

# WHAT STUDENTS THINK ABOUT SEX EDUCATION

A review of studies in the South-West with reference to some national findings



**RSE**  
hub

Strengthening Relationships  
& Sex Education

A report for the RSE Hub by the Schools Health Education Unit

**SHEU**

This review of studies of young people's views of relationship and sex education (RSE) has been commissioned by the NHS South West RSE Hub and the Office for Sexual Health and conducted by SHEU. For more information contact:

**Alice Hoyle**

*Co-Ordinator The RSE Hub*

Alice.Hoyle@rsehub.org.uk

**Dr David Regis**

*Research Manager*

Research@sheu.org.uk

### Glossary of acronyms

|            |  |
|------------|--|
| EU         | European Union   |
| FPA        | Family Planning Association  |
| HBSC       | Health Behaviour of School Children                                |
| HIV / AIDS | Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome |
| HMI        | Her Majesty's Inspectorate of Schools                              |
| INSET      | In-Service Training  |
| LGBTQ      | Lesbian Gay Bisexual Transgender                                   |
| NSPCC      | National Society for the Prevention of Cruelty to Children         |
| OFSTED     | Office for Standards in Education                                  |
| PSHE       | Personal, Social and Health Education                              |
| PSHE       | Personal, Social, Health and Economic Education                    |
| QCDA       | Qualifications and Curriculum Development Agency                   |
| RSE        | Relationships and Sex Education                                    |
| SEF        | Self-Evaluation Form   |
| SHEU       | Schools Health Education Unit                                      |
| SRE        | Sex and Relationships Education                                    |
| STI        | Sexually Transmitted Infection                                     |
| TV / DVD   | Television / Digital Video Disc                                    |
| WHO        | World Health Organisation  |

# Contents

|  |           |
|--|-----------|
| <b><i>Glossary of acronyms</i></b> .....   | <b>2</b>  |
| CONTENTS.....  | 3         |
| EXECUTIVE SUMMARY .....  | 4         |
| AIM.....   | 6         |
| CONTEXT .....  | 6         |
| SCOPE.....   | 7         |
| FINDINGS .....   | 9         |
| <b><i>SHEU surveys</i></b> .....   | <b>9</b>  |
| <b><i>Other local studies</i></b> .....  | <b>14</b> |
| <b><i>Relevant National Surveys</i></b> .....  | <b>21</b> |
| DISCUSSION.....  | 27        |
| RECOMMENDATIONS.....   | 29        |
| COMMENTS FROM RSE HUB MEMBERS .....  | 32        |
| APPENDIX 1 - THE CONTEXT OF YOUNG PEOPLE’S RELATIONSHIPS AND SEX EDUCATION IN 2012 ..... | 34        |
| APPENDIX 2: LIST OF STUDIES REVIEWED.....  | 36        |
| <b><i>(1) SHEU studies</i></b> .....   | <b>36</b> |
| <b><i>(2) Local studies</i></b> .....  | <b>36</b> |
| <b><i>(3) National studies</i></b> .....   | <b>37</b> |
| APPENDIX 3: DETAILS OF STUDIES REVIEWED.....   | 38        |
| <b><i>(1) SHEU studies</i></b> .....   | <b>38</b> |
| <b><i>(2) Local studies</i></b> .....  | <b>43</b> |
| <b><i>(3) National studies</i></b> .....   | <b>52</b> |
| APPENDIX 4 – TOPIC LISTS.....  | 64        |
| <b><i>AVERT 2000</i></b> .....   | <b>64</b> |
| <b><i>FPA 2008</i></b> .....   | <b>64</b> |
| <b><i>SEF 2008</i></b> .....   | <b>64</b> |
| <b><i>North Somerset 2011</i></b> .....  | <b>65</b> |
| <b><i>Plymouth 2011</i></b> .....  | <b>67</b> |

A copy of this report in Portable Document Format (PDF) can be downloaded from

<http://www.rsehub.org.uk/resources/>

PDF files can be read using the free Adobe PDF Reader programme from [www.adobe.com](http://www.adobe.com); a variety of other free software for reading PDF files is available from other sources.

## Executive Summary

This review of studies of young people's views of school-based relationships and sex education (RSE) has been commissioned by the RSE Hub for the South West.

Its purpose is to bring together local, regional and national data to compare and contrast local areas within the region to a broader national picture. It is intended to draw out both commonalities and differences that can inform practice to improve RSE provision for young people in the Southwest region.

The data has been collected from SHEU school surveys in the region (2008-2011), other local surveys from five areas in the region and seven key national surveys and reports conducted between 2002 and 2011.

### Key findings include:

- ♦ Local area data, that is available, is largely consistent with other areas across the region and also generally reflects the national picture.
- ♦ There is a tendency to consensus among adults (professionals, parents and others working with children and young people) to be supportive of the need for comprehensive and frank sex education in schools. This does not, though, always equate with adults' own confidence and competence to support children and young people in their RSE learning.
- ♦ Young people welcome having lessons on relationships and sex but are not generally satisfied with the scope of what is covered or to what depth.
- ♦ A key source from which to seek information about RSE-related issues for most young people is friends and peers who may not, themselves, be well informed.
- ♦ Evidence of significant gaps in young people's understanding about basic RSE topics like contraception, sexually transmitted infections and the availability of local sexual health and contraceptive services.
- ♦ Highlighting concern about the experience of those young people who do not identify as heterosexual.
- ♦ RSE curriculum content, timetable space allowed, expertise of PSHE teachers, monitoring and assessment of pupil progress in PSHE / RSE are not consistent across the region.

### Recommendations include:

- On-going consultation with pupils over content and approach to RSE.
- Audit of RSE programme coverage and greater use made of model curricula.
- Teachers keep up-to-date with biological aspects of RSE and work with school-based clinical staff to support delivery
- Support and publicity for good quality teacher training / mentoring in, and resources for, PSHE / RSE
- Improve liaison and support for parents to engage in RSE with their children.

- Classroom arrangements, resources and teaching approaches that support all pupils to have an equal opportunity to learn about RSE.
- Information about local services be shared and links with them encouraged.

The RSE Hub would encourage future research programmes to consider:

- better reflecting the complexity of lived experience for young people.
- commissioned as a package that includes capacity and funding to act on the findings.
- designed and coordinated so it is robust, repeatable, well piloted and comparable; like with like; so trends and differences can be more accurately identified.
- making a deeper examination of young people's whole RSE learning experience both over time and through all formal and informal aspects of their learning.
- giving greater attention to exploring what the informal learning environment offers that school may not.
- give greater weight to examining the detail of good RSE teaching, training and resources.

## Aim

The aim of this report is to bring together local, regional and national data on young people's views about school-based PSHE with particular reference to Relationships and Sex Education. By comparing and contrasting data collected in local areas within the region to a broader national picture, it is intended to draw out both commonalities and differences that can inform practice to improve RSE provision for young people in the Southwest region.

## Context

This report must be considered in the context of what is known about the wider issues of relationships and sexual health affecting young people in the UK today. Although this report is not intended to offer a full examination of all of this broader evidence, it is important that the data presented here around RSE in schools is considered with reference to the known risks and key relationship and sexual health issues that young people need to be prepared to manage as they grow through adolescence and into adulthood in the early 21<sup>st</sup> century.

That broader evidence is briefly illustrated in the collection of recent research and reports detailed in Appendix 1 (p.33) and includes reference to:

- Sexually transmitted infections
- Under-18 conceptions
- Abortion
- The Pleasure Principle
- Pornography
- Sex and the law
- Sex and disability
- Violence in teen relationships
- The sexualisation of children and young people
- Child sexual exploitation
- Sexually harmful behaviour
- Links between sexual health and mental health
- Links between sexual health and substance use – particularly alcohol
- Sexuality, sexual orientation, homophobia, bullying and hate crime
- Forced marriages and female genital mutilation
- On-line grooming and safeguarding

The reports, in appendix 1, tell us that:

- Despite good progress made through the 10-year Teenage Pregnancy Strategy (1999 – 2010), under-18 conceptions remain a significant public health concern.
- Sexually transmitted infection rates continue to rise and the 16-24 age group are most at risk.
- Significant minorities of young people feel largely excluded from RSE and disproportionately experience bullying and social exclusion (young disabled people, young LGBTQ people, some young people from minority ethnic groups).
- Related safeguarding issues and the need to educate children, young people and their families about them are becoming more widely recognised and understood.
- Consumer culture, information technology and easier access to pornography are having significant influence on how and where young people access information about relationships and sex and the messages they are absorbing about them.

In addition:

- School-based PSHE has greatest positive influence when it is delivered within an evidence-based, comprehensive, developmental 'whole-school' approach which includes supporting access to clinical services when required and supporting parents to participate in RSE with their children too.
- School-based RSE, within the setting of a broader PSHE scheme of work, is not a National Curriculum subject and, as such, is not given a priority within the school timetable. RSE will be one of at least six other subject areas to be covered within the PSHE programme which often results in little dedicated timetabling.

## Scope

Further detail of commissioners, aims, samples sizes and questioning style for all data sets is given in Appendix 2 (p.38).

This review covers three sets of studies :

### **1. SHEU school surveys from:**

- Bath and Northeast Somerset (BaNES) 2011
- Bristol 2008-2011
- Cornwall 2010
- S Gloucestershire 2009
- Swindon 2011
- Wiltshire 2011

These surveys were funded and organised by either local authorities, public health departments, or agencies acting and commissioning collaboratively. They focused primarily on pupils from Year 8 (12-13y) and Year 10 (14-15y).

Their purpose was to:

- Provide a picture for each school of the local community for review and planning.
- Provide the local commissioners and their partners with an overview of the lifestyles of young people across the locality.

The surveys were conducted online or on paper and were designed for anonymous self-completion by pupils.

## **2. Other local studies**

### **Torbay**

In 2011, Torbay Health and Schools Team consulted young people in primary and secondary schools about the content and approach of sex and relationship education. This and some other studies below were based on the Sex Education Forum's *Are you getting it right?* toolkit<sup>1</sup>.

### **Dorset**

In 2010, Children's Services, Dorset carried out a comprehensive review of Teenage Conception and Sexual Health Needs using focus groups with a variety of young people including traveller children and young parents.

### **North Somerset**

A survey study was undertaken in 2011 with a cross-section of young people aged 13-19 in North Somerset. The findings were used to inform the design of a local scheme of work and group activities to support vulnerable young people.

### **Plymouth**

A consultation and survey were conducted by a specially-convened partnership group in 2011. 30 young people were involved in the consultation, based on the *Are you getting it right?* toolkit, and 493 took part in the subsequent survey.

### **Devon**

An audit of provision in Devon was carried out by the Adviser for PSHE and Citizenship. 37 semi-structured interviews were conducted with the PSHE Co-ordinator in every secondary school in Devon. In some schools members of SMT and other teachers of PSHE joined in the discussions. The interviews focused on the six areas listed in the 2008 Government 'Review of Sex and Relationships Education (SRE) in Schools'<sup>2</sup>.

## **3. Relevant National Surveys**

### **HMI / OFSTED 2002 & 2010**

There have been two relevant reports from school inspection evidence, one on sex education from 2002 and another more generally on PSHE in 2010.

---

<sup>1</sup> Martinez A & De Meza L (2008). *Are you getting it right? A toolkit for consulting young people on sex and relationships education*. London: NCB.  
[http://www.ncb.org.uk/media/188102/sef\\_audit\\_toolkit\\_wales\\_english\\_2010.pdf](http://www.ncb.org.uk/media/188102/sef_audit_toolkit_wales_english_2010.pdf) [Accessed 31 Jan 2012]

<sup>2</sup> 'Review of Sex and Relationships Education (SRE) in Schools'. OFSTED (2008).



## **2008 External review of sex and relationships education in schools**

This review was undertaken as part of the Children's Plan pledge to 'review the delivery of sex and relationships education in schools' and was presented to the Government in 2008. The review was a contributing document in the consideration of personal social health and economic education as a statutory subject.

**UK Youth Parliament 2007** The UKYP have done a very large consultation exercise with about 20,000 of their members and their colleagues and produced some hard-hitting findings and conclusions.

**Sex Education Forum 2008 & 2011** The FPA have been saying for some years that, in their view, sex education is *too little, too late and too biological*, and more recently the SEF have been able to put this on a more secure basis of evidence.

## **Brook 2011**

In October 2011, Brook issued a press release including the headlines from a survey of over 2000 14-18 year-olds across the UK.

## **Channel 4, 2011**

A ComRes survey of schools around Britain for Channel 4 questioned 1,123 13-17 year olds

## **Durex 2011**

This was an online self-selected study of visitors to three websites that support professionals, e.g. headteachers.

## **HBSC 2011**

The Health Behaviour of School Children study is an international collaborative research exercise carried out in a number of EU countries with the support of WHO.

# Findings

A convention has been adopted below where results and recommendations from studies are bulleted differently:

- Results
- Recommendations

## **SHEU surveys**

The headline findings from all these studies were collated and the most relevant findings are presented here. Different authorities may see different results to identically worded questions, as they are answered by different individuals, so the figures below refer to a range of estimates.

It is important to note that the lists of items in a given question may be different in one authority's survey compared with another, the exact wording for the same item may also have been different in each area, and different in sequential surveys in one authority. This observation is discussed further in the recommendations at the end of this report.

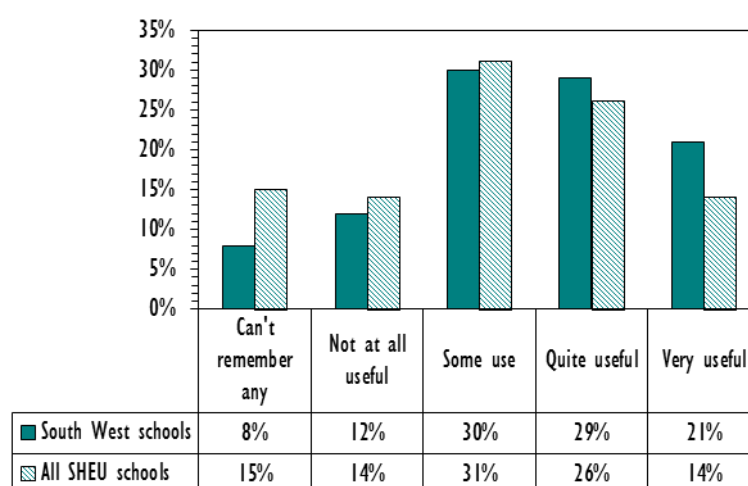
## Findings include:

- Around 80% of Y8 and Year 10 pupils can recall some sort of education about sex and relationships. Up to 40% of Y8 and Y10 pupils describe their RSE lessons as at least 'Quite Useful'. Over 10% of Y8 and Y10 pupils describe their RSE lessons as 'Not at all useful'.

| Y10 South West | Can't remember any | Not at all useful | Some use | Quite useful | Very useful |
|----------------|--------------------|-------------------|----------|--------------|-------------|
| BaNES          | 8%                 | 12%               | 34%      | 27%          | 19%         |
| Bristol        | 11%                | 16%               | 32%      | 25%          | 17%         |
| Cornwall       | 7%                 | 8%                | 25%      | 34%          | 26%         |
| Swindon        | 11%                | 12%               | 28%      | 27%          | 22%         |
| Wiltshire      | 9%                 | 14%               | 27%      | 28%          | 21%         |

These figures, while not encouraging, compare favourably with figures from all SHEU surveys in 2010<sup>3</sup>:

| All SHEU        | Can't remember any | Not at all useful | Some use | Quite useful | Very useful |
|-----------------|--------------------|-------------------|----------|--------------|-------------|
| Year 10 males   | 15%                | 14%               | 31%      | 25%          | 14%         |
| Year 10 females | 12%                | 13%               | 34%      | 28%          | 13%         |



- These surveys covered all PSHE learning and the topic where lessons were seen as most useful was *drugs*. Here 77% of Year 10 pupils *could remember any*, 11% thought

<sup>3</sup> These aggregate samples may be taken as roughly representative of the picture in England as a whole. For further discussion of this issue, see Balding AD & Regis D, *Young People into 2012*. Exeter: SHEU

their lessons were *not at all useful* and 41% thought them at least '*Quite useful*'. (BaNES, Bristol, Cornwall, Swindon, Wiltshire).

