriateness; the extent to which they were involved in the overall planning of the programme; and the danger that some schools might use external contributors as a way of abdicating responsibility, overall we conclude that external contributors can add expertise and experience of talking to young people in an open, honest and unembarrassed way, that could benefit schools. External contributors could also play a vital role in linking young people to sexual health services and other support systems based in the local community.

35 We have concerns about the lack of school nurses within some secondary schools, and ask DH to address this issue urgently within the wider context of Children and Young People's nursing. There is also concern that school nurses are increasingly being used to take forward other public health strategies, which is taking them away from SRE work. We ask Government to clarify what school nurse resource will be available to support SRE delivery.

36 We believe that new SRE guidance (refer to paragraph 38) should provide examples of good practice in relation to the involvement of a wide range of external partners. Local PSHE/Healthy Schools leads should develop local directories of voluntary and community sector organisations that could offer support to schools on SRE delivery. Schools should develop protocols with external providers so that there is clarity about the content of their input and how it fits into the schools' broader SRE programme.

37 At local level, local authorities and PCTs should plan strategically what input PCTs and the Youth Service could make to help schools in delivering

SRE and then target that resource to schools where it is likely to have greatest impact. Schools' delivery of SRE should be seen as an integral part of local strategies to reduce teenage pregnancies, reduce STI rates and to address other local priorities on, for example, safeguarding. The local authority and PCT should challenge and support schools accordingly, to drive up the quality of SRE, as part of those wider strategies.

#### Providing further guidance and support for schools

38 We considered whether it would be helpful to update the current SRE guidance, published in 2000, and what other practical support schools would welcome. There was clear consensus that the SRE guidance needed to be updated. We believe that the current guidance (which pre-dates the Every Child Matters agenda) does not illustrate how new initiatives, such as the Healthy Schools and Extended Schools programmes, could be used to support SRE in schools. We also believe that new SRE guidance will help schools to understand how SRE contributes to improvements in pupils' overall well-being.

39 We believe that any new guidance should have a stronger emphasis on 'relationships'. As illustrated in the results of the teachers' and young peoples' surveys, it is often areas such as sexuality, feelings and emotions, skills for coping with relationships and making decisions about sexual activity, which are taught least well and are the areas where teachers feel new guidance would be most helpful.

40 We believe that new guidance should provide more case studies to illustrate what is considered to be good practice in terms of curriculum planning and delivery models. It should also reflect the evidence that comprehensive SRE, linked to accessible contraceptive and sexual health services, helps to reduce teenage pregnancies and STIs, and to quell concerns that frank and open discussion about sex and relationships could encourage young people to experiment sexually – a view that is often incorrectly portrayed in the media, despite the fact that the evidence suggests the opposite to be true.

41 While recognising that a 'one-size fits all' approach was not appropriate, and that schools should retain some flexibility - about how different issues were presented, what SRE resources to use to support delivery etc – we feel strongly that the guidance should set out clearly the Government's expectations about what SRE topics should be covered, and in which key stage they should be delivered. While guidance needs to allow schools some discretion over how issues should be covered, schools should - not ignore emotive issues, as this could result in the needs of the most vulnerable and excluded young people not being met.

42 This was an issue that the young people representatives on the group felt very strongly about. They argued that the current position – where young people's experiences of SRE could differ very widely depending on what school they attended – was unacceptable. They argued that the fact that

some young people received no information on topics such as contraception or pregnancy choices was denying them the knowledge that would enable them to make informed choices and to experience positive sexual health.

43 Their position was that all young people should learn about key issues and that these key issues should be set out in DCSF guidance. Accurate and evidence-based information should be provided on these topics. While the school should be able to set out a particular perspective on an issue, which reflected the ethos and character of the school, the group was clear that schools must not give inaccurate information. It is important that young people's views should be fully taken into account as any new guidance is developed.

44 We are clear that the guidance should be set within a clear and explicit values framework of mutual respect, rights and responsibilities, gender equality and acceptance of diversity. We believe it is important to reject the perception that comprehensive programmes of SRE are 'values free'.

45 We also feel that the guidance needs to help schools to deliver an SRE programme which is inclusive and meets the needs of all young people, including young people with disabilities, LGBT young people, and young people from different ethnic and faith communities. The guidance should be appropriate to non-mainstream schools, including Pupil Referral Units (PRUs) and special schools.

#### Involving young people in the design of schools' SRE programmes

46 As the report from UKYP illustrates, for a significant number of children and young people, SRE is not helping them to deal with the real life situations that they face. We therefore consider it to be important that young people have an opportunity to influence the design of their school's programme.

