

# Key findings

## Sex and relationships education for young people in further education



Briefing Paper 2010

### Introduction

*... they are making active choices at this stage and they need the information to help them make an informed choice.*  
(College tutor)

Further education (FE) is an important context in which young people learn, socialise and develop. More than 84 per cent of 16-year-olds in England were in full-time education in 2009 (DfE 2010). The late teenage years (16–19) are significant as part of young people's transition from adolescence to adulthood, and the majority of young people first have sex when they are 16 years old or above (Wellings and others 2001).

The UK has the highest teenage pregnancy rates in Western Europe (UNICEF 2007) and 80 per cent of teenage conceptions are to young people aged 16 and 17 (DCSF 2006). Approximately half of teenage conceptions end in abortion, suggesting that these pregnancies were unintended and unwanted (DCSF 2010).

The provision of sexual health services on-site in colleges enables young people to access help and advice in a convenient location. The majority (72 per cent) of FE and sixth form colleges were found to offer some level of sexual health services on-site in a national mapping survey carried out by the Sex Education Forum (2008a).

The benefits of sex and relationships education (SRE) in encouraging young people to delay first sex and to use contraception are clearly evidenced (Kirby and others 2007). Research about SRE provision in England has focused on primary and secondary schools and has found that provision is patchy (see, for example, UKYP 2007 and Sex Education Forum 2008b). Little has been documented about what – if any – SRE is offered to young people attending post-16 education.

This briefing presents key findings from three studies carried out by the Sex Education Forum in 2009–10 to investigate the provision of SRE in FE. The studies involved an online survey with college staff, focus groups with young people and interviews with key professionals. Themes explored in the studies were: the extent and nature of current SRE provision in post-16 education (Part 1: NCB 2009); the training and resource needs to deliver SRE to young people in the 16–19 age group (Part 2: Sex Education Forum 2010a); and the particular needs of young people with learning disabilities (Part 3: Sex Education Forum 2010b).

### The nature and extent of SRE in FE (Part 1)

Fifty-five FE and sixth form colleges responded to an online survey carried out by NCB on behalf of the Sex Education Forum in 2009. The sample represents more than one-eighth of all FE and sixth form colleges in England – but colleges may have self-selected to respond to the survey if they were offering some SRE rather than none.

Almost 9 in 10 (89 per cent) of the colleges surveyed reported that their college delivered SRE to young people aged 16–19.

#### Models of delivery

The model for delivery of SRE varied: 45 per cent of colleges taught SRE to all students aged 16–19, 36 per cent of colleges only targeted particular groups, and 19 per cent provided optional SRE for students. SRE was more likely to be optional in sixth form colleges than in FE colleges. Colleges reported a range of methods used to deliver SRE, including small group sessions, as part of a class and on a one-to-one basis. Other formats for delivering SRE included lectures and external speakers. Most colleges did not involve young people in the delivery of SRE.

Almost half of colleges (46 per cent) reported that SRE was taught by tutors. Nurses and health professionals were also involved in teaching SRE (40 per cent and 35 per cent, respectively). Nearly half of all the colleges reported that most or all of their staff teaching SRE had received some formal training (44 per cent), and a further 46 per cent reported that some of their staff had received training. In more than half of colleges (61 per cent), funding for staff time to teach SRE was provided by colleges themselves. Many colleges received some form of support from the Primary Care Trust (PCT).

#### Future plans and challenges

*I would like it to be formalised and better scheduled rather than being so ad hoc.* (Staff member in college)

About three-quarters of colleges had plans or aspirations to alter their SRE provision. The main focus of this was on better quality provision that reached more young people. The main barriers to expanding and improving SRE were the availability of funding and level of staff expertise. The interest and attitudes from management and college staff were also felt to be significant.

Professionals responding to the survey said that young people in FE were entering a phase in their lives that brought with it new experiences, emotions, pressures and constraints and that they need support with the transition to adulthood, sexual relationships, greater freedom and responsibility. Relative to secondary school, respondents felt there were more opportunities in FE for mature discussion, sharing experiences and using creative methods for delivering SRE.