Other findings relate to young people's understanding about local health services, STI's contraception and sexual identity:

- When asked **where they would go first for help or information** the most common choices for any issue are as a rule *Parents/carers*, with *Friends* a close second. When thinking about issues to do with *Sex and relationships*, 1% said they would turn to *Someone at school* and 2% would do the same for *Sexually transmitted infections*. (BaNES)
- The **main sources of information about sex** for young people in Year 8 was *Parents* 20%, *School* 30% and *Friends* 24%; the figures for Year 10 were 12%, 24% and 30% respectively. (Bristol)
- About 20% of pupils (more in Year 10) reported that they knew of a **contraception and advice service for young people** available locally. Local availability may vary, of course, depending on the pupil's location; some schools also have a service on the school site. (BaNES, Bristol, Wiltshire)
- In Bristol 2010, 20% had heard of 4YP Bristol (30% in Year 10) and 5% of all students had used the service.
- Over half of all secondary pupils say they know **where to get condoms free of charge**. The figure for Y8 pupils is rather less than 50% and the figure for Y10 pupils is over 66%. (BaNES, Bristol)
- Pupils have significant gaps in their **understanding of methods of contraception**. Up to 75% of Year 8 pupils think that condoms are reliable to prevent pregnancy and over 50% think the same about the Pill; figures for Y10 pupils are higher. Males typically are more confident about the utility of condoms while females are more confident about the utility of the Pill. (BaNES, Swindon, Wiltshire)
- Similarly, pupils in Year 10 have significant gaps in their **understanding of sexually transmitted infections** (STIs). The infection of which the most pupils were aware was HIV/AIDS, with over 90% of Year 10 pupils having heard of it and over half correctly reporting that it could be treated but not cured.
- As for other STIs in the list, including chlamydia, genital herpes, genital warts and pubic lice, around 10% of pupils said that they had never heard of them, and over 20% said that they knew nothing about them. Of those who expressed a view about the prospects for treatment leading to a cure, up to a third were not correct.
- Generally the understanding of females in Year 10 about STIs was better than the understanding shown by boys of the same age. (BaNES, Bristol, Swindon, Wiltshire)
- The utility of **contraceptive methods which also offer protection against infection** was also investigated. About 10% of Year 10 pupils think that no methods of contraception afford reliable protection from infection by HIV. About 67% of Year 10 pupils regard condoms as a reliable protection against infection by HIV and about 10% of Year 10 pupils regard the Pill in the same way. (BaNES, Swindon, Wiltshire)
- Up to 5% of pupils express significant **anxiety about sexual identity**. (BaNES, Bristol, Swindon, Wiltshire)
- About 15% of pupils said that if they were worried about sexual identity they would consult their parents while over 50% said they would keep it to themselves (Cornwall). This is also true for those young people who are actually anxious about the issue.

- Pupils who self-identify as something other than *Straight/Heterosexual* express less **satisfaction with life** and greater frequency of experiences of **bullying** (Bristol), a finding that has been replicated in areas outside the South West<sup>4</sup>. The 7% of young people who are most worried about sexual identity issues are more likely to rate their school RSE as useful (Bristol), although this may not be true for all young people who do not identify themselves as heterosexual<sup>5</sup>.

It is important to note that many of these pupils, even in Year 10, will not have received all the planned PSHE lessons relevant to sex and relationships at the time of the survey. It is quite possible that all of the lack of awareness and confusion about details that we see here can be repaired by the time pupils complete their period of compulsory schooling, up to a year later<sup>6</sup>. Nonetheless, it is likely that many of these Year 10 pupils will have received quite a lot of what is to be covered in the PSHE programme in their schools relevant to the topics in the questionnaire. For example, the non-statutory Programme of Study for KS3 (Years 7-9) gives as suggested content *sexual activity, human reproduction, contraception, pregnancy, and sexually transmitted infections and HIV*. Similarly, the sample scheme of work for RSE given by the Sex Education Forum suggests that sexually transmitted infections and contraception be covered as part of the provision for Year 9 pupils<sup>7</sup>. Although the detail of what each school teaches and when is not available for this report, SHEU's work for AVERT from 2000<sup>8</sup> showed that 82% of schools in the survey did indeed work on STIs with their Year 9 pupils and 67% did some work on contraception in the same year group. So, not all confusion about contraception or infection is excusable on this reasoning.

Overall, evidence shows significant gaps in young people's understanding about contraception, sexually transmitted infections and the availability of local sexual health and contraceptive services and highlights concern about the experience of those young people who do not identify as heterosexual.

## Further Education students

Some South-West colleges have used a similar approach with their students, including colleges in Wiltshire and BaNES. These surveys showed:

About 80% of students say they know pretty much all they need to about sex, while most of the rest say *My knowledge is OK, but I would still like to know more*. Just 2% say *I don't know enough*.

- Over 90% say that "I know where to go for more information/support about sex"

---

<sup>4</sup> Unpublished data, SHEU

<sup>5</sup> Hillier L & Mitchell A (2008). 'It was as useful as a chocolate kettle': sex education in the lives of same-sex-attracted young people in Australia. *Sex Education* 8(2): 211-224.

<sup>6</sup> A similar consideration may apply to studies apparently exposing weaknesses in teachers' understanding; are these weaknesses also present at the time a teacher proposes to conduct a lesson on that topic? Cf. Westwood J & Mullan B (2007). 'Knowledge and attitudes of secondary school teachers regarding sexual health education in England', *Sex Education*, 7(2), 143-159.

<sup>7</sup> <http://www.ncb.org.uk/sef/resources/curriculum-design/sow-secondary>

<sup>8</sup> Lawrence J, Kanabus A & Regis D (2000). *A Survey of Sex Education Provision in Secondary Schools*. Horsham: AVERT.

- 6% of students say they have felt sexual attraction to both males and females; 3% to no-one.
- 74% say they have had sex, mostly with more than one partner over their life course to date.
- 72% of students said they used contraception on the last occasion they had sexual intercourse. If they used a condom, students were about evenly divided as to whether they saw it as primarily to avoid pregnancy or to avoid infection.
- About 20% of students worry about sexually transmitted infections at least 'sometimes'
- 37% said they or their partner had ever used emergency contraception, sometimes more than once, obtained mostly from either their own GP or directly from a pharmacist.
- Less than half of students give a correct figure for how long after sexual intercourse emergency contraception can be taken with effect.
- 6% report they have ever had a sexually transmissible infection, and of that 6%, most commonly *Chlamydia* (76%, more among females), thrush (40%, more among females) or genital warts (20%). 9% report gonorrhoea.
- 11% say that they or their partner had ever had an abortion.
- 64% said they used a condom on the last occasion they had sex with a new partner.
- A little less than 4/5 of students said they would use a condom on the next occasion they have sex with a new partner, but about 22% said they would take no precautions against infection
- About 60% say they can get free condoms at college.

It seems from this particular group of young people, that they perceive themselves to be confident in their knowledge and understanding, even though the one item of understanding that was tested directly was found to be wanting in most cases. Also, they are already starting to pick up some problems with their sex lives, experiencing STIs and in some cases unintended pregnancies.

- As regards post-16 students there is a case for offering not only sexual health services, but also more sexual health education, perhaps with an inclination towards how successful contraception and STI protection can be negotiated in a sexual encounter, and how to mitigate those factors like alcohol use, which might discourage health-promoting behaviours.

## Other local studies

### Torbay

Part of the consultation, which was based on the Sex Education Forum toolkit 'Are you getting it right?' included offering a series of statements and inviting pupils to say whether they agreed or not. The percentages agreeing with each statement are shown below:

| <b>Primary</b>   |     |
|--|-----|
| ○ Schools should teach pupils the importance of values such as respect, love & care.         | 93% |
| ○ Sexual Identity can be discussed as part of school lessons.                                | 68% |
| ○ Sex is an embarrassing subject and shouldn't be spoken about at all in school.             | 29% |
| ○ It is important to wait until you are married to have sex.                                 | 15% |
| ○ Schools should teach about lots of different religious beliefs.                            | 60% |
| ○ Your parents should teach you about puberty, not school.                                   | 26% |
| ○ Schools should use pictures / DVDs which show nudity in puberty lessons in school.         | 68% |
| ○ Schools should teach you how to make your own decisions.                                   | 62% |
| ○ It is important to have a best friend.   | 50% |
| ○ You should learn about sex in primary school.  | 75% |
| ○ You should learn about puberty in primary school.  | 88% |
| ○ It is important to learn the correct names for sexual/reproductive body parts.             | 89% |
| ○ It is important to learn about the changes that happen to the opposite sex during puberty. | 79% |
| <b>Secondary</b>   |     |
| ○ Schools should teach pupils the importance of values such as respect, love and care        | 77% |
| ○ Sexual Identity should not be mentioned in school lessons                                  | 3%  |
| ○ Sex is an embarrassing subject and shouldn't be spoken about at all                        | 5%  |
| ○ You don't have to be married to have a strong and supportive relationship                  | 99% |
| ○ Schools should only teach Christian values   | 24% |
| ○ SRE should teach pupils to make their own choices, not tell them what to do                | 90% |
| ○ Schools should NOT show nudity within pictures/videos during SRE in secondary school       | 4%  |

|  |     |
|--|-----|
| ○ Schools should NOT use graphic pictures showing symptoms of STIs                                       | 13% |
| ○ It is important to remind young people that it is against the law to have sex under the age of 16      | 38% |
| ○ Young people need to be made aware of the risks having unplanned and unprotected sex                   | 83% |
| ○ Schools should provide information about local sexual health clinics                                   | 99% |
| ○ Young people need to be made aware that you can have sexual pleasure without having sexual intercourse | 87% |
| ○ Schools should teach young people to have the confidence and the skills to say no to having sex        | 93% |

There is a striking degree of consensus in primary and secondary schools about many of these statements (many figures >80% or <20%), which might be taken as a description of some of the content of and approach to sex and relationship education that the majority of young people find appropriate. The different perspectives of the minority that dissent from this consensus need to be more closely examined, safely challenged and explored and an inclusive RSE scheme of work developed to ensure an equal opportunity to experience a broad evidence-based education.

This consensual view is amplified in the responses to other questions. Pupils were asked to identify from a given list the **top three activities** that they think should be used in SRE and the **top three topics** that should be learned in SRE lessons by people their age.

**Top 3 activities that should be used in SRE lessons:**

| Year 7                           | Year 8                             | Year 9                              | Year 10                             |
|----------------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| Sanitary products demonstrations | Practical lessons (demonstrations) | Condom/contraception demonstrations | TV/DVD/films                        |
| TV/DVD/films                     | TV/DVD/films                       | TV/DVD/films                        | Condom/contraception demonstrations |
| Discussions/debates              | Role-play                          | Discussions/debates                 | Discussions/debates                 |

**Top 3 topics that should be taught for people your age:**

| Year 7  | Year 8                         | Year 9                         | Year 10            |
|---|--------------------------------|--------------------------------|--------------------|
| Puberty   | Abortion and pregnancy choices | Contraception                  | Contraception      |
| Human reproduction                                  | Drugs and sex                  | Abortion and pregnancy choices | STIs including HIV |
| Contraception } =3 <sup>rd</sup><br>Drugs and sex } | Same sex relationships         | STIs including HIV             | Pleasure           |



The reports offer **recommendations** for primary and secondary schools:

**Primary:**

- ❑ Puberty lessons should not be left to the end of year 5 and 6. A whole school approach is a necessity from early years to school leaving age.
- ❑ All teaching staff and non-teaching staff should receive domestic violence training.
- ❑ Leaflets to take home might encourage discussions between parents and children.
- ❑ No evidence was presented in the report about domestic violence training, although it is hard to disagree with the recommendation.

**Secondary:**

- ❑ It is vital to have the correct teaching staff.
- ❑ Students much prefer a visiting health professional to deliver health-related topics.
- ❑ It is best to have the same teacher/health professional delivering the majority of RSE.
- ❑ RSE needs to be delivered within a trusting, relaxed, informal, fun manner and include practical aspects wherever possible.
- ❑ The best RSE is often delivered within discussion-based learning. To assist with informal learning, the seating arrangement could be in a circle.
- ❑ Resources need to be up-to-date.

There were a series of recommendations for particular year groups, which are to be found in the Appendix 2 (p.45).

**Dorset**

The report highlighted that there was little evidence of a comparable, comprehensive developmental RSE programme in each school and across phases.

The report contained many **recommendations from young people**:

- ❑ The responsibility for delivery of a co-ordinated programme of RSE for all young people needs to be shared, with teachers, health professionals, Children's Services, parents/carers and young people themselves all having a good understanding of the programme and their role in delivery and follow-up.
- ❑ Biological, factual knowledge needs to form part of a gradual programme adjusted to the development of the young person, continuing from pre-school to Year 13.
- ❑ The biological aspects of sex education need to be set in the context of relationships
- ❑ People delivering RSE need to be skilled and comfortable with the subject.
- ❑ There should be a range of formats/groupings for delivery and discussions; for example, single sex groups may be more comfortable for young men, and are essential for young travellers.
- ❑ A non-judgemental approach by professionals was strongly advocated by young people together with encouragement that they could be supported to parent well if they became parents.



- ❑ Involve and support parents, carers and social workers in RSE.
- ❑ Give more information about what would happen if you did have a baby so young people know more about the realities.
- ❑ Advice from young people on what might help to defer pregnancy included:
  - (a) encouragement to commit to education, including vocational options,
  - (b) opportunities to talk to a group of young parents,
  - (c) advice in case of being pressured into anything before they are really ready,
  - (d) preparation for managing an emotional relationship (discussions, negotiations about conflicts of interest),
  - (e) care for someone else's baby,
  - (f) advise 'don't do it!' if you are not ready for the consequences, or 'use protection',
  - (g) raise awareness of the part played by alcohol in increasing the likelihood of being drawn into unintended sexual activity.
- ❑ Input before initial pregnancy from school nurse/ specialist health professionals was welcomed.
- ❑ Availability of the Pill: more specific follow-up and monitoring is required to ensure young women really understand the importance of taking the contraceptive pill every day, consequences if not and need for the use of condoms as well.
- ❑ Clearer information and publicity about emergency contraception is needed.
- ❑ Drop-in centres were welcomed; youth advice centres and some health centres were an important source of free condoms.
- ❑ Clearer information about STIs as part of RSE needed, to be followed up in the years after compulsory schooling. Chlamydia screening was welcomed.
- ❑ Further recommendations were made for the support and management of pregnancy for young people.

## North Somerset

They key questions were:

1. What do you think should be taught to year 9 and 10 students? [in relation to RSE]
  2. How should sex and relationships education be taught in school? [in relation to teaching strategies]
- Overall, the **top 10 topics** selected by young people between the age of 13 to 19 years, in order were:
    - 1) Sexually transmitted infections
    - 2) Alcohol, drugs and sex
    - 3) Condoms
    - 4) Making babies
    - 5) Puberty
    - 6) The body bits
    - 7) Relationships
    - 8) Sex and pressure
    - 9) Where to go for help
    - 10) Reducing the risk of pregnancy
  - Overall, the **top 5 teaching methods** selected by young people between the age of 13 to 19 years, in order were:

- 1) DVD, films, TV programmes
- 2) Single gender groups
- 3) Discussions
- 4) Testing products
- 5) Trip to a sexual health clinic

Differences by age and sex were noted, for example, *where to go for help* climbed from 15<sup>th</sup> among 13-year-olds to 2<sup>nd</sup> among 16+ students and was also ranked higher by females than by males.

The report also includes a helpful set of summary tables comparing the opinions of professionals and the opinions of young people about suitable topics to be included for the domains of (1) attitudes and values, (2) personal and social skills, and (3) knowledge and understanding. These are reproduced in the Appendix (p.64).

No general recommendations based on the views of young people were made explicit beyond the content of the programme which was designed.

## Plymouth

Plymouth City Council consulted 30 young people through a consultation event and a further 523 by questionnaire. Activities were chosen and adapted from the NCB 'Are you getting it right?' tool kit to involve participants at the consultation event.