47 It was our view that the SRE audit toolkit developed by the Sex Education Forum, which includes a set of activities that can be used to collect children and young people's views on the SRE they have received at school, provides an example of how schools could take work forward in this area and that schools should be encouraged to use it as part of their wider audit arrangements. As well as making the toolkit available on relevant websites and referencing it in key documents such as new SRE guidance, we felt that DCSF and DH should consider making the toolkit an integral part of the support offered to schools through the Healthy Schools programme and used as evidence that the school is meeting the relevant Healthy Schools criteria on involving young people. We ask that DH and DCSF consider whether the process being developed to re-validate the status of schools that already have Healthy Schools status could include a requirement to use the SRE audit tool or some other mechanism for involving young people. Use of the toolkit should also be accepted by Ofsted as evidence that schools are taking steps to consult young people, so that the SRE provided better meets their needs.

48 We believe that participants on the PSHE CPD programme should be

encouraged to lead an audit process in their schools, as a way of demonstrating the whole-school impact arising out of their participation on the programme. This could be part of a 'leavers' pack for those finishing the programme, encouraging them to lead change throughout the school and making it a focal point of 'celebration' events for those successfully completing the programme.

49 We believe that assessment of what young people learn in SRE is weak – a view supported by Ofsted. We believe that QCA's assessment guidance for PSHE is useful, but that many schools are unaware that it exists. Further action is needed to raise awareness of the resource and QCA should be asked to consider how better assessment of Personal Learning & Thinking skills could be used to assess young people's understanding of issues that are included in the 'relationship' aspects of SRE, such as assessing risk and making informed choices. We also want QCA to include PSHE, along with all other national curriculum subjects, when developing new materials to take forward the new Assessment of Pupil Progress (APP) programme.

50 At a national level, we propose that there should be a national measure to assess whether progress is being made on increasing the number of young people for whom the SRE they receive is meeting their needs. We suggest adding a question to the Tellus survey related to schools' delivery of SRE that would allow progress to be tracked over time. We also recommend that the same question should be included as one of the school-level indicators used by Ofsted to assess how well schools are promoting pupils' well-being.

#### Maximising the impact of wider Government Initiatives & Programmes on SRE Delivery

51 As well as exploring the possibility of including a perception measure on SRE as a well-being indicator, we are keen that the forthcoming well-being guidance makes clear that positive sexual development is a crucial ingredient for well-being; and that it encourages schools to give greater attention to SRE. The school inspection framework should be revised to place more emphasis on well-being, including SRE.

52 We recognise the important contribution that the Healthy Schools programme is making to improving SRE delivery. However, there remains concern about the quality assurance process, with examples of schools that have achieved Healthy School status, despite having what we consider to be poor quality SRE programmes. DH needs to review the quality assurance process to ensure it is sufficiently robust. This could, for example, involve ensuring that local teenage pregnancy co-ordinators are part of the Healthy Schools Quality Assurance Group (QAG). We also think that Healthy schools guidance should be developed, illustrating in more detail what schools need to have in place to meet the PSHE criteria – similar guidance already exists for the other three Healthy School strands.

53 We believe that the SEAL programme provides an opportunity for young people to develop the underlying attitudes and behaviours that would

help them to form and maintain positive relationships. There is, therefore, an important link between SEAL and the 'relationship' aspects of SRE, which we feel there is the potential to exploit further. While not wanting to make changes to the core SEAL programme, we do think that DCSF should produce supplementary resources that schools could use to extend SEAL activity in schools. These should use sexual relationships as the context for activities and discussions about issues such as consent, understanding and respecting others' decisions, the benefits of delaying sexual activity and what constitutes a healthy and positive sexual relationship.

54 We believe that SRE and wider PSHE support the achievement of a wide range of Government targets on, for example, teenage pregnancy, sexual health, substance misuse etc. In particular where local areas have chosen these issues as priorities within their Local Area Agreements (LAAs), there is scope for the quality of SRE being delivered by schools in the area to be seen as a key lever for making progress against their local targets. We therefore believe that local performance management arrangements should bring pressure to bear on schools that are not giving sufficient priority to SRE/PSHE, and that local authorities and PCTs should consider what level of support they are giving to schools to help them improve their delivery of SRE. This support should be referenced in the LAA. We believe this message needs to be communicated to senior officials in Children's Services and Public Health, perhaps through a brief for Directors of Children's Services/Directors of Public Health.

### Improving Leadership on SRE

55 The priority given to PSHE by head teachers and the wider leadership team in the school was judged to be critical. For example, the level of priority it is given determines: whether and how much discrete curriculum time is allocated to PSHE; whether or not teachers are released to attend PSHE CPD; and whether funding is provided to purchase resources to support delivery of the school's programme.

56 We believe that more should be done – in particular through the National College for School Leadership (NCSL) – to promote the importance of SRE. DCSF should explore with NCSL what scope there is to raise the profile of SRE through, for example, its training programmes and its communications with head teachers.

### Other Issues

#### *Parents*

57 We recognise that parents have a key role to play, in particular in helping their children develop understanding of sex and relationships within their own faith and cultural contexts. However, evidence from the review of parents' attitudes to SRE illustrates that many parents lack the knowledge and confidence to talk to their children about sex and relationships. It would be helpful for parents to be more aware of what SRE topics were being taught at

school and at what key stage. This would act as a prompt for parents to have discussions with their children and to re-inforce the key messages they were receiving in SRE in relation to, for example, resisting pressure to have early sex and practising safer sex etc.