## Young people's views

Six focus groups were carried out with young people to find out their views on SRE in FE. Young people said that it should involve learning about relationships and the positive aspects of sex. They also highlighted the media, celebrity culture and peer pressure as relevant topics for their age group. Young people suggested that 'real couples' should come into colleges to talk about sex, break-ups and respecting your partner, and young people should be given the opportunity to ask for confidential advice about their relationships.

*... it's good to hear two sides of opinions though. So it would be nice to have a woman's opinion and a man's point of view.*  
(College student)

Respondents wanted opportunities for informal, moderated discussions with their peers. They said that SRE should meet the needs of both young men and young women and suggested that some single sex lessons would be useful. Students thought that SRE for LGBT (lesbian, gay, bisexual and transgender) young people was poor and wanted to discuss sexual orientation more openly to promote respect and understanding.

Young people in the focus groups viewed SRE in FE as important, but recognised that some young people become sexually active before the age of 16. Most young people reported that SRE at their schools was inadequate, and felt that SRE at school had too much emphasis on diseases and pregnancy and did not place enough emphasis on the emotional or positive aspects to sex.

*At my school they only taught us one little thing and that was it. Then they just moved on and then they lied to us and said they were going to teach us more about it and they didn't ...*  
(College student)

## Key findings

- Many colleges are providing SRE for young people and are using models of delivery ranging from optional activities to an entitlement approach.

- Young people in college want SRE to support them as they develop into adulthood by taking a positive approach to sex and relating learning to real-life experiences such as relationships and peer pressure.
- Many colleges are aspiring to further improve their SRE provision.

## Training and resource needs (Part 2)

The second study (carried out in 2009–10) was to investigate the extent to which appropriate training and teaching materials are available and accessed to help colleges deliver good quality SRE. Colleges providing a relatively high level of SRE were selected for participation in the second study since the aim was to learn from some of the most developed and comprehensive approaches to SRE in the sector. Key members of staff were interviewed from 18 FE institutions; including FE and sixth form colleges, school sixth forms and a young offender's institution.

Staff delivering SRE had very varied levels of training. The training fell into two categories: specialised and basic. Out of the 18 institutions interviewed, staff in eight institutions had had training from the PCT or local authority, two schools with sixth forms had received training from school nurses, three institutions had a lead member of staff who had done the national PSHE CPD programme, and staff at one institution had attended training provided by both FPA and the Centre for HIV and Sexual Health in Sheffield (both voluntary sector organisations). Two institutions had not attended any training on SRE or sexual health.

There was support for a tiered approach to training, whereby one or more members of staff (either external or in-house) would receive specialised training and a larger cohort of tutors and/or welfare team members would receive a basic level of training. All participants spoke positively of training they had experienced. The best training on offer was described as free, local, accessible, relevant and providing a networking opportunity with colleagues from other disciplines and colleges. SRE for young people with learning disabilities, age-appropriate SRE for young people aged 16–19 and relationships and sexual orientation were all identified as areas where further training was needed.

Most colleges were using a combination of teaching materials developed or adapted in-house and resources they had sourced externally – both locally and nationally. Some respondents described SRE activity with students aged 16–19 as being based more on open discussion and less dependent on teaching materials than it might be at secondary level. However, even where discussion was the focus, staff had access to supporting

information and sometimes used tools such as Powerpoint presentations or quizzes to stimulate discussion. In two FE colleges and the young offenders institution, some students were participating in accredited SRE programmes.

Interviewees identified gaps in the resources available, especially a lack of resources that are suitable for the age group, and a lack of materials to engage with boys, ESOL students and young people with learning disabilities. Teaching materials focusing on relationships and tackling homophobia were also felt to be lacking.

Where SRE was thought to be of a high quality, certain factors were in place, including leadership support within the college; good links with the local PCT, local authority and other external agencies; a good relationship between staff and learners; competent and well-trained staff; and a willing and committed staff member who took a 'championing role'.