The signals from these exercises mostly reflected those found elsewhere, for example:

- Students are in need of a greater input about relationships, in particular developing skills to enable them to deal with issues such as peer pressure, managing relationships and dealing with a controlling relationship and how to start and end a relationship.
- Many students wanted to learn more about sexual orientation

There were also some strong messages from young people that were not expressed so clearly elsewhere:

- Around 10% of participating students state that they don't remember how many topics in RSE were taught or who was involved in the delivery; this figure was rather higher for particular topics, including sexual health services and getting support. These topics were also highest for 'not taught', and so pupils may not have been discriminating well between these two options.
- Males respondents almost exclusively showed a preference for DVDs and videos as a learning activity.
- Participants overwhelmingly objected to RSE being provided by peer educators at school, even if nothing else was available; this was because peer educators drawn from the school community were seen as potentially compromising the anonymity and confidentiality of sessions.
- A very strong demand for some aspects of RSE being provided in single gender groups came from girls in year 10 and 11; in the Dorset study (above) this was seen as being more helpful to males. A common theme emerging from the narrative data suggests a need for advice and discussions about managing relationships being led by 'expert' visitors in single gender environments.

The recommendations from the study were:

- ❑ Relationships and Sex Education is best in schools that have a policy which sets out the schools' position in terms of RSE planning and delivery. RSE policies which

are developed in consultation with the school community including parents and pupils are most likely to meet the wide-ranging learning needs of students. RSE policies that are accessible and used by staff to inform best practice will improve the quality of RSE planning and delivery.

- ❑ Participating students said that they need to learn about relationships and sex earlier and that it needs to be more comprehensive, particularly in terms of developing and managing their friendships and relationships. Schools that deliver a planned curriculum for RSE which progresses from early years, is age appropriate and reflects the learning needs of children and young people, are more likely to meet pupils' actual learning needs as they grow and develop.
- ❑ Participants said that that they would like the opportunity to influence what they learn, as well as the teaching methods and resource used.
- ❑ Ethnographic data collected from participating students may suggest that those who are able to express and record what they have learnt in RSE through a range of available assessment activities are more likely to remember what they have learnt.
- ❑ RSE was preferred by participating students when it was delivered by teachers who are confident and comfortable in teaching RSE and have been well trained. They also say that the older they get, the more they value the involvement of 'visiting experts' and local agencies to complement their teacher-led RSE curriculum.
- ❑ Parents and carers are supportive of schools who deliver RSE appropriately and expect to be informed in advance of what the school's RSE curriculum will involve. This includes providing parents and carers with the opportunity to review the resources the school intends to use and to carry on the learning in the home environment.
- ❑ **Key Recommendation:** That the CYP Trust board endorse this report's key recommendations and so support the development of high quality RSE across all schools with effective partnership support.

## Devon

Since this study involved interviewing 30 Primary and 37 Secondary PSHE leads in schools, it did not include asking young people their views but still had some relevant findings on involving young people in the design of RSE programmes:

- Over half (35/67) of Co-ordinators reported that currently they do not involve young people in the design and content of the RSE programme.
- More than a quarter (19/67) of Co-ordinators reported that currently they do not check that the content of the RSE programme they deliver meets the needs of their young people.
- Almost all (64/67) of the schools do not use the SHEU 'Health Related Behaviour Questionnaire' to inform their RSE/PSHE programme.
- A majority (57/67) of Co-ordinators reported that to their knowledge the school does not take part in the 'TellUs' survey.
- Slightly more (60/67) reported that they were unaware and had not used the SEF 'Are you Getting it Right?' toolkit.

In a similar exercise between February and March 2010, thirty 90-minute semi-structured interviews were conducted with the PSHE Co-ordinator in 31 primary schools (10% of the total) across the districts of the County of Devon.

Again there were findings about the involvement of children in the design of the RSE programme

- PSHE Co-ordinators reported using 13 strategies to involve children in the design and content of the RSE programme.
- 4 (14%) PSHE Co-ordinators stated that they did not check whether the RSE programme they delivered met their children's needs.
- Only 2 (7%) schools had used the SHEU Health Related Behaviour Questionnaire.
- No schools had been involved in the OFSTED 'TellUs' survey.

**Overall, local studies suggest that young people welcome having lessons in sex and relationships but are not entirely satisfied with them**

## Relevant National Surveys

There are several recent nation-wide studies of young people's views of RSE, which include a proportion of young people from the South West although they may not reflect local priorities. Broadly speaking, the outcomes of these studies reflect and extend the findings from the local studies reviewed so far. Some general reports relevant to RSE in England, but which do not directly include the views of young people, were also reviewed.

### Studies from HMI / Ofsted 2010 and 2013

There have been two relevant reports from OfSTEd, the school inspection service; one on sex and relationships education from 2002 and another more generally on PSHE in 2010.

**In 2010**, looking at PSHE in general, **OFSTED concluded**:

- Lack of discrete curriculum time in a quarter of the schools visited, particularly the secondary schools, meant that programmes of study were not covered in full. The areas that suffered included aspects of sex and relationships education.
- The assessment and tracking of pupils' progress in PSHE education were inadequate in 15 of the 73 secondary schools visited. The assessment of PSHE was ineffective in important respects in about half of the primary and secondary schools, although elements of it were in place.

Among other recommendations, **OFSTED suggested**:

**Local authorities should:**

- ❑ consider how they can support schools most effectively in developing PSHE education programmes by providing access to high-quality continuing professional development.
- ❑ facilitate networks of teachers to develop PSHE knowledge and skills and, in particular, encourage the involvement of schools where the provision is weak.

**Schools should:**

- ❑ ensure that the timetable is organised so PSHE education is coherent, comprehensive and of high quality.
- ❑ meet the needs of pupils for timely and appropriate teaching about high-risk areas such as sex and relationships, drugs and mental health issues.
- ❑ implement systems for assessing and tracking pupils' progress in PSHE education.
- ❑ involve and consult parents more in developing and implementing the PSHE

### Ofsted 2013

In 2013 Ofsted reported that PSHE including RSE was still not good enough.

Relationships and Sex education required improvement in over a third of schools. It found that in secondary schools it was because too much emphasis was placed on 'the mechanics' of reproduction and too little on relationships, sexuality, the influence of pornography on students' understanding of healthy sexual relationships, dealing with emotions and staying safe. The Ofsted inspection

framework requires that PSHE/RSE lessons are subject to the same expectations as other subjects in relation to the achievement of students and the quality of teaching (Ofsted, 2013).

### ▣ Study from HBSC 2011

The Health Behaviour of School Children study is an international collaborative research exercise carried out in a number of EU countries with the support of WHO.

The English 2010 **study revealed:**

- The proportion of young people who reported having had sexual intercourse at age 15 has not changed markedly since 2006, although the proportion has decreased since 2002.
- However, use of condoms at last intercourse appears to have decreased among girls who are sexually active while reports of use of the contraceptive pill had increased.
- In 2010 HBSC Scotland reported a reduction in condom use among 15-year-olds, but no corresponding increase in pill use (Currie et al. 2011).
- Reported level of contraceptive pill use was however lower in this English HBSC sample than in comparable samples in other Western European countries such as the Netherlands (Currie et al. 2008).
- There has been growing concern about the 'sexualisation' of young people (NSPCC 2011<sup>9</sup>) and that adolescents are increasingly at pressure of becoming sexually active at a young age, but sexually active 15 year olds in 2010 did not report lower age of first sexual intercourse than they did in 2002.

The study was light on **recommendations**, but noted:

- ▣ Considering that young people are the age group most at risk for sexually transmitted infections, the importance of condom use may need to be promoted more strongly. Further, a sizeable minority of young people reported having not used any form of contraception at last intercourse, putting themselves at considerable risk of both pregnancy and sexually transmitted infections.

### Study from Durex 2011

English adults visiting websites of three organisations - the National Confederation of Parent Teacher Associations, the National Association of Head Teachers and the National Governors Association - were invited to take part in an online survey. The authors of the report **conclude:**

- It is apparent from the research that parents, school leaders and governors taking part are all strongly in favour of the provision of RSE the classroom and at home
- Parents believe they have a key role to play, but need more information and resources on how to do this adequately

<sup>9</sup> Premature sexualisation: understanding the risks. NSPCC 2011.

[http://www.nspcc.org.uk/Inform/policyandpublicaffairs/consultations/2011/premature\\_sexualisation\\_pdf\\_wdf81574.pdf](http://www.nspcc.org.uk/Inform/policyandpublicaffairs/consultations/2011/premature_sexualisation_pdf_wdf81574.pdf) Accessed 30th October 2012.

The subjects in this sample were self-selected so the results should not be taken to represent the general population. However, they are broadly in keeping with other evidence.

Some **recommendations** emerged:

- ❑ More training is needed for teachers to be able to properly deliver RSE lessons
- ❑ A greater range of resources need to be made available to both teachers and parents
- ❑ In light of the report's findings, the three organisations involved are calling for three specific changes to the way RSE is delivered:
  - All children and young people should be entitled to quality RSE in school
  - Teachers should be given appropriate training to deliver RSE effectively
  - Appropriate resources should be made available to support the teaching of RSE

## Studies from Sex Education Forum 2008 & 2011

The FPA and the SEF have been saying for some years that, in their view, sex education is *too little, too late and too biological*, and have more recently been able to put this on a more secure basis of evidence. **They found:**

- The majority of pupils thought that 18 of 19 topics in sex and relationship education listed should be taught before age 14 (pupils in Year 9 are aged 13-14 years).
- Sex and relationship education is inconsistent and needs to improve (34% said their sex education was bad or very bad).
- It is too biological, too late and ends too soon.

The two **recommendations** for practice were:

- ❑ More teacher training is required: teachers lacked confidence and in many cases knowledge.
- ❑ Better practice was needed, which means: being taught by a competent non-judgmental educator, in a safe environment, with repetition of learning through the years, and with one-to-one help being made available after the class.

The SEF have followed up this study with a more focussed look at **education about HIV/AIDS**.

The **main findings** were:

- 1 in 4 young people learnt nothing about HIV and AIDS at school.
- There are substantial gaps in knowledge about HIV and AIDS.
- Learning outside school was often more important than school lessons.

Young people had many **suggestions** for improving HIV and AIDS education:



- ❑ More detail is needed.
- ❑ Know what you're talking about.
- ❑ Make learning active.
- ❑ Start earlier.
- ❑ Include the social side of it.
- ❑ Be balanced.
- ❑ Challenge stereotypes.
- ❑ Make RSE matter.

## Brook study 2011

These **headlines** included:

- One in four (26%) secondary pupils get no RSE in school whatsoever.
- A quarter (26%) of those who do get RSE say the teacher isn't able to teach it well.
- Almost half (47%) of today's secondary school pupils say Sex and Relationships Education (SRE) doesn't cover what they really need to know about sex.
- RSE fares particularly badly when it comes to teaching pupils about relationships, with only 6% saying they get the information on relationships that they need in RSE lessons.
- The information void this creates isn't filled by parents – only 5% of young people get their information from their mum and 1% from their dad.
- 81% of teenagers are getting most of their sexual health knowledge from less reliable sources (friends, TV, online porn), leaving them vulnerable and ill-prepared to navigate their way through relationships<sup>10</sup>.
- Only 13% of 14-18 year olds learn most about sex from their RSE teacher, and just 5% from Mum and 1% from dad at home. The largest number – 36% – say they learn from friends their own age.
- Most young people have heard 'myths' from friends about conception and infection, such as 'women cannot get pregnant if they have sex standing up'.
- 82% of young people say schools should listen to young people when shaping RSE, although 78% said they had not been consulted.

---

<sup>10</sup> We have some old evidence suggesting that pupils whose main source of information about sex was friends actually had the best understanding of HIV/AIDS infection, better than those who relied mainly on school. [Balding J & Regis D (1991). 'What do young people know about AIDS?' *Education and Health* 9(1),12-15.] We interpreted this paradoxical result as indicating that being part of a social group where sex can be actively discussed allowed pupils to identify and dispel myths as much as become exposed to them, while a pupil who met sexual health information only in school may never have their confusions exposed and challenged. It is a tenet of PSHEE that interactive approaches are more effective, and our findings may show the results of a natural experiment demonstrating its truth. There is also a very recent paper which also shows an association between adolescents' informal sources of information about sex and better sexual risk outcomes [Secor-Turner *et al.* (2011). 'Associations between sexually experienced adolescents' sources of information about sex and sexual risk outcomes'. *Sex Education* 11(4), pp. 489-500]. DOES THIS COMMENT NOT CONFUSE?



While it is not clear from this study exactly what young people think they *'really need to know'* about sex or relationships, there is a list of the top 10 topics that young people wanted to see addressed in relationships and sex education classes:

- 72% - body confidence
- 71% - how to avoid peer pressure to have sex
- 69% - how to treat a boyfriend or girlfriend
- 65% - love
- 61% - virginity
- 60% - whether I am feeling the same as others my own age
- 58% - sexual attraction
- 56% - how to behave in a relationship
- 54% - whether my experiences are similar to others my own age
- 52% - homosexuality

There are **no direct recommendations** from this report, but it is linked to their on-going campaign:

- In light of this research, Brook is launching the *'Say YES to 21st Century Sex and Relationships Education'* campaign to give today's teenagers their say on how they want to be taught RSE and what they want to learn, as part of its wider *Sex:Positive* work.

This would include:

- Giving young people an opportunity to speak up about what they need to know and understand.
- Lessons taught by well-trained professionals who are confident about the subject.
- Focussing as much on relationships, consent, human sexuality and the emotional side of growing up as on the biology of reproduction.
- As part of the joint FPA/Brook response to the review of PSHE conducted by the Government, consultation about which concluded in November 2011, we find three recommendations relevant to local concerns:
  - 1. Put young people at the centre of RSE content development**, and consult them about both creating national guidance and making local policy within schools.
  - 2. Create formal RSE teaching qualifications** that will help develop high-quality leadership, management and teaching of RSE.
  - 3. Make RSE right for the age, maturity and understanding of both children and young people**, and make sure the learning is as rigorous and as challenging as all other subjects in the curriculum.

## Channel 4, 2011

The main findings were:

- 49% felt they had received too little RSE in their schools while a similar proportion thought they received about the right amount.
  - Nearly 10% of pupils described their RSE lessons as 'unnecessary', and only 71% thought that RSE should be offered to all pupils.
  - Overall 54% thought that the sex education they had was OK, a figure that did not greatly change across the year groups.
  - 56% said they are most likely to learn about sex from their friends, 55% from teachers.
  - 82% wanted sex and relationships education to come from a trained young person.
  - 49% of pupils felt awkward asking questions in their RSE lessons taught by teachers, compared to only one in five who felt comfortable asking questions.
  - 67% of pupils said they would be comfortable asking questions to a trained young person.
  - 70% wanted to receive more RSE lessons taught by a trained young person compared to 3% who didn't.
- The clear message from this survey is that teenagers wanted to receive more RSE lessons taught by a trained young person.

## Discussion

**Overall, the data collected from the South West region indicates that nothing seen in any local study is significantly inconsistent with what is seen in other parts of the South West. Moreover, the picture obtained from reviewing local studies generally reflects what is seen nationally.**

### **Summaries of the National Studies are more easily found than the full reports.**

Moreover, where more detail has been available, the emphasis given when reporting the findings could have been different. For example, it is interesting to compare the figures chosen for press reports with the actual complete findings from the Channel 4 study from November 2011. Puffett<sup>11</sup>, when reporting about this study, gave the bald statement "56% said they are most likely to learn about sex from their friends", but a more balanced reading of the full results<sup>12</sup> says "56% said they are ... likely to learn about sex from their friends, 55% from teachers".

A similar example is the finding from the UK Youth Parliament study: "55% of all 12-15 year olds, and 57% of girls between the ages of 16-17 had not been taught how to use a condom".

It is not always possible to see how the recommendations made in reports relate to the findings obtained.

For example, a study may have asked questions about a range of topics yet include a recommendation about a matter that was not investigated.

### **The information available locally is rather patchy.**

We don't have information from everywhere, and where we have information it does not always use the same methods, questions or sampling. Having acknowledged these limitations, there are some more positive things to say about the local evidence:

For example, SHEU studies suggest that around 10% of pupils locally cannot remember any lessons in RSE; Brook's national study, including a proportion of young people who had left school, has an equivalent figure of 26%. Unless lessons in South West schools are much more prevalent or memorable than elsewhere – which is not completely borne out by comparing SHEU surveys in the South West with wider SHEU samples – some question must be raised about the discrepancy. However, some South West pupils who do remember lessons in RSE may regard them as of little or no use – up to 15%. So we still find that about a quarter of current or former pupils feel poorly served by their experience of RSE in school. We cannot approach the 50% figure reported in some

<sup>11</sup> Puffett, N (2011). Teenagers want sex education from their peers, study finds. *Children and Young People Now*. <http://www.cypnow.co.uk/Education/article/1104574/teenagers-want-sex-education-peers-study-finds/> Accessed 17<sup>th</sup> Nov 2011.

