

Top tips on how to plan for RSE training

1. **Do your research and know your group.** Even if you are offering a training event you have run a dozen times before, find out as much as you can about your participants before the event. Who are they? What are their roles? Do they already know each other? What previous RSE training have they done and how long ago? What are their expectations of this training? What is the purpose of this training? What does this group, or their managers / the commissioner want to achieve? This will help to tailor the training to their specific needs and improve their learning experience. Make sure your **learning objectives** come out of that research, that they are clearly identified at the start of the training and revisited at the end to confirm whether or not they have been met.
2. **Take some time over the [group agreement](#)** at the start of the day / training session. Be open about the nature of material that will be covered, acknowledge that it can be a sensitive and challenging area of work for some people. How the group works together will, ideally, model the principles of respect and good communications that are being covered in the training material itself. It is important to talk about confidentiality and its limits and the importance of not sharing personal information unless it will help everyone's learning. Encourage the agreement to be written as positive observable behaviours rather than vague and loose concepts like 'respect'.
3. **Be realistic and honest** with the commissioner **about what can be achieved in the time available** – improving factual knowledge can be done quite quickly but improving skills and confidence takes more time and practice. Exploring and reflecting on attitudes and beliefs is a longer-term project yet this is what underpins high quality relationships and sex education. A single half-day of training will not result in a fully confident, fluent, skilled team of practitioners who can deal with every possible RSE-related issue or question. Theories like [Bloom's Taxonomy](#) and its more recent revisions illustrate well these different levels of learning and can be useful to bring up in negotiations with commissioners.
4. **Use a basic framework that is applicable in other areas of learning too** – for instance, one of Enjoyment, Choice and Consequences. Sexual health and relationships work can seem complex with many varied topics and issues. A core framework offers a small number of 'pegs' onto which all those seemingly disparate parts can be hung. Encourage your learners to get into the habit of thinking, '*Am I enjoying this? Did I freely choose to do this? Am I going to be OK with what happens afterwards?*' The framework is as applicable to sex and relationships as it is to eating food, our jobs, our travel, our hobbies and interests and any other sphere of human activity. If two or more people are undertaking an activity together can they both say yes to those questions? This allows you to talk about all the influences on our

enjoyment, all the things that affect our ability to make informed choices, all the possible consequences of our actions and how to mitigate against those we'd rather not have, and to know what to do if things go wrong.

5. **Make links with wider issues** wherever possible. The lived experience of relationships and sex is not simple and separate from other big issues in people's lives. To be credible, RSE training needs to reflect that reality. Mental health, drug & alcohol use, peer influence, ideas of gender, social policy and media pressures, for instance, can all have a profound influence.
6. While teaching others how to teach children and young people it often becomes apparent that **your adult learners may not have had a great education on these matters themselves** – include, if you can, some activity and reflection time on how they learned about relationships and sex and how they would have liked that to have been better. This can generate very useful insights into the importance of doing this work well and the consequences, throughout life, of having poor education in childhood. It also means that, as a facilitator, you cannot assume an existing common level of knowledge and understanding about the topic in any group of adults.
7. **Sexual health education is not just 'sperms and germs'** –or contraception and STIs. By exploring the whole wide gamut of RSE it can be very reassuring for people to know that when they do work around self-esteem, body image, managing conflict, communication skills etc they are also doing valuable RSE work. By demonstrating how some aspects of this learning are already well within the comfort zones of most adults, it can help build their confidence to take on more while raising awareness of what they are already doing.
8. **Equally** RSE does need to cover sexual behaviour, activity, response, function, pleasure, decision-making etc and not shy away from that. These are the very aspects that young people are often most curious about and, in an effort to fill a vacuum of understanding, will seek out knowledge wherever they can find it. Good RSE training highlights **the difference between what, as adults, we think young people need to know and what young people tell us they want to know**. While there is some overlap the lists are by no means identical but, again, to be credible, RSE training can build confidence and skills in covering the 'wants' as well as the 'needs'.
9. **Include some 'quick wins'** of resources, websites and activities that can be easily replicated in practice. Give your adult learners the opportunity to directly experience activities that they could then use in one-to-one or group work with young people. As adults, it is ill-advised to expect young people to expose themselves to learning activities around relationships and sex that we would not put ourselves through.

10. Where time allows, **include core learning about sexual and reproductive anatomy – form and function.** It never ceases to amaze me how many people don't know about the functions and sensitivity of the foreskin, the real size of the clitoris, that what is often called the vagina is actually referring to the vulva, the mechanism that prevents urination with an erection, even that women have a urethra and a vagina while men have one tube (the urethra for pee and semen). There is enormous anxiety, particularly for young people with their developing bodies, about whether or not they are 'normal' and the scope of perceived 'normal' does seem to be strongly influenced by imagery from mainstream media and pornography about 'perfect' body parts. This kind of anatomy learning goes far beyond the core biology curriculum and needs also be covered well in RSE.