58 We recommend that a leaflet is developed for parents, which summarises the Government's expectations about what SRE topics schools should teach in each key stage. It could also help to give parents confidence by setting out the evidence on the benefits of parents having open and honest discussions with their children on sex and relationships. An example of good practice from Hertfordshire: '*SRE: a handy guide for parents and carers in Hertfordshire*' (produced by the Children's Trust Partnership), links SRE to teenage pregnancy targets and has a good section on where to go for more information. We believe this type of information should be made available to all parents and included as part of the information given to parents when children move from Primary to Secondary school.

#### *Right to withdraw children from aspects of SRE*

59 We considered whether it was right to allow parents to withdraw children from the current non-statutory aspects of SRE and whether if PSHE became statutory, the right to withdrawal should still exist. There was no clear consensus on this point although recognition that further consideration of this point would be inevitable if DCSF Ministers accepted our recommendation to make PSHE statutory. We ask that the right of parents to withdraw their children be included in any further consideration of the statutory status of PSHE.

#### *SRE in post-16 learning*

60 We recognise that further work is needed (outside the timeframe of this SRE review) to investigate what SRE is currently being provided by post-16 learning institutions through tutorial programmes etc. This should include 14-16 year olds based in further education colleges and other forms of 14-19 provision, outside schools. This further investigation should result in recommendations designed to improve the quality and consistency of SRE delivered in non-school settings for those up to age 19, taking account of different contexts.

#### *Wider Delivery Issues*

61 During the course of our discussions, a number of miscellaneous issues were identified that we want either: DCSF to consider further; or for further research to be carried out in order to inform the development of SRE in the future. These include:

- Whether the term 'sex and relationships education' places the emphasis on 'sex', rather than 'relationships' and is unhelpful when trying to explain what SRE includes - in particular, in the context of Primary education – to people who have an interest in the teaching of

SRE. DCSF is asked to consider whether an alternative name for SRE is needed;

- We believe that SRE is an area which could benefit from schools working in clusters to share expertise and to work towards a more consistent offer of SRE to all children and young people. For example, a key challenge for secondary schools starting to teach SRE in year 7, is the significant differences in the level of understanding of pupils joining the school, because of the very different experiences of young people based on any SRE they receive in primary school. A secondary school could, therefore, work with its cluster of primary schools to try to encourage a more uniform offering in primary, so there is a clear starting point for the secondary school's SRE programme. Similarly, secondary schools could work together in clusters to share practice and their experiences of the effectiveness of various SRE resources and external contributors.
- We believe that more research needs to be carried out to evaluate what approaches to SRE work best. We also believe that a stocktake should be carried out in 5 years time to assess the quality of SRE in schools; if and how it has improved; and what impact the recommendations in this report have had on delivery.
- Thought needs to be given to how measures that schools put in place to ensure that pupils do not access inappropriate sites on the internet might, inadvertently, result in pupils not being able to access important information from well regarded sites that provide information and advice on sex and relationships. DCSF should consider developing a safe portal that would allow young people to access reliable websites, while still blocking access to inappropriate materials.

## **Annex 1: STEERING GROUP MEMBERSHIP**

**Jackie Fisher** (co-chair) – Principal and Chief Executive, Newcastle College

**Joshua McTaggart** (co-chair) – UKYP Member for Weston Super Mare

**John Freeman** Director of Children's Services, Sandwell & Dudley

**Hazel Pulley** Head teacher, Caldecote Primary School, Leicester

**Ama Owuzuru** Vice-President, National Union of Students (Further Education)

**Hilda Hodson** Deputy Head teacher, Standish High School, Wigan

**Charlie Ware** School Governor, Camden

**Desmond Flood** PSHE Co-ordinator, Bartley Green School, Birmingham

**Annie Hargreaves** LA adviser on PSHE & Healthy Schools, Hounslow

**Anna Martinez** Head of Sex Education Forum

**Chris McDermott** Specialist Practitioner School Nursing, Central Surrey Health

**Professor Roger Ingham** University of Southampton

**Gill Frances** Chair, Teenage Pregnancy Independent Advisory Group

**Simon Blake** Chief Executive, Brook

**Jan Campbell** PSHE Subject Association

**Margaret Jones** HMI (PSHE Subject Adviser), Ofsted

**Gareth Davies** Terrence Higgins Trust

**Oona Stannard** Chief Executive, Catholic Education Service

**Liz Carter** Church of England National Society

**Sandy Youngson** Methodist Church

**Shaila Sheikh** Education Equalities Adviser, East Sussex LA

**David Kesterton** Manager of fpa's 'Speakeasy' programme

**Robert Sassoon** UKYP Member, Reading

**Katrina Mather** UKYP Member, East Sussex

**Sarah Smart** PSHE Subject Association