<sup>12</sup> [http://www.comres.co.uk/polls/Battlefront\\_data\\_tables\\_Nov11.pdf](http://www.comres.co.uk/polls/Battlefront_data_tables_Nov11.pdf) Accessed 17<sup>th</sup> Nov 2011 & copy downloaded for reference.

national retrospective studies, but we can conclude that a significant proportion of young people perceive that they get little or nothing of value from their schools in regard to RSE.

**Some other important general findings include:**

Even though schools may give too much weight to the biological and medical aspects of RSE, there are some important thin patches for these topics in young people's understanding, as shown by the SHEU results for contraception and infections. This is also consistent with the findings of Westwood & Mullen (2006)<sup>13</sup>, who concluded: "knowledge regarding sexually transmitted infections and emergency contraception is poor for all age groups."

There is a long-standing consensus among adults (professionals, parents and others) about RSE which is generally supportive of comprehensive, frank sex education in schools. This has been documented over many years by the SHEU and FPA, among others<sup>14</sup>.

The views of adult professionals and of young people overlap to some extent but also show some differences. For example, the North Somerset study reported that professionals talked generally about "How to communicate effectively and develop good interpersonal skills" while young people would more typically mention "Young people need to know how to stop things from going too far". Similarly, in the same report, professionals are seen to have laid some emphasis on the arguments for delaying sexual activity, which was not something volunteered by young people, a result also seen in Plymouth.

Lastly, it is important to remember the context in which RSE takes place. RSE is one element that schools have to juggle, in the context of many other pressures on schools. In 2000, AVERT reported that:

The general pressure on schools and teachers is widely acknowledged. What is significant in this study is that we have some objective evidence not just that this pressure exists, but that it has an impact on schools' capacity to deliver quality sex education.<sup>15</sup>

There is no evidence to suggest that the pressures on schools have diminished since writing that report.

---

<sup>13</sup> Westwood J & Mullan BA (2006). 'Knowledge of secondary school pupils regarding sexual health education.' *Sex Education*, 6(2), pp.151-162.

<sup>14</sup> e.g. <http://www.fpa.org.uk/professionals/factsheets/sre#ri04> see also:

Balding JW, Code T and Redman K (1989). 'Health Education Priorities for the Primary School Curriculum.' Exeter: SHEU, University of Exeter. ISBN 0 85068 101 4.

Regis, D (1996). 'The Voice of Children in Health Education: use of the *Just a Tick* method to consult children over curriculum content.' In John, M (Ed.): *Children in our charge: the child's right to resources*. London: Jessica Kingsley. ISBN 1 85302 369 8

<sup>15</sup> Lawrence J, Kanabus A & Regis D (2000). *A Survey of Sex Education Provision in Secondary Schools*. Horsham: AVERT.

# Recommendations

The findings are drawn from the studies reviewed; the recommendations are drawn from these studies and include some suggestions from the author.

| ○ FINDINGS   | □ RECOMMENDATIONS   |
|--|---|
| <ul style="list-style-type: none"> <li>○ Evidence from one county suggests that many schools do not involve young people in the design and content of the RSE programme and a significant minority do not check that the content of the RSE programme they deliver meets the needs of their young people.</li> </ul> | <ul style="list-style-type: none"> <li>□ Schools can be encouraged to consult pupils over the content and approach of RSE; an appropriate toolkit, “Are We Getting it Right?’, is available from the Sex Education Forum<sup>16</sup>.</li> </ul>   |
| <ul style="list-style-type: none"> <li>○ Schools generally give too much emphasis to the biological and medical aspects of sex education e.g. contraception, sexually transmitted infections.</li> </ul>   | <ul style="list-style-type: none"> <li>□ Schools can be encouraged to audit the coverage of their programmes; some lists of topics which might make the basis of an audit of content are to be found in Appendix 3 (p.64) and the non-statutory Programmes of Study from the QCDA would be another starting point. Also, Dorset have an online tool for the audit of PSHE as a whole which is available at: <a href="http://www.pshe-association.org.uk/news_detail.aspx?ID=546">http://www.pshe-association.org.uk/news_detail.aspx?ID=546</a></li> <li>□ The RSE Hub has developed a self-review framework for RSE. For more information contact <a href="mailto:info@rsehub.org.uk">info@rsehub.org.uk</a> or visit <a href="http://www.rsehub.org.uk">www.rsehub.org.uk</a></li> <li>□ A model curriculum was developed by the Government Office for London<sup>17</sup>, which has been updated by and is currently most easily found through the Sex Education Forum<sup>18</sup>; there is another scheme of work in the QCDA guidance. Schools could adapt such a programme to suit their circumstances and the results of their audit and consultation.</li> </ul> |

<sup>16</sup> Martinez A & De Meza L (2008). *Are you getting it right? A toolkit for consulting young people on sex and relationships education*. London: NCB.  
[http://www.ncb.org.uk/media/188102/sef\\_audit\\_toolkit\\_wales\\_english\\_2010.pdf](http://www.ncb.org.uk/media/188102/sef_audit_toolkit_wales_english_2010.pdf) [Accessed 31 Jan 2012]

<sup>17</sup> <http://www.ncb.org.uk/sef/practice/sex-and-relationships-education/core-curriculum-for-sre>

<sup>18</sup> Primary and secondary model schemes of work: <http://www.ncb.org.uk/sef/resources/curriculum-design/sow-primary> and <http://www.ncb.org.uk/sef/resources/curriculum-design/sow-secondary> [Accessed 31 Jan 2012]

|  |   |
|--|---|
| <ul style="list-style-type: none"> <li>○ There are important gaps in young people's understanding of the biological and medical aspects of sex education.</li> </ul>       | <ul style="list-style-type: none"> <li>□ Teachers can be encouraged to make use of available information about biological and medical aspects and ensure that an appropriate level of detail is retained by their pupils.</li> <li>□ Local health professionals may be able to support teachers and/or lead sessions.</li> <li>□ Suitable sources of information include:<br/> <a href="http://brook.org.uk">http://brook.org.uk</a><br/> <a href="http://www.teenagehealthfreak.org/topics/sex">http://www.teenagehealthfreak.org/topics/sex</a><br/> <a href="http://www.fpa.org.uk/helpandadvice">http://www.fpa.org.uk/helpandadvice</a><br/> <a href="http://www.youthhealthtalk.org/Sexual_Health_of_Young_People/">http://www.youthhealthtalk.org/Sexual_Health_of_Young_People/</a> </li> </ul> |
| <ul style="list-style-type: none"> <li>○ Pupils want their relationships and sex education to be led by confident staff who know what they are talking about.</li> </ul>   | <ul style="list-style-type: none"> <li>□ Available opportunities for training and certification in RSE and PSHEE must be publicised; providers are usually active on their own behalf.</li> <li>□ Good practice in mentoring RSE / PSHEE teachers should be identified and disseminated</li> <li>□ As well as trained and confident staff, appropriate and up-to-date resources are required. Lists of resources are maintained by the Sex Education Forum with a checklist of criteria for choosing materials<sup>19</sup>.</li> </ul>   |
| <ul style="list-style-type: none"> <li>○ Most young people want their sex education to include non-judgemental discussion and other active learning approaches.</li> </ul> | <ul style="list-style-type: none"> <li>□ Teachers who do not currently feel able to approach RSE in this way should be encouraged to make use of available INSET and mentoring opportunities.</li> </ul>  |
| <ul style="list-style-type: none"> <li>○ The majority of young people are happy to be introduced to topics like same-sex relationships, pleasure and abortion.</li> </ul>  | <ul style="list-style-type: none"> <li>□ Liaison with parents/carers is important.</li> <li>□ Teachers who do not currently feel able to approach these topics should be encouraged to make use of available INSET and mentoring opportunities.</li> </ul>  |

All internet links were correct at time of writing but document locations are subject to change

<sup>19</sup> <http://www.ncb.org.uk/sef/resources/resources-for-sre>

|   |  |
|---|--|
| <ul style="list-style-type: none"> <li>○ An approach that is appropriate for many pupils may not be acceptable in the culture of some young people or their families</li> </ul>   | <ul style="list-style-type: none"> <li>❑ Single-sex groupings and other arrangements need to be considered to ensure an equal opportunity to learn in a comfortable environment.</li> <li>❑ Schools can be encouraged to consult pupils over the content and approach of RSE; an appropriate toolkit, 'Are We Getting it Right?'<sup>20</sup> is available from the Sex Education Forum.</li> </ul>                |
| <ul style="list-style-type: none"> <li>○ A minority of pupils do not identify as heterosexual and/or express significant anxiety about sexual or gender identity.</li> <li>○ RSE which is exclusively heterosexual in outlook will not meet their needs.</li> </ul> | <ul style="list-style-type: none"> <li>❑ The needs of pupils who are in a minority in terms of sexual or gender identity must be taken into account when planning the content and approach of RSE in school.</li> <li>❑ Schools can be encouraged to consult pupils over the content and approach of RSE; an appropriate toolkit, 'Are We Getting it Right?' is available from the Sex Education Forum.</li> </ul> |
| <ul style="list-style-type: none"> <li>○ Pupils may be vague about the availability of local sexual health services, including those for young people.</li> </ul>   | <ul style="list-style-type: none"> <li>❑ Schools should give pupils information about relevant local services, in and out of PSHE lessons.</li> <li>❑ Schools should also consider how best to work with local services to make young people aware of where they are and what they do.</li> </ul>  |

<sup>20</sup> Martinez A & De Meza L (2008). *Are you getting it right? A toolkit for consulting young people on sex and relationships education*. London: NCB.  
[http://www.ncb.org.uk/media/188102/sef\\_audit\\_toolkit\\_wales\\_english\\_2010.pdf](http://www.ncb.org.uk/media/188102/sef_audit_toolkit_wales_english_2010.pdf) [Accessed 31 Jan 2012]



## Comments from RSE Hub members

Some further discussion points are outlined below:

- It is well known that the risk and resilience factors that influence young people across a range of behaviours are very similar and closely linked. For example, links with substance use, mental health, and offending as well as the broad scope of sexual health issues outlined in the context to this report. When RSE learning is investigated in a narrow and isolated way, it does not reflect the lived reality of young peoples lives where much wider issues about unmet or poorly met needs are inextricably bound together. **The RSE Hub would like to see future research better reflecting that complexity of lived experience for young people.**
- These studies show that young people have been repeatedly asked about their opinions with regard their RSE learning yet there is little documented evidence of how their feedback has informed actual changes in practice, policy and resourcing. **The RSE Hub would like to see future research commissioned as a package that includes capacity and funding to act on the findings.**
- A number of the national surveys gave lists of possible topics for young people to prioritise from in their RSE learning but the lists do not contain all of the same topics so they cannot be fairly compared with each other. For instance, in the topic lists given in Appendix 3 (p.64), only the SEF 2008 study specifies '*the effects of alcohol and other drugs on sexual behaviours*' and the AVERT 2000 study lists '*fertilisation, pregnancy and birth*' but does not specify abortion/pregnancy choices. Where there are commonalities, the topics are not identically worded; so, while the SEF 2008 study offers 'pleasure' as an option, the nearest parallel in the FPA 2008 study refers to '*the enjoyable and good things about sex*' and the AVERT 2000 study phrases it as '*“love-making” i.e arousal, foreplay, intercourse*'. As an adult it is possible to see that they are relating to very similar areas of learning but the language used is likely to elicit quite different responses in young people. **The RSE Hub would like to see future research designed and coordinated so it is robust, repeatable, well piloted and comparable; like with like; so trends and differences can be more accurately identified.**
- All of the data collected from young people in this data set have come through anonymous surveys and are mainly concerned with testing factual recall, subjective evaluation of the content and value of RSE, and suggestions for an improved RSE programme through content and delivery methods. There is an absence of data from young people that is generated through interviews, focus groups, observation of RSE lessons or action research. Individual young people are also surveyed once, at a single point in time. While these data are useful they are limited in what they can tell us about young people's passage through their RSE learning and how the formal and informal aspects of it relate to and influence each other. Young people's learning comes not just from school and there is scope for research that examines how young people assimilate, understand and act on the often conflicting messages they receive. To understand why so many young people perceive their RSE as unhelpful or of little value, it is important to also look beyond the confines of content, method and quality of school-based teaching to include an appreciation of their entire learning experience about sex and relationships. **The RSE Hub would like to see future research making a deeper examination of young people's whole**



**RSE learning experience both over time and through all formal and informal aspects of their learning.**

- A significant proportion of young people stated they were not satisfied with their RSE teaching and preferred to be taught by other young people. It must be questioned whether that is because they also have experience of being taught by young people and can make a considered comparison or because they are dissatisfied with their teaching and imagine that young people would be better at it. Equally, in schools where more young people are satisfied with their RSE teaching, it would be of interest to know if a smaller proportion of young people consider it preferable to be taught by their peers.
- It is of note that having the option to be taught by peers is not offered in any other area of the curriculum and this could send a powerful message about the importance it is given relative to other areas of academic learning. It would be unthinkable to suggest that science or language teaching could be delegated to school students yet this most sensitive and potentially life-affecting area of learning is considered amenable to being deputised to other young people who are in the midst of their own journey of discovery.
- Informal learning from peers, though, is often cited as a valued source and there is some evidence to suggest that young people who are learning from well-informed peers have better understanding of some areas of RSE than those relying solely on school-based teaching. **The RSE Hub would like to see future research giving greater attention to exploring what the informal learning environment offers that school may not.**
- The recommendations about 'appropriate' teachers, teacher training, resources and teaching methods, which are made consistently throughout this data set, are seldom qualified in a meaningful way. While acting as useful broad guides to future developments, without detail, these recommendations fall short of being able to effectively inform improvements in practice. **The RSE Hub would like to see future research give greater weight to examining the detail of good RSE teaching, training and resources.**

# Appendix 1 - The context of young people's relationships and sex education in 2013

This does not constitute a comprehensive literature review but simply gives at least one example of the evidence base for needing to address each of the sexual health-related issues identified.

- **Violence in teen relationships**
  - [Partner exploitation and violence in teenage intimate relationships](#)  
Barter C., McCarry M., Berridge D., Evans K. NSPCC: September 2009
  - A [new definition of domestic violence](#) has recently been announced and now includes reference to young people aged 16 and 17 and to a wider range of coercive and controlling behaviours
  
- **Sexualisation of young people**  
[Letting Children be Children](#) Report of an Independent Review of the Commercialisation and Sexualisation of Childhood  
Department for Education: June 2011
  
- **Sexually Transmitted Infections**
  - Latest [STI data from the Health Protection Agency](#) showing continued rate rises with 16-24 year olds at greatest risk.
  
- **Sex and young disabled people**
  - Leonard Cheshire Disability supported an award-winning 3-year project, [In Touch](#), evidencing need and producing resources to support RSE specifically to meet the needs of young disabled people.
  
- **Under-18 conception**
  - Department of Health data shows progress over the course of the 10-year [Teenage Pregnancy](#) Strategy with a detailed animated progress graph for all areas of the country.
  
- **Child sexual exploitation**
  - [Barnado's](#) have published a series of reports on the sexual exploitation of children in the UK and the issue is currently highlighted by the serious case review in Rochdale and by Operation Bullfinch in Oxfordshire.