## Key findings

- In some colleges staff have not received any training on sexual health or SRE.
- Training for college staff on SRE needs to be available at basic and specialised levels.
- The quality of SRE provision in FE can be improved by better access to relevant training and teaching resources.
- There is a need for more age-appropriate resources for SRE work with young people aged 16–19.

## The needs of young people with learning disabilities (Part 3)

The third study comprised a literature review about the SRE needs of young people with learning disabilities in FE and a series of focus groups with young people. Very little literature exists about SRE for young people with learning disabilities aged 16+ as the main focus has been on school provision.

A review of evidence carried out by Health Scotland (Fraser and Sim 2007) helps to explain some differences between young people with learning disabilities and their non-disabled peers in relation to sex and relationships. These differences are caused by the nature of learning disabilities as well as social factors, for example being vulnerable to abuse, having less time than other young people to socialise alone with friends, having ways of communicating that may not be easily understood by others, being confused about conventions and expectations about sex and having patterns of cognition which mean that facts and information are not necessarily easily absorbed at first hearing (Fraser and Sim 2007).

As a consequence of these issues young people with learning disabilities may be disadvantaged in relation to the sex and relationships education they receive. For example:

- Young people with learning disabilities in mainstream schools may not be offered SRE that is adequately tailored to meet their needs.
- Educators may feel they lack the required knowledge, skills and competence to provide SRE for young people with learning disabilities.
- More time may be needed for SRE to be effective for young people with learning disabilities to ensure full understanding and build in repetition.

## SRE provision in college

Focus groups were held with young people in two special needs colleges and two mainstream colleges. SRE was provided for young people with learning disabilities in all four colleges – but this was a condition of participation in the research. There was wide variation in the quantity of SRE provided. The most amount of SRE took place in one of the special colleges where SRE was provided for one hour per week throughout the year. The least was at a mainstream college that ran one session per week over six weeks. The colleges interviewed about training and resources (in Part 2) were all mainstream institutions. Three out of the 18 institutions provided the same number of SRE sessions for young people with learning disabilities as they did for their non-disabled students. A further three colleges provided more SRE sessions for young people with learning disabilities than for their non-disabled peers. One college had accessed specialised training on SRE for young people with learning disabilities.

## Views of young people

Young people who had experienced more intensive SRE were noticeably more confident in reflecting on sex and relationships topics in the focus groups.

All four groups agreed that SRE was important. In more confident groups a wider range of reasons was given, including: understanding emotions and relationships, preparing for the future, learning about the right to say no and to share opinions.

*It's important when we go out into the public, it's important to know about how to behave and understand others' emotions and stuff. (Young person)*

Some of the young people felt that SRE needed to change as they got older to meet their changing needs:

*It changes. As you get older in life. I've got older and more confident in myself. I'm finding it actually helps me to learn about different things in class and some people say you never forget what you learn at school. (Young person)*

Young people with learning disabilities were vocal about which learning methods worked well. Written work and worksheets were rated as boring, while more interactive and active learning methods such as visits, use of models, games, DVDs and drama were all described as effective methods. It was important that learning methods brought things to life and helped to make abstract concepts real. There were mixed views about the use of the internet as a learning tool as information could be difficult to understand and some young people reported a lack of privacy to access the internet. Lack of privacy was also a consideration

with written materials: one young person said they would throw leaflets in the bin as they did not want their parents to find them.

Young people in one of the special colleges used ground rules for all their SRE work and clearly valued the safety that this created to ask questions and take part in lessons without embarrassment.

### Key findings

- Young people with learning disabilities need more intensive and tailored SRE – this is not available in all colleges.
- Interactive learning methods such as drama, visits, DVDs and models should be used to help explain abstract concepts.

The full research reports are available from the Evidence section of the Sex Education Forum website: [www.sexeducationforum.org.uk/evidence](http://www.sexeducationforum.org.uk/evidence)

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