- **Sexually harmful behaviour**
  - The NSPCC reported in 2002 on '[Children and young people who display sexually harmful behaviour](#)'
- **Links between poor sexual health and poor mental health**
  - These links are complex and research in other areas listed here make mention of the links with regard sexual orientation, recovering from abuse and exploitation, risk factors for under-18 conception and family violence.
- **Links between poor sexual health and substance use – particularly alcohol**
  - The Independent Advisory Group on Sexual Health and HIV published '[Sex, Drugs, Alcohol and Young People](#)' in 2007
- **Sexuality, sexual orientation, homophobia and hate crime**
  - Stonewall's 'Education for All' campaign is underpinned by their '[School Report](#)' highlighting the widespread experience of bullying and homophobic language in Britain's schools.
  - EACH review of evidence into [Homophobic Bullying How well do we understand the problem?](#)
- **Forced marriages and FGM**
  - The Home Office have issued guidance on recognising, reporting and preventing both [forced marriage](#) and [FGM](#).
- **The pleasure principle**
  - The FPA (Formerly Family Planning Association) have issued an evidence-based [policy statement on sexual wellbeing and pleasure](#) and offer training in 'The Pleasure Principle'.
- **Pornography**
  - In 2009, Brook, Centre for HIV and Sexual Health, FPA and The National Youth Agency produced a briefing for workers on '[Young People and Pornography](#)'
  - [Basically porn is everywhere](#) A Rapid Evidence Assessment of the effects that access and exposure to pornography have on children and young people
- **On-line safeguarding**
  - The [UK Council for Child Internet Safety](#) (UKCCIS) brings together links to current research and understanding about online safeguarding for children and young people

- **Sex and the law**

- The FPA offers a [comprehensive and updated briefing](#) on current laws in the UK relating to sex and sexual behaviour.

## Appendix 2: List of studies reviewed

### (1) SHEU studies.

*Every Child Matters survey results.* Unpublished documents, Bristol Council 2009, 2010, 2011.

*Every Child Matters survey results.* Unpublished documents, S Glos Council, 2007, 2008, 2009.

*Health-related behaviour questionnaire results.* Unpublished documents, BaNES, 2011.

*Health-related behaviour questionnaire results.* Unpublished documents, Cornwall County Council, 2009, 2010, 2011.

*Health-related behaviour questionnaire results.* Unpublished documents, Swindon, 2011.

*Health-related behaviour questionnaire results.* Unpublished documents, Wiltshire, 2011.

### (2) Local studies.

*Are you getting it right? An overview of the sex and relationship education in Torbay, 2011.* Janet Horrocks, Torbay Council, 2011.

*Listen and plan: The combined results from the consultation with primary school children regarding their Puberty, sex and relationships education.* Janet Horrocks, Torbay Council, 2011.

*Teenage Conception and Sexual Health Needs Analysis.* Anne Salt and Claire Shiels, for Children's Services, Dorset. 2010.

*The Development of LUSH (Love Ur Sexual Health): A Programme Supplementing Sex and Relationship Education for Vulnerable Young People in North Somerset.* Nicole da Costa, Brook/North Somerset Council 2011.

*An audit to determine the current quality of the SRE provision in Devon primary schools.* Annette Lyons, Devon County Council, 2010.

*An audit to determine Devon Secondary Schools' readiness to meet statutory SRE provision in September 2011.* Annette Lyons, Devon County Council, 2010.

### **(3) National studies.**

*Are you getting it?* UK Young People's Parliament, 2008.

*Findings from the 2010 HBSC study for England.* Health Behaviour in School-aged Children (HBSC): World Health Organization Collaborative Cross National Study. WHO England 2011

*Key findings: Young people's survey on sex and relationships education.* NCB/Sex Education Forum, 2008.

Knowledge of secondary school pupils regarding sexual health education Westwood, J., & Mullan, B. A.. *Sex Education*, 6(2), 151-162. 2006

Knowledge and attitudes of secondary school teachers regarding sexual health education in England *Sex Education*. Volume 7, Issue 2, pages 143-159 2007

*Personal, social, health and economic education in schools.* OFSTED 2010

*Sex and relationships education in schools.* HMI 433 (2002).

*Sex and Relationship Education: Views from teachers, parents and governors.* Durex 2010

Teenagers want sex education from their peers. Channel 4, 2011

UK sex and relationships education fails to prepare young people for modern day life. Brook 2012

*Young people's experiences of HIV and AIDS education.* Sex Education Forum, 2011.

## Appendix 3: Details of studies reviewed

Material has been directly quoted where appropriate.

### (1) SHEU studies

| Area                    | BaNES  |
|-------------------------|--|
| <b>Date &amp; title</b> | 2011 BaNES Health-related behaviour questionnaire  |
| <b>Commissioner</b>     | NHS BaNES  |
| <b>Provider</b>         | SHEU   |
| <b>Scope</b>            | 2331 Secondary school pupils   |
| <b>Aims</b>             | Health and lifestyle survey of school pupils to provide local information for review and planning  |
| <b>Questions</b>        | <p>How much do you worry about the problems listed below? <i>Thinking you are gay, lesbian or bisexual.</i></p> <p>How useful have you found school lessons about the following? <i>Sex and Relationships Education.</i></p> <p>Here is a list of sexually transmitted infections. For each one, please choose the answer that describes best what you know about them.</p> <p>Do you know where you can get condoms free of charge?</p> <p>Here is a list of methods of contraception (birth control/family planning). For each one, please choose the answer that describes best what you know about them.</p> <p>What do you know about the following the local services?</p> <p>Where would you go first for help or information about the following? <i>Relationship with boy-/girl-friend / Sexually transmitted diseases/infections</i></p>   |
| <b>Key Findings</b>     | <ul style="list-style-type: none"> <li>○ 3% worry quite a lot or very much about <i>Thinking you are gay, lesbian or bisexual.</i></li> <li>○ 18% found school lessons about <i>Sex and Relationships Education</i> useful.</li> <li>○ 94% have heard of HIV/AIDS and 48% think it can be treated but not cured (Y10: 97% &amp; 61%).</li> <li>○ 82% have heard of <i>Chlamydia</i> and 33% think it can be treated and cured (Y10: 96% &amp; 52%).</li> <li>○ 72% think condoms are reliable to stop pregnancy in Y10 (77%Γ).</li> <li>○ 57% think the Pill is reliable to stop pregnancy in Y10 (45%Γ, 74%E).</li> <li>○ 26% know about a young people's sexual health service (44% Y10E).</li> <li>○ For a problem with <i>Relationship with boy-/girl-friend</i> pupils would go first for help or information to family 23%, Friends 40% and Someone at School 1% and 10% no-one; for <i>Sexually transmitted diseases/infections</i> the figures were 27%, 11%, 2% and 12%. 21% would consult a health professional about STIs.</li> </ul> |
| <b>Recommendations</b>  | (None)   |

| Area                       | Bristol   |
|----------------------------|---|
| <b>Date &amp; title</b>    | 2008-2011 Bristol Every Child Matters questionnaire (SHEU)  |
| <b>Commissioner</b>        | NHS Bristol & Bristol City Council  |
| <b>Provider</b>            | SHEU  |
| <b>Scope</b>               | Secondary school pupils (1400 in 2011)  |
| <b>Aims</b>                | Health and lifestyle survey of school pupils to provide local information for review and planning   |
| <b>Questions (2011)</b>    | <p>Which of these do you use to get information about sex and relationships?<br/>Thinking about sexual health information, have you heard of 4YP Bristol?<br/>Thinking about sexual health information, have you heard of Brook?<br/>Have you heard of the C-card (Condom Card)?<br/>Do you know where you can get condoms free of charge?<br/>If you needed a contraception / sexual health service, do you know where you would go?<br/>Here is a list of sexually transmitted infections. For each one, please choose the answer that describes best what you know about them.<br/>Which of the following best describes how you think about yourself? (sexual identity).<br/>Do you think you are being 'picked on' or bullied for any of the following reasons? Your sexuality e.g. being gay.<br/>How useful have you found school lessons about the following? Contraception and pregnancy / Sexually transmitted infections / Other aspects of sex and relationships</p>                          |
| <b>Key Findings (2010)</b> | <ul style="list-style-type: none"> <li>○ 89% report they have had sex education lessons and 42% think their lessons were at least quite useful.</li> <li>○ Main source of information about sex and relationships: School 28%, Friends 27% &amp; Parents/carers 18% (Y10♀: 20% 36% &amp; 15%).</li> <li>○ 20% heard of 4YP Bristol, 14% know what it is, 5% have used it (Y10♀: 27% 18% &amp; 8%).</li> <li>○ 49% know where you can get condoms free of charge (Y10♀: 49%).</li> <li>○ 21% know where your nearest contraception advice service for young people is (Y10♀: 40%).</li> <li>○ 91% have heard of HIV/AIDS and 49% think that it is treatable but not curable (Y10: 93% &amp; 58%).</li> <li>○ 89% have heard of Chlamydia and 26% think that it is treatable and curable (Y10: 90% &amp; 35%).</li> <li>○ 7% of Y10 pupils do not identify as straight/heterosexual.</li> <li>○ 2% think they are being 'picked on' or bullied because of Your sexuality e.g. being gay (3% Y10)</li> </ul> |
| <b>Recommendations</b>     | (None)  |

| Area                     | Cornwall   |
|--------------------------|--|
| <b>Date &amp; title</b>  | 2009-2011 Cornwall Health-Related Behaviour Questionnaire  |
| <b>Commissioner</b>      | Cornwall County Council  |
| <b>Provider</b>          | SHEU   |
| <b>Scope</b>             | Secondary school pupils (1324 in 2009)   |
| <b>Aims</b>              | Health and lifestyle survey of school pupils to provide local information for review and planning  |
| <b>Questions 2011</b>    | <p>How useful have you found school lessons about the following? Sex and Relationship education.<br/>How much do you worry about the problems listed below? Thinking you are gay, lesbian or bisexual.<br/>Where would you go first for help or information about the following? Thinking you are gay, lesbian or bisexual</p>   |
| <b>Key Findings 2010</b> | <ul style="list-style-type: none"> <li>○ 85% have had school lessons about Sex and Relationship education and 51% think they were quite useful or very useful.</li> <li>○ 4% worry about Thinking you are gay, lesbian or bisexual.</li> <li>○ If worried about Thinking you are gay, lesbian or bisexual, pupils would go first for help or information to family 29%, friends 6%, someone at school 2%, no-one 45%.</li> </ul> |
| <b>Recommendations</b>   | (None)   |

| Area                    | Swindon  |
|-------------------------|--|
| <b>Date &amp; title</b> | 2011 Swindon Health-related behaviour questionnaire (SHEU)   |
| <b>Commissioner</b>     | Swindon Council  |
| <b>Provider</b>         | SHEU   |
| <b>Scope</b>            | 4154 Secondary school pupils   |
| <b>Aims</b>             | Health and lifestyle survey of school pupils to provide local information for review and planning  |
| <b>Questions</b>        | <p>How much do you worry about the problems listed below? <i>Thinking you are gay, lesbian or bisexual.</i></p> <p>How useful have you found school lessons about the following? <i>Sex and Relationship Education.</i></p> <p>Here is a list of sexually transmitted infections. For each one, please choose the answer that describes best what you know about them.</p> <p>Here is a list of methods of contraception (birth control/family planning). For each one, please choose the answer that describes best what you know about them.</p> <p>Please circle the letters of all those contraceptive methods listed above that are reliable to stop infections like HIV/AIDS. If you think none of them are reliable please circle NONE</p>  |
| <b>Key Findings</b>     | <ul style="list-style-type: none"> <li>○ 3% worry quite a lot or very much about <i>Thinking you are gay, lesbian or bisexual.</i></li> <li>○ 36% of pupils think their school lessons about <i>Sex and Relationship Education</i> are at least 'quite useful' (Y8: 36%, Y10: 35%).</li> <li>○ 95% have heard of HIV/AIDS and 46% think that it is treatable but not curable (Y10: 96% &amp; 55%).</li> <li>○ 88% have heard of <i>Chlamydia</i> and 27% think that it is treatable and curable (Y10: 95% and 38%).</li> <li>○ 57% think condoms are reliable to stop pregnancy (Y10♂: 64%, ♀: 55%).</li> <li>○ 48% think the Pill is reliable to stop pregnancy (Y10♂: 51%, ♀: 61%).</li> <li>○ 59% think condoms are reliable to stop infections like HIV/AIDS (Y10♂: 62%, ♀: 66%).</li> <li>○ 57% of pupils know where to get condoms free of charge (Y10♂: 64%, ♀: 83%)</li> </ul> |
| <b>Recommendations</b>  | (None)   |



| Area                     | Wiltshire  |
|--------------------------|--|
| <b>Date &amp; title</b>  | 2008, 2011 Wiltshire Health-related behaviour questionnaire (SHEU)   |
| <b>Commissioner</b>      | Wiltshire County Council   |
| <b>Provider</b>          | SHEU   |
| <b>Scope</b>             | 2330 Secondary school pupils   |
| <b>Aims</b>              | Health and lifestyle survey of school pupils to provide local information for review and planning  |
| <b>Questions 2011</b>    | <p>How much do you worry about the problems listed below? <i>Thinking you are gay, lesbian or bisexual.</i></p> <p>Where would you go first for help or information about the following? <i>Relationship with boy-/girl-friend / Sexually transmitted diseases/infections.</i></p> <p>How useful have you found school lessons about the following? <i>Sex and Relationship education.</i></p> <p>Here is a list of sexually transmitted infections. For each one, please choose the answer that describes best what you know about them.</p> <p>Do you know where you can get condoms free of charge?</p> <p>Is there a special contraception and advice service for young people available locally?</p> <p>Here is a list of methods of contraception (birth control/family planning). For each one, please choose the answer that describes best what you know about them.</p> <p>Please circle the letters of all those contraceptive methods listed above that are reliable to stop infections like HIV/AIDS. If you think none of them are reliable please circle NONE</p>   |
| <b>Key Findings 2008</b> | <ul style="list-style-type: none"> <li>○ If worried about <i>Thinking you are gay, lesbian or bisexual</i>, pupils would go first for help or information to <i>family 42%, friends 21%, someone at school 1%</i>.</li> <li>○ If worried about <i>Sex and relationships</i>, pupils would go first for help or information to <i>family 33%, friends 43%, someone at school 2%</i>.</li> <li>○ 78% have had school lessons about <i>Sex and Relationship education</i> and 41% thought they were <i>quite useful or very useful</i>.</li> <li>○ Here is a list of sexually transmitted infections. For each one, please choose the answer that describes best what you know about them.</li> <li>○ 93% have heard of HIV/AIDS and 63% think that it is treatable but not curable (Y10: 93% &amp; 58%).</li> <li>○ 67% have heard of <i>Chlamydia</i> and 26% think that it is treatable and curable (Y10: 90% &amp; 35%).</li> <li>○ 32% know where to get condoms free of charge (Y10♂: 58%).</li> <li>○ 22% know of special contraception and advice service for young people available locally (Y10♀: 39%).</li> <li>○ 71% think condoms are reliable to stop pregnancy (Y10♀: 77%).</li> <li>○ 55% think the Pill is reliable to stop pregnancy (Y10♀: 76%).</li> <li>○ 49% think condoms are reliable to stop infections like HIV/AIDS (Y10♂: 56%, ♀: 66%).</li> <li>○ Please circle the letters of all those contraceptive methods listed above that are reliable to stop infections like HIV/AIDS. If you think none of them are reliable please circle NONE</li> </ul> |
| <b>Recommendations</b>   | (None)   |

| Area                    | South Gloucestershire   |
|-------------------------|---|
| <b>Date &amp; title</b> | 2005-2010 S Glos Every Child Matters questionnaire  |
| <b>Commissioner</b>     | S Glos Council555   |
| <b>Provider</b>         | SHEU  |
| <b>Scope</b>            | 2000+ Secondary school pupils in 2008   |
| <b>Aims</b>             | Health and lifestyle survey of school pupils to provide local information for review and planning                   |
| <b>Questions</b>        | The school has helped me understand more about growing up and body changes (puberty)                                |
| <b>Key Findings</b>     | <ul style="list-style-type: none"> <li>○ 36% of Y7 pupils and 58% of Y10 pupils agree with the statement</li> </ul> |
| <b>Recommendations</b>  | (None)  |

|                         |   |
|-------------------------|---|
| <b>Area</b>             | <b>South-West</b>   |
| <b>Date &amp; title</b> | 2009-2011 Local FE student surveys  |
| <b>Commissioner</b>     | Colleges in BaNES, Swindon, Wiltshire   |
| <b>Provider</b>         | SHEU  |
| <b>Scope</b>            | 16-19y (mainly), N=1000+  |
| <b>Aims</b>             | Health and lifestyle survey of school pupils to provide local information for review and planning   |
| <b>Questions</b>        | <p>59. Which of the following best describes your knowledge about sex?</p> <p>60. Which of the following best describes your sources of information about sex?</p> <p>61. I have felt sexual attraction for:</p> <p>62. I have had sex with:</p> <p>63. Please indicate how many sexual partners you have had in your lifetime:</p> <p>64. On the last occasion you had sexual intercourse did you use any sort of contraception or other protection? If Yes, what type of contraception did you use?</p> <p>65. If you used a condom on the last occasion did you use it mainly to reduce the chances of pregnancy?</p> <p>66. If you used a condom on the last occasion did you use it mainly to reduce the chances of infection?</p> <p>67. On the last occasion that you had sex with a new partner did you...?</p> <p>68. Have you or your partner ever taken emergency contraception? (the 'morning after pill') a) how many times? b) where did you (or your partner) get emergency contraception? (the 'morning after pill')</p> <p>69. Have you or your partner ever had a sexually transmitted infection? If so, was it any of the following?</p> <p>70. Have you or your partner ever had a termination of pregnancy (i.e. an abortion)</p> <p>71. If you have sex with a new or future partner do you think you will:</p> <p>72. Do you know where you can get condoms free of charge? If yes, please write where</p> <p>73. Are you able to get condoms free of charge at College?</p> <p>74. For how long after sexual intercourse is emergency contraception (the 'morning after pill') effective?</p> <p>75. How often have you worried about the things listed below in the last month?</p>  |
| <b>Key Findings</b>     | <ul style="list-style-type: none"> <li>○ About 80% of students say they know pretty much all they need about sex, while most of the rest say My knowledge is OK, but I would still like to know more. Just 2% say I don't know enough.</li> <li>○ Over 90% say that I know where to go for more information/support about sex</li> <li>○ 6% of students say they have felt sexual attraction to both men and women; 3% to no-one.</li> <li>○ 74% say they have had sex, mostly with more than one partner over their lifetime.</li> <li>○ 72% of students said they used contraception on the last occasion they had sexual intercourse. If they used a condom, students were about evenly divided as to whether they saw it as primarily to avoid pregnancy or to avoid infection.</li> <li>○ About 20% of students worry about sexually transmitted infections at least 'sometimes'</li> <li>○ 37% said they or their partner had ever used emergency contraception, sometimes more than once, obtained mostly from either their own GP or directly from a pharmacist.</li> <li>○ Less than half of students give a correct figure for how long after sexual intercourse emergency contraception can be taken with effect.</li> <li>○ 6% report they have ever had a sexually transmitted infection, most commonly Chlamydia (76% of all students, more among females), thrush (40% of all students, more among females) or genital warts (20%). 9% report gonorrhoea.</li> <li>○ 11% say that they or their partner have ever had a termination of pregnancy.</li> <li>○ 64% said they used a condom on the last occasion they had sex with a new partner.</li> <li>○ About 80% of students said they would use a condom on the next occasion they have sex with a new partner, but about 22% said they would take no precautions against infection.</li> <li>○ About 60% say they can get free condoms at college.</li> </ul> |
| <b>Recommendations</b>  |   |

## (2) Local studies

| Area                    | Torbay  |
|-------------------------|---|
| <b>Date &amp; title</b> | 2010 Listen and plan: The combined results from the consultation with primary school children regarding their Puberty, sex and relationships education  |
| <b>Commissioner</b>     | Torbay Council  |
| <b>Provider</b>         | Janet Horrocks  |
| <b>Scope</b>            | Primary school pupils N=201   |
| <b>Aims</b>             | consult with local primary schools and children about their existing SRE with the view to further improving PSHE and SRE for future lessons   |
| <b>Questions</b>        | <p>What do you know about relationships and friendships?<br/>           What do you know about puberty?<br/>           What would you like to learn about to do with relationships and friendships?<br/>           What would you like to learn about to do with puberty?</p> <p><u>Agree/Disagree statements:</u></p> <p><i>Schools should teach pupils the importance of values such as respect, love &amp; care.</i><br/> <i>Homosexuality can be discussed as part of school lessons.</i><br/> <i>Sex is an embarrassing subject and shouldn't be spoken about at all in school.</i><br/> <i>It is important to wait until you are married to have sex.</i><br/> <i>Schools should teach about lots of different religious beliefs.</i><br/> <i>Your parents should teach you about puberty, not school.</i><br/> <i>Schools should use pictures / DVDs which show nudity in puberty lessons in school.</i><br/> <i>Schools should teach you how to make your own decisions.</i><br/> <i>It is important to have a best friend.</i><br/> <i>You should learn about sex in primary school.</i><br/> <i>You should learn about puberty in primary school.</i><br/> <i>It is important to learn the correct names for sexual/reproductive body parts.</i><br/> <i>It is important to learn about the changes that happen to the opposite sex during puberty.</i></p> |
| <b>Key Findings</b>     | <ul style="list-style-type: none"> <li>○ The majority of year 5 pupils are unsure of the word puberty; however they do know some of the changes that take place, and both year 5 and 6 confuse puberty with sex.</li> <li>○ It is quite apparent that the majority of the children would like more information about relationships.</li> <li>○ There is a wealth of resources available to support this learning including story book projects, DVD's, Body Boards etc. all of which are available from Janet Horrocks.</li> </ul>  |
| <b>Recommendations</b>  | <ul style="list-style-type: none"> <li>❑ Puberty lessons should not be left to the end of year 5 and 6. A whole school approach is a necessity from early year's classes to leaving school age, in order for the children to develop the confidence and maturity to enable them to learn about relationships, their bodies and body development as well as acquiring correct terminology along with learning skills to use this knowledge.</li> <li>❑ I strongly recommend all teaching staff and non-teaching staff receive domestic violence training.</li> <li>❑ Some recommendations come from the children themselves; leaflets would be good to take home, with would encourage discussions between parents and children, it was also suggested that by having something to look at and read together lowers embarrassment.</li> </ul>  |

| Area                    | Torbay  |
|-------------------------|---|
| <b>Date &amp; title</b> | 2011 Are you getting it Right? An overview of the sex and relationship education in Torbay 2011   |
| <b>Commissioner</b>     | Torbay Council  |
| <b>Provider</b>         | Janet Horrocks  |
| <b>Scope</b>            | ? consult with local secondary schools and children about their existing SRE with the view to further improving PSHE and SRE for future lessons   |
| <b>Aims</b>             | Secondary school pupils N=191   |
| <b>Questions</b>        | <p>What SRE do you remember learning?</p> <p>What teaching style/resources were used?</p> <p>What were the gaps? What else do you think you need to learn about?</p> <p><u>Agree/Disagree statements:</u></p> <p><i>Schools should teach pupils the importance of values such as respect, love and care.</i></p> <p><i>Homosexuality should not be mentioned school lessons.</i></p> <p><i>Sex is an embarrassing subject and shouldn't be spoken about at all.</i></p> <p><i>You don't have to be married to have a strong and supportive relationship.</i></p> <p><i>Schools should only teach Christian values.</i></p> <p><i>SRE should teach pupils to make their own choices, not tell them what to Do.</i></p> <p><i>Schools should NOT show nudity within pictures/videos during SRE in secondary school.</i></p> <p><i>Schools should NOT use graphic pictures showing symptoms of STIs.</i></p> <p><i>It is important to remind young people that it is against the law to have sex under the age of 16.</i></p> <p><i>Young people need to be made aware of the risks having unplanned and unprotected sex.</i></p> <p><i>Schools should provide information about local sexual health clinics.</i></p> <p><i>Young people need to be made aware that you can have sexual pleasure without having sexual Intercourse.</i></p> <p><i>Schools should teach young people to have the confidence and the skills to say no to having sex</i></p>    |
| <b>Key Findings</b>     | <ul style="list-style-type: none"> <li>○ The majority of pupils from 7, 8, 9 and 10 remembered many different topics taught within the sex and relationship syllabus. However the depth of knowledge and understanding of these topics varied considerably from school to school.</li> </ul>  |
| <b>Recommendations</b>  | <p><u>Generic</u> recommendations made to all schools across the academic years.</p> <ul style="list-style-type: none"> <li>❑ In order to achieve optimum RSE it is vital to have the correct teaching staff, whether that is a combination of health professional/visitor co-delivering with a teacher or a teacher alone is of course down to the schools choice. However this research shows that students much prefer a visiting health professional to deliver health related topics. In addition it is best practice to have the same teacher/health professional delivering the majority of RSE, therefore enabling students to build trusting relationships in which open and active learning can occur.</li> <li>❑ RSE needs to be delivered within a trusting, relaxed, informal, fun manner and include practical aspects where ever possible.</li> <li>❑ To assist with informal learning the seating arrangement could be in a circle, this encourages participation, supports effective behaviour management and includes everyone within the room. The best RSE is often delivered within discussion-based learning.</li> <li>❑ Resources need to be up-to-date I was repeatedly informed that some of DVDs/videos shown were out of date and as one of the pupils said "people don't act now as they did in those times, when those videos were made, we need new ones". This was mentioned in the 2010 Torbay toolkit report.</li> </ul> |

**Recommendations  
(continued)**

The following recommendations for particular year groups were suggested in more than 1 school:

Year 7.

- ❑ In-depth puberty lessons are a must for this year group. The young people involved with this year's RSE research said that even though they do receive puberty lessons in primary school they found it difficult to remember what was taught because it was not happening to them at the time. It is essential that these lessons are interactive, fun and practical. It would also be best practice to offer girls a single sex lesson where they can look at, touch and examine sanitary products.
- ❑ Personal hygiene also needs to be included within Personal Social and Health Education. The year 7s requested information about how best to care for their bodies during puberty especially the girls; we spoke about feminine hygiene – there was a lack of knowledge on how to keep sexual body parts clean and healthy. Many, including the boys, use spray to keep clean resulting in sore areas.

Year 8.

- ❑ Puberty needs to be re-visited within year 8 and if possible in single sex classes. This provides an opportunity for pupils to ask questions without feeling so embarrassed.

Year 9.

- ❑ Sexually transmitted infection lessons need to include more information about how infections can be spread, for example orally, through mutual masturbation and non-penetrative sex. It is also vital young people know and understand help is out there and how and where to seek it.
- ❑ Leaflets need to be available for pupils to take away after RSE.
- ❑ During my discussions with the pupils we talked about how to use the information they had learnt during their RSE. What became apparent was that often they have been given wonderful advice and information but have had little training on how to utilise this advice. For example; how to say no to drugs, alcohol or smoking when your mates are doing it. Or as one pupil said "just how do you say no to sex?" as a result I would like to recommend some fun skill training both in year 9 and 10! May be a trip to a local GU clinic, Healthwize or a GP surgery could be incorporated into this skills training.
- ❑ I would like to highlight that all PSHE in all years not just year 10 & 11 should include the development of skills with which to make the learnt information and advice useful. These skills should be taught via a cross- curricular whole-school approach as well as in PSHE/RSE.

Year 10.

- ❑ Single sex classes.
- ❑ Advice about relationships – leading to discussions around domestic abuse and violence and control within relationships.
- ❑ Sexuality.
- ❑ Truth and Myth session.
- ❑ *An Am I normal?* Session.
- ❑ Pornography session – pornography is now so accessible to everyone. The young people I met with were very honest when we spoke about this subject and it is clear that they confuse porn films with reality, this results in expectations and boundaries being blurred within early sexual experiences. Discussions around how porn is made, is it real, safety, and sexuality leading to ones own safety and expectations are a must for year 10 and 11 pupils.
- ❑ Body image and self-confidence was a subject that kept cropping up in discussions with this year group in a few of the schools. This would make an interesting lesson and it is important to add to the discussions the expectations of society and how this influences young people's decisions about how they look, act, dress and behave. We spoke about how expectations from boyfriends/girlfriend effect behaviour within relationships and influence person decision making. This subject is obviously quite deep and did in fact weave itself throughout the following year's recommendations too.

| Area                    | Dorset   |
|-------------------------|--|
| <b>Date &amp; title</b> | 2010 Teenage Conception and Sexual Health Needs Analysis   |
| <b>Commissioner</b>     | Children's Services, Dorset  |
| <b>Provider</b>         | Children's Services, Dorset  |
| <b>Scope</b>            | Focus groups and structured interviews with variety of young people's groups including young offenders, traveller children and young parents.  |
| <b>Aims</b>             | (? Not declared)   |
| <b>Questions</b>        | <p>What was SRE like in school? Was it useful?</p> <p>Do your parents/carers talk to you about sex and relationships?</p> <p>Have you had any SRE from other professionals, e.g. youth workers, school nurses – what was it like?</p> <p>Where to you get most of your information about sex and relationships? If you wanted information on sexual health or contraception, where would you go?</p> <p>Is there a right time to start having sex? Ideal age to have children?</p> <p>What is a good night out? What would you do to ensure your personal safety?</p> <p>Do young people plan to have sex? Why do you think people have sex?</p> <p>What would you do if you got an STI like Chlamydia?</p> <p>What would you do if you/someone you had sex with, got pregnant?</p> <p>Do young people have the information they need to make choices./decisions? - what is missing? What information and support should be available to young people?</p> <p>How and where should these services be available? Advice for professionals?</p> <p>Have you anything else you would like to tell us?</p> <p>Ideal sexual health provision and SRE? Perceived gaps in services?</p> |
| <b>Key Findings</b>     | <ul style="list-style-type: none"> <li>○ There were possible gaps in provision of groups for young mothers-to-be and 'Parents with Prospects'.</li> <li>○ From the young people's accounts there was little evidence of a comparable, comprehensive developmental RSE programme in each school and across phases.</li> </ul>   |

- Recommendations**
- ❑ The responsibility for delivery of a co-ordinated programme of RSE for all young people needs to be shared, with teachers, health professionals, Children's Services, parents/carers and young people themselves all having a good understanding of the programme and their role in delivery and follow-up.
  - ❑ Biological, factual knowledge needs to form part of a gradual programme adjusted to the development of the young person, continuing from pre-school to Year 13.
  - ❑ The biological aspects of sex education need to be set in the context of relationships
  - ❑ People delivering RSE need to be skilled and comfortable with the subject.
  - ❑ There should be a range of formats/groupings for delivery and discussions; for example, single sex groups may be more comfortable for young men, and are essential for young travellers.
  - ❑ A non-judgemental approach by professionals was strongly advocated by young people together with encouragement that they could be young parents.
  - ❑ Involve and support parents, carers and social workers in RSE.
  - ❑ Give more information about what would happen if you did have a baby so young people know more about the realities.
  - ❑ Advice from young people on what might help to defer pregnancy included: a. encouragement to commit to education, including vocational options, b. opportunities to talk to a group of young parents, c. advise not to be pressured into anything before they are really ready, d. preparation for managing an emotional relationship (discussions, negotiations about conflicts of interest), e. care for someone else's baby, f. advise 'don't do it!' if you are not ready to manage the consequences, or 'use protection', g. raise awareness of the part played by alcohol in increasing the likelihood of being drawn into unintended sexual activity.
  - ❑ Input before initial pregnancy from school nurse/ specialist health professionals was welcomed
  - ❑ Availability of the Pill: more specific follow-up and monitoring is required to ensure young women really understood importance of taking the Pill every day, consequences if not and need for the use of condoms as well as the Pill.
  - ❑ Clearer information and publicity about emergency contraception is needed
  - ❑ Drop-in centres were welcomed; youth advice centres and some health centres were an important source of free condoms.
  - ❑ Clearer information about STIs as part of RSE needed, to be followed up after compulsory schooling. Chlamydia screening welcomed.
  - ❑ Further recommendations were made for the support and management of pregnancy for young people.



| Area                    | North Somerset  |
|-------------------------|---|
| <b>Date &amp; title</b> | 2010-2011 The Development of LUSH (Love Ur Sexual Health): A Programme Supplementing Sex and Relationship Education for Vulnerable Young People in North Somerset.  |
| <b>Commissioner</b>     | North Somerset Council 2011   |
| <b>Provider</b>         | Nicole da Costa, Brook  |
| <b>Scope</b>            | 420 young people aged 13-18y [The report is dated May 2011 but p.3 cites fieldwork from Autumn 2011 (=2010?).]  |
| <b>Aims</b>             | to inform the content and approach of the LUSH programme  |
| <b>Questions</b>        | <ol style="list-style-type: none"> <li>1. What do you think should be taught to year 9 and 10 students? [in relation to RSE]</li> <li>2. How should sex and relationships education be taught in school? [in relation to teaching strategies]</li> </ol>  |
| <b>Key Findings</b>     | <ul style="list-style-type: none"> <li>○ Overall, the top 10 topics selected by young people between the age of 13 to 19 years, in order were: <ol style="list-style-type: none"> <li>1) Sexually transmitted infections</li> <li>2) Alcohol, drugs and sex</li> <li>3) Condoms</li> <li>4) Making babies</li> <li>5) Puberty</li> <li>6) The body bits</li> <li>7) Relationships</li> <li>8) Sex and pressure</li> <li>9) Where to go for help</li> <li>10) Reducing the risk of pregnancy</li> </ol> </li> <li>○ Overall, the top 5 teaching methods selected by young people between the age of 13 to 19 years, in order were: <ol style="list-style-type: none"> <li>1) DVD, films, TV programmes</li> <li>2) Single gender groups</li> <li>3) Discussions</li> <li>4) Testing products</li> <li>5) Trip to a sexual health clinic</li> </ol> </li> <li>○ Differences by age and sex are noted</li> <li>○ The report also includes a set of summary tables (given in Appendix 3) comparing the opinions of professionals and the opinions of young people about suitable topics to be included for the domains of (1) attitudes and values, (2) personal and social skills, and (3) knowledge and understanding.</li> </ul> |
| <b>Recommendations</b>  | <ul style="list-style-type: none"> <li>☐ These findings were used to inform the design of a local scheme of work and group activities</li> </ul>  |

| Area                    | Devon  |
|-------------------------|--|
| <b>Date &amp; title</b> | 2011 An audit to determine the current quality of the SRE provision in Devon primary schools<br>2011 An audit to determine Devon Secondary Schools' readiness to meet statutory SRE provision in September 2011  |
| <b>Commissioner</b>     | Devon County Council   |
| <b>Provider</b>         | Devon County Council   |
| <b>Scope</b>            | 30 Primary and 37 Secondary PSHE Co-ordinators   |
| <b>Aims</b>             | to determine the current quality of the SRE provision in Devon primary schools<br>to determine Devon Secondary Schools' readiness to meet statutory SRE provision in September 2011  |
| <b>Topic areas</b>      | Position of RSE/PSHE within the curriculum<br>Improving the skills and confidence of those who deliver RSE/PSHE<br>Encouraging the use of external contributors to support schools' delivery of RSE<br><b>Involving young people in the design of RSE programmes</b><br>Maximising the impact of wider Government programmes on improving RSE delivery<br>Improving leadership on RSE<br>Involving young people in the design of RSE programmes  |
| <b>Key Findings</b>     | Involving young people in the design of RSE programmes <ul style="list-style-type: none"> <li>○ 52% of Co-ordinators reported that currently they do not involve young people in the design and content of the RSE programme.</li> <li>○ 29% of Co-ordinators reported that currently they do not check that the content of the RSE programme they deliver meets the needs of their young people.</li> <li>○ 95% of schools do not use the SHEU 'Health Related Behaviour Questionnaire' to inform there RSE/PSHE programme.</li> <li>○ 86% of Co-ordinators reported that to their knowledge the school does not take part in the 'TellUs' survey.</li> <li>○ 89% of Co-ordinators reported that they were unaware and had not used the SEF 'Are you Getting it Right?' toolkit.</li> </ul> |
| <b>Recommendations</b>  | (None)   |

| Area                    | Plymouth  |
|-------------------------|---|
| <b>Date &amp; title</b> | 2011 Are we getting it right?   |
| <b>Commissioner</b>     | Plymouth City Council   |
| <b>Provider</b>         | Partnership is lead by the Plymouth City Council - Department for Lifelong Learning- Narrowing the Gaps in Health   |
| <b>Scope</b>            | 14-16yo N=523 (N=30 in consultation)  |
| <b>Aims</b>             | To establish:-<br>What do students learn about Relationships and Sex and in which year group?<br>How would students prioritise what they learn in school about Relationships and Sex?<br>Who would students prefer to be involved in teaching and delivering RSE?<br>What kind of resources and activities would students want to use as part of their RSE?<br>How young people would like to see RSE improve and develop?  |
| <b>Questions</b>        | Not given; based on the <i>Are we getting it Right?</i> toolkit.  |
| <b>Key Findings</b>     | <ul style="list-style-type: none"> <li>▪ Students are in need of a greater input about relationships, in particular developing skills. They also want to learn more about different types of relationships.</li> <li>▪ The majority (70%) of students who participated in the consultation identified specially trained teachers/trainers as their preferred providers. Teacher-led interventions are more important to students in lower years. The least popular option was for RSE being delivered by their year group tutors during tutorial time.</li> <li>▪ Regular updates about contraception usage were preferred by the majority of respondents between the ages of 14 and 16. Regular updates about how sexually acquired infections are transmitted and treated and where to get help were also preferred by students between the ages of 14 and 16.</li> <li>▪ The opportunity to structure the RSE curriculum in such a way that allows for both single and mixed gender groups the choice to work together or apart was the preference for most participating students. An overwhelming demand came from girls aged between 15 and 16 for the opportunity to meet and learn in single gender groups.</li> <li>▪ The most popular learning activities for year 10 boys were demonstrations and experiments, preferring more practically based learning activities instead of discussion. Boys are also saying that they would prefer more use of videos and DVDs.</li> <li>▪ The opportunity to get involved in developing small group projects as part of regular PSHEE/ RSE lessons was the most popular method of learning about relationships and sexual health in participating male and female students aged between 13 and 14.</li> <li>▪ The use of virtual babies in the classroom was only popular among students who had already had a high quality learning experience in the classroom, delivered either by a trained teacher or a trained visiting practitioner. One academy and one special school have embedded 'The Real Care Baby Programme' into their PSHEE curriculum and have evaluated impact; and this was seen as a popular and highly valued activity.</li> <li>▪ An average of 73% of participating students across all KS: 3/4 groups have been involved in learning about the changes that happen at puberty and how to deal with them by the end of Year 8, with the majority stating that the subject was covered in Year 7. 8% of participants say that they had not learn about puberty at school by the end of year eleven (perhaps because of absence).</li> <li>▪ The majority of participants stated that they begin to learn about contraception in Year 10. An average of 21% of participants stated that they have learnt about contraception in earlier years. Participants indicated that they would prefer to learn about contraception in earlier years, beginning in year 8.</li> <li>▪ It is interesting to note from the data that a high proportion of participating students state that they did not remember how RSE was taught or who was involved in the delivery.</li> <li>▪ Participating students indicated that by the end of year 11, more than 80% of the recommended curriculum for RSE is delivered in their school setting. The subject areas which were least likely to be covered were where to access support and advice relating to sexuality and tackling homophobic bullying.</li> </ul> |

**Recommendations**

Recommendations for the City that support the delivery of high quality Relationships and Sex Education:-

- ▶ Relationships and Sex Education is best in schools that have a policy which sets out the schools' position in terms of RSE planning and delivery. RSE policies which are developed in consultation with the school community including parents and pupils are most likely to meet the wide-ranging learning needs of students. RSE policies that are accessible and used by staff to inform best practice will improve the quality of RSE planning and delivery.
- ▶ Participating students tell us that they need to learn about relationships and sex earlier and that it needs to be more comprehensive, particularly in terms of developing and managing their friendships and relationships. Schools that deliver a planned curriculum for RSE which progresses from early years, is age appropriate and reflects the learning needs of children and young people, are more likely to meet pupils' actual learning needs as they grow and develop.
- ▶ Participants have told us that that they would like the opportunity to influence what they learn, as well as the teaching methods and resource used.
- ▶ Ethnographic data collected from participating students may suggest that those who are able to express and record what they have learnt in RSE through a range of available assessment activities are more likely to remember what they have learnt.
- ▶ RSE is preferable to participating students when it is delivered by teachers who are confident and comfortable in teaching RSE and have been well trained. They also tell us that the older they get, the more they value the involvement of 'visiting experts' and local agencies to complement and their teacher led RSE curriculum.
- ▶ Parents and carers are supportive of schools who deliver RSE appropriately and expect to be informed in advance of what the schools RSE curriculum will involve. This will include providing parents/carers with the opportunity to review the resources the school intend to use and support to carry on the learning in the home environment.

Key Recommendation

- ▶ That the CYP Trust board endorse this report's key recommendations and so support the development of high quality RSE across all schools with effective partnership support.

### (3) National studies

| Area                    | National   |
|-------------------------|--|
| <b>Date &amp; title</b> | 2008 Key findings: Young people's survey on sex and relationships education  |
| <b>Commissioner</b>     |  |
| <b>Provider</b>         | NCB/Sex Education Forum  |
| <b>Scope</b>            | 16-25yo N=1709   |
| <b>Aims</b>             | (? Not declared)   |
| <b>Questions</b>        | <p>what their experience of sex and relationships education (RSE) was at school,.</p> <p>what topics they were taught and.</p> <p>what made their RSE particularly good or bad.</p>  |
| <b>Key Findings</b>     | <ul style="list-style-type: none"> <li>○ Majority of pupils thought 18/19 topics should be taught before age 14 (Year 9 = 13-14y).</li> <li>○ Inconsistent &amp; needs to improve.</li> <li>○ Too biological, too late, ends too soon</li> </ul>   |
| <b>Recommendations</b>  | <ul style="list-style-type: none"> <li>☐ More teacher training needed.</li> <li>☐ Better practice was needed, which means: being taught by a competent non-judgmental educator, in a safe environment, with repetition of learning through the years, and with one-to-one help being made available after the class</li> </ul> |

| Area                               | National   |                        |                                   |                                    |                 |                          |                           |                  |                    |
|------------------------------------|--|------------------------|-----------------------------------|------------------------------------|-----------------|--------------------------|---------------------------|------------------|--------------------|
| <b>Date &amp; title</b>            | 2011 Young people's experiences of HIV and AIDS education  |                        |                                   |                                    |                 |                          |                           |                  |                    |
| <b>Commissioner</b>                |  |                        |                                   |                                    |                 |                          |                           |                  |                    |
| <b>Provider</b>                    | Sex Education Forum  |                        |                                   |                                    |                 |                          |                           |                  |                    |
| <b>Scope</b>                       | Online Survey 14-25y N=821   |                        |                                   |                                    |                 |                          |                           |                  |                    |
| <b>Aims</b>                        | to get an up-to-date picture from young people about HIV and AIDS education  |                        |                                   |                                    |                 |                          |                           |                  |                    |
| <b>Questions</b>                   | (not given)  |                        |                                   |                                    |                 |                          |                           |                  |                    |
| <b>Key Findings</b>                | <ul style="list-style-type: none"> <li>○ 1 in 4 young people learnt nothing about HIV and AIDS at school.</li> <li>○ Gaps in knowledge about HIV and AIDS.</li> <li>○ Learning outside school.</li> <li>○ Improving HIV and AIDS education:               <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1. More detail needed.</td> <td style="width: 50%;">5. Include the social side of it.</td> </tr> <tr> <td>2. Know what you're talking about.</td> <td>6. Be balanced.</td> </tr> <tr> <td>3. Make learning active.</td> <td>7. Challenge stereotypes.</td> </tr> <tr> <td>4. Start earlier</td> <td>8. Make RSE matter</td> </tr> </table> </li> </ul>   | 1. More detail needed. | 5. Include the social side of it. | 2. Know what you're talking about. | 6. Be balanced. | 3. Make learning active. | 7. Challenge stereotypes. | 4. Start earlier | 8. Make RSE matter |
| 1. More detail needed.             | 5. Include the social side of it.  |                        |                                   |                                    |                 |                          |                           |                  |                    |
| 2. Know what you're talking about. | 6. Be balanced.  |                        |                                   |                                    |                 |                          |                           |                  |                    |
| 3. Make learning active.           | 7. Challenge stereotypes.  |                        |                                   |                                    |                 |                          |                           |                  |                    |
| 4. Start earlier                   | 8. Make RSE matter   |                        |                                   |                                    |                 |                          |                           |                  |                    |
| <b>Recommendations</b>             | <p><u>To government.</u></p> <ul style="list-style-type: none"> <li>❑ Charge OFSTED with the responsibility of evaluating the provision and quality of RSE including HIV and.</li> <li>❑ AIDS through an enhanced focus in the forthcoming revision of the Ofsted Inspection Framework.</li> <li>❑ New government guidance on RSE should recommend that social aspects of HIV and AIDS such as stigma and challenging stereotypes are taught in all schools.</li> </ul> <p><u>To school leaders and teachers.</u></p> <ul style="list-style-type: none"> <li>❑ Governors in schools have a role as a critical friend and can ask schools for evidence that they are teaching about HIV and AIDS and what exactly is covered.</li> <li>❑ Head teachers must ensure that learning about HIV and AIDS is included in the secondary curriculum, and can initiate the use of pupil surveys to assess quality.</li> <li>❑ Teachers must be supported to have proper training so that they can provide accurate and up-to-date information about HIV and AIDS and use active and engaging learning methods.</li> <li>❑ Schools can ask pupils to rate the quality of their RSE and use this data as a bench-mark to track change over time.</li> <li>❑ Schools must ensure their RSE is positively inclusive, especially in relation to sexual orientation and HIV status.</li> </ul> <p><u>To young people and parents and carers.</u></p> <ul style="list-style-type: none"> <li>❑ Young people can contact their school council, Head teacher, UK Youth Parliament representative, local MP or Councillors to tell them what needs to change.</li> <li>❑ Parents and carers can request to see the school RSE policy and ask about what is taught on HIV and AIDS</li> </ul> |                        |                                   |                                    |                 |                          |                           |                  |                    |

| Area                    | National   |
|-------------------------|--|
| <b>Date &amp; title</b> | 2008 Are you getting it?   |
| <b>Commissioner</b>     |  |
| <b>Provider</b>         | UK Young People's Parliament   |
| <b>Scope</b>            | Under 18s N=20,000   |
| <b>Aims</b>             | (? Not declared)   |
| <b>Questions</b>        | <p>Have you ever been taught how to use a condom?</p> <p>How good is the sex and relationships education in your school?</p> <p>Do you know where your local sexual health clinic is?</p> <p>Have you been taught about teenage pregnancy?</p> <p>Have you been taught about personal relationships at school?</p> <p>What age do you think you should receive sex and relationship education?</p>   |
| <b>Key Findings</b>     | <ul style="list-style-type: none"> <li>○ Despite the Government's recommendation that, "Sex and relationship education should inform young people about condom use and safer sex in general" (Sex &amp; Relationship Education Guidance, DFEE, 2000) our statistics show that 55% of all 12 – 15 year olds, and 57% of girls between the ages of 16 – 17 had not been taught how to use a condom. This is a clear example of the variation in RSE being taught in our country today.</li> <li>○ Nationally 40% of young people between the ages of 11 and 18 thought that their RSE was either poor or very poor, whilst a further 33% thought it was average.</li> <li>○ In our survey only 49% of respondents knew where their local sexual health clinic was. In addition, young people reported that the sexual health clinics that were available were often open at times that were not convenient to young people.</li> <li>○ Overall 55% of our respondents said they had been taught about teenage pregnancy, leaving just under half of our sample who had not. Many of the young people that UKYP spoke to whilst carrying out this survey felt that they knew about how having a baby could impact upon their lives, but knew little about the development of a baby in the womb and the impact that pregnancy could have upon their bodies.</li> <li>○ Alarmingly 61% of boys and 70% of girls over the age of 17 reported not having received any information about personal relationships at school. Overall 43% of all young people surveyed stated that they hadn't been taught about personal relationships at school.</li> <li>○ 73% of all respondents felt that RSE should be delivered under the age of 13, with 56% of boys under 11 wanting RSE in primary schools.</li> </ul> |
| <b>Recommendations</b>  | <ul style="list-style-type: none"> <li>❑ RSE should be an entitlement for all children and young people and taught as part of statutory provision of PSHE. Parents should not be able to make the decision to withdraw their child from RSE.</li> <li>❑ No school should be able to opt out of delivering good RSE to their pupils and this includes primary schools, faith schools and academies.</li> <li>❑ RSE needs to be taught throughout a pupil's time in education.</li> <li>❑ Schools should employ more trained staff and specialist personnel to teach RSE, and not rely on geography, history, science teachers etc.</li> <li>❑ Relationships should be taught as part of RSE.</li> <li>❑ The implications of teenage pregnancy should be taught to all students.</li> <li>❑ OFSTED should inspect PSHE more effectively and take into account what pupils' experience of their RSE has been.</li> <li>❑ All young people should be able to access a confidential Sexual Health Service which should be clearly advertised through PSHE lessons, and be open at times convenient to young people.</li> </ul>  |



|                         |   |
|-------------------------|---|
| <b>Date &amp; title</b> | 2006 Knowledge of secondary school pupils regarding sexual health education   |
| <b>Area</b>             | West Midlands   |
| <b>Commissioner</b>     |   |
| <b>Provider</b>         | Westwood, J., & Mullan, B. A. (2006). <i>Sex Education</i> , 6(2), 151-162.   |
| <b>Scope</b>            | Secondary (Year 8 12-13y (350 ♂, 345 ♀), Y 9 13-14y (300 ♂, 325 ♀) and Y 10 14-15y (310 ♂, 329 ♀).)   |
| <b>Aims</b>             | To assess the sexual health knowledge of secondary school pupils in order to ascertain whether the current government public health and education policies are having any impact on pupils' sexual health.  |
| <b>Questions</b>        | knowledge of sexual health, contraception and sexually transmitted infections   |
| <b>Key Findings</b>     | <ul style="list-style-type: none"> <li>○ Sexual health knowledge improves with age. A significant difference across all age groups was found, although knowledge regarding sexually transmitted infections and emergency contraception is poor for all age groups.</li> </ul> |
| <b>Recommendations</b>  | <ul style="list-style-type: none"> <li>□ Current sexual health education provision is not providing young people with adequate knowledge regarding sexual health and contraception.</li> </ul>  |

See also:

|                         |   |
|-------------------------|---|
| <b>Area</b>             | West Midlands   |
| <b>Date &amp; title</b> | 2007 Knowledge and attitudes of secondary school teachers regarding sexual health education in England  |
| <b>Commissioner</b>     |   |
| <b>Provider</b>         | <i>Sex Education</i> . Volume 7, Issue 2, 2007 pages 143-159  |
| <b>Scope</b>            | Secondary   |
| <b>Aims</b>             | To assess the sexual health knowledge of teachers who contribute to secondary school sexual health education in order to determine whether teachers are adequately prepared to implement present government education and public health policies. |
| <b>Questions</b>        | <p>knowledge of sexual health, contraception and sexually transmitted infections.</p> <p>teachers' attitudes on the subject of sex and relationships education were evaluated.</p>  |
| <b>Key Findings</b>     | <ul style="list-style-type: none"> <li>○ teachers have insufficient sexual health knowledge to effectively teach sexually transmitted infections or emergency contraception, although their general sexual health knowledge was good.</li> </ul>  |
| <b>Recommendations</b>  | <ul style="list-style-type: none"> <li>□ Therefore, at present teachers do not have adequate specialist knowledge in sexual health to contribute to current recommendations for sex and relationships education in secondary schools.</li> </ul>  |

|                         |   |
|-------------------------|---|
| <b>Date &amp; title</b> | <b>2002 Sex and relationships education in schools</b>  |
| <b>Area</b>             | <b>England</b>  |
| <b>Commissioner</b>     |   |
| <b>Provider</b>         | HMI 433   |
| <b>Scope</b>            | Schools   |
| <b>Aims</b>             | carry out a survey of sex and relationships education and produce a guide to good practice  |
| <b>Questions</b>        | [Inspection evidence]   |
| <b>Key Findings</b>     | <p>Achievement</p> <ul style="list-style-type: none"> <li>○ Most of the primary and secondary schools covered by this survey teach about sex and relationships conscientiously and, for the most part, effectively.</li> <li>○ In primary schools, pupils' knowledge and understanding of factual aspects of SRE were good or better in one third of the lessons observed at Key Stages 1 and 2, and adequate in nearly all others. In secondary schools, in relation to expectations for the age-groups, pupils' knowledge and understanding were better at Key Stage 4 than at Key Stage 3.</li> <li>○ School programmes need to do more to develop values and attitudes and the personal skills needed to make sensible choices. Programmes were less effective in these respects when teachers lacked confidence or expertise, planning was inadequate or insufficient time was allowed for the work.</li> </ul> <p>School policies and organisation</p> <ul style="list-style-type: none"> <li>○ Over nine out of ten schools have SRE policies. Their quality is good in over half the primary schools and in three fifths of secondary schools. In one in ten of all schools, their quality is poor.</li> <li>○ The new guidance from the DfES has had a positive effect, but too many schools have not reviewed their policies in the light of the guidance.</li> <li>○ Education about HIV/AIDS is receiving less attention than in the past, despite the fact that it remains a significant health problem. Education about parenthood does not feature in all secondary schools' programmes, even though most schools recognise its importance.</li> <li>○ Schools generally make good use of support from a range of agencies when planning and teaching SRE.</li> <li>○ Few schools engage pupils in discussions when planning or evaluating their SRE programmes. Where such discussions do take place, pupils value them and the school gains fresh insights.</li> <li>○ The monitoring and evaluation of SRE programmes are weak in most schools.</li> </ul> <p>Teaching</p> <ul style="list-style-type: none"> <li>○ In primary schools, the teaching of SRE was better at Key Stage 2 than at Key Stage 1. At both key stages, teaching about relationships was the most effective part of SRE.</li> <li>○ In secondary schools, the teaching at Key Stage 4 was better than at Key Stage 3. At both key stages, teaching about sexual health, including sexually transmitted infections, and the law in relation to sex, was poor in one in five lessons.</li> <li>○ The most effective teaching in secondary schools was by teachers with a special interest and expertise in SRE. Nearly all the poor teaching was by form tutors in schools where all tutors were involved in providing the programme.</li> <li>○ Assessment in SRE was often poor and tended to be confined to recall of facts.</li> </ul> <p>Parents and other sources of information and advice</p> <ul style="list-style-type: none"> <li>○ Schools have been effective in addressing the concerns of parents, communities and religious groups about the SRE they provide. About four in every 10,000 pupils (0.04%) are currently withdrawn from the non-statutory aspects of SRE.</li> <li>○ Evidence collected in this survey confirms that many parents are reluctant to play a greater role in discussing sex and relationships with their children because they feel they lack the necessary knowledge and skills.</li> <li>○ The media, especially magazines for teenagers, are an increasingly important source of information and have a significant bearing on pupils' attitudes. There is a strong case for schools to be more aware of the role of these media.</li> </ul> <p>Supporting individual pupils</p> <ul style="list-style-type: none"> <li>○ Schools provide support and advice for individual pupils in a number of different ways. Boys feel that this support and advice is often aimed only at girls. While not necessarily true, the perception</li> </ul> |

discourages them from seeking help.

- Access to advisory services depends in part on where pupils live.
- Whatever the location of the services, many pupils are concerned about confidentiality.
- Support for pregnant schoolgirls varies in quality. The most effective support is comprehensive and ensures that the impact of pregnancy on educational progress is minimised. School-age fathers do not receive enough guidance.

**Recommendations**

To improve the quality of education about sex and relationships in schools, it is important that:

- ❑ schools broaden their coverage and clarify their definition of achievement
- ❑ SRE is taught by teachers with specialist knowledge and expertise
- ❑ further guidance is given on teaching about sexuality and about parenthood
- ❑ the coverage of HIV/AIDS is enhanced
- ❑ assessment processes are improved, and schools monitor and evaluate their SRE programmes more thoroughly
- ❑ more advice is provided for parents, especially fathers, to help them to talk more fully about sex and relationships with their children
- ❑ pupils are given better access to individual advice from specialist professionals

|                         |   |
|-------------------------|---|
| <b>Area</b>             | England   |
| <b>Date &amp; title</b> | 2010 Personal, social, health and economic education in schools   |
| <b>Commissioner</b>     |   |
| <b>Provider</b>         | OFSTED  |
| <b>Scope</b>            | English schools   |
| <b>Aims</b>             | Report on the state of PSHEE and produce a guide to good practice   |
| <b>Questions</b>        | [Inspection evidence]   |
| <b>Key Findings</b>     | <ul style="list-style-type: none"> <li>○ Overall provision for PSHE education was judged to be good or outstanding in over three quarters of the schools visited and at least satisfactory in all but one of the schools surveyed.</li> <li>○ Pupils' personal development was good in most of the schools visited and was outstanding in about a third of the schools. Pupils had positive attitudes towards PSHE education.</li> <li>○ Pupils had good knowledge and understanding of healthy eating and the importance of exercise, although they did not always put this knowledge into practice in the choices they made.</li> <li>○ PSHE teaching was good or outstanding in over three quarters of the schools visited, characterised by good relationships and effective classroom management.</li> <li>○ The more effective schools used a range of external agencies to engage pupils successfully and enliven lessons.</li> <li>○ Elsewhere, the quality of teaching was often too variable and, in about a quarter of the lessons seen, teachers had insufficient subject knowledge and expertise.</li> <li>○ The result was lessons that were dull and sometimes superficial. The use of external presenters was poorly planned and less effective and did not link well with classroom activities.</li> <li>○ Most of the schools visited provided a wide range of extra-curricular activities where pupils could apply and develop their PSHE learning. The many peer mentoring schemes which had been introduced, where students were trained to support one another, were particularly effective.</li> <li>○ Lack of discrete curriculum time in a quarter of the schools visited, particularly the secondary schools, meant that programmes of study were not covered in full.</li> <li>○ The areas that suffered included aspects of sex and relationships education; education about drugs, including alcohol; and mental health issues that were not covered at all or were dealt with superficially.</li> <li>○ Effective PSHE education was supported by the National Healthy School programme, the national programme for continuing professional development in PSHE and the social and emotional aspects of learning (SEAL) initiative.</li> <li>○ In the schools visited, parents were rarely involved with or consulted about PSHE education, although there were some examples of outstanding practice involving parents.</li> <li>○ The assessment and tracking of pupils' progress in PSHE education were inadequate in 15 of the 73 secondary schools visited.</li> <li>○ The assessment of PSHE was ineffective in important respects in about half of the primary and secondary schools, although elements of it were in place.</li> <li>○ Nearly all the secondary schools visited in the final two years of the survey were aware of the new programme of study for economic well-being and financial capability. However, the early evidence from the survey suggested continuing issues of concern in this area, with the provision for financial capability weaker than that for enterprise or careers education.</li> </ul> |

**Recommendations**

The Department for Education, with its delivery partners, should:

- ❑ support work to ensure that all trainee teachers understand the role of PSHE education in the National Curriculum, develop routes for initial teacher education in PSHE education, and promote the take-up of continuing professional development in PSHE education
- ❑ with other government departments, such as the Department of Health, support schools to implement systematically the revised guidance on sex and relationships education and drugs education
- ❑ support the development of good practice in assessing PSHE education, and publicise this widely to schools.

Local authorities should:

- ❑ consider how they can support schools most effectively in developing PSHE education programmes by providing access to high-quality continuing professional development
- ❑ facilitate networks of teachers to develop PSHE knowledge and skills and, in particular, encourage the involvement of schools where the provision is weak.

Schools should:

- ❑ ensure that the timetable is organised so PSHE education is coherent, comprehensive and of high quality
- ❑ meet the needs of pupils for timely and appropriate teaching about high-risk areas such as sex and relationships, drugs and mental health issues
- ❑ focus on pedagogy to make lessons active, compelling and relevant, and ensure that teachers have the specialist knowledge, training and skills they need to teach PSHE education successfully
- ❑ implement systems for assessing and tracking pupils' progress in PSHE education
- ❑ involve and consult parents more in developing and implementing the PSHE curriculum, so they are aware of the topics being covered.

| Area                    | England  |
|-------------------------|--|
| <b>Date &amp; title</b> | 2010 Findings from the 2010 HBSC study for England. Health Behaviour in School-aged Children (HBSC): World Health Organization Collaborative Cross National Study.   |
| <b>Commissioner</b>     |  |
| <b>Provider</b>         | WHO 2011   |
| <b>Scope</b>            | 4383 Secondary aged pupils   |
| <b>Aims</b>             | To gain new insight into, and increase our understanding of young people's health and well-being, health behaviours and their social context   |
| <b>Questions</b>        | <p>Comprehensive lifestyle questionnaire, including items on sexual health:</p> <ul style="list-style-type: none"> <li>• Have you ever had sexual intercourse (sometimes this is called 'making love', 'having sex' or 'going all the way')?</li> <li>• How old were you when you had sexual intercourse for the first time?</li> <li>• The last time you had sexual intercourse, what method(s) did you or your partner use to prevent pregnancy?</li> <li>• The last time you had sexual intercourse, did you use a condom?</li> </ul>   |
| <b>Key Findings</b>     | <ul style="list-style-type: none"> <li>○ The proportion of young people who reported having had sexual intercourse at age 15 has not changed markedly since 2006, although the proportion has decreased since 2002.</li> <li>○ However, use of condoms at last intercourse appears to have decreased among girls who are sexually active while use of the contraceptive pill had increased among both boys and girls.</li> <li>○ In 2010 HBSC Scotland reported a reduction in condom use among 15 year old young people, but no corresponding increase in pill use (Currie et al. 2011).</li> <li>○ Reported level of contraceptive pill use was however lower in this English HBSC sample than in comparable samples in other Western European countries such as the Netherlands (Currie et al. 2008).</li> <li>○ Although condoms are generally seen as the optimal form of contraception for young people as it protects against both pregnancy and STIs and does not require having to remember taking a pill every day, it cannot be assumed that young people who only use the pill as contraception are necessarily at greater risk.</li> <li>○ Within relationships that are long-term and committed, where sexual history of both partners are known and where the pill is taken as prescribed, it offers greater protection against unwanted pregnancy than do condoms. However, considering that young people are the age group most at risk for sexually transmitted infections (Health Protection Agency 2008) the importance of condom use may need to be promoted more strongly. Further, a sizable minority of young people reported having not used any form of contraception at last intercourse, putting themselves at considerable risk of both pregnancy and sexually transmitted infections.</li> <li>○ There has been growing concern about the 'sexualisation' of young people (NSPCC 2011) and that adolescents are increasingly at pressure of becoming sexually active at a young age, but sexually active 15 year olds in 2010 did not report lower age of first sexual intercourse than they did in 2002.</li> </ul> |
| <b>Recommendations</b>  | [None]   |

|                         |  |
|-------------------------|--|
| <b>Area</b>             | England  |
| <b>Date &amp; title</b> | 2010 Sex and Relationship Education: Views from teachers, parents and governors.   |
| <b>Commissioner</b>     |  |
| <b>Provider</b>         | Durex 2010   |
| <b>Scope</b>            | English adults visiting websites of three organisations  |
| <b>Aims</b>             | To explore the role that parents would like schools to take with regard to PSHE  |
| <b>Questions</b>        | <p>How important do you think it is for children and young people to be informed, in or outside school, about the following during their development?</p> <p style="padding-left: 40px;"><i>Understanding how relationships are formed and developed</i></p> <p style="padding-left: 40px;"><i>Getting to know the other person first (i.e. before sex)</i></p> <p style="padding-left: 40px;"><i>Having regular sexual health check-ups</i></p> <p style="padding-left: 40px;"><i>Practising safer sex</i></p> <p style="padding-left: 40px;"><i>Always using contraception</i></p> <p style="padding-left: 40px;"><i>Abstaining from sex before marriage</i></p> <p>How important do you think it is for learners to be informed, in or outside school, about the following during their development?</p> <p>In your opinion, where should SRE be delivered to children and young people?</p> <p>Has your child received any form of SRE in or out of school?</p> <p>Where has your child received SRE from?</p> <p>In your opinion, who should be involved in delivering SRE to learners in school?</p> <p>Thinking specifically about the provision of SRE in your school, who assumes responsibility for?</p> <p>How well do you think the SRE education your child is receiving is preparing them?</p> <p>How well do you think your school's current SRE programme prepares learners?</p> <p>Based upon your experience, how effective do you think the current provision of SRE in schools is. Would you say it is...?</p> <p>What do you think are the issues that may prevent some children and young people from gaining access to the information that they may need around SRE?</p> <p>How useful do you find the range of materials currently available to help with SRE in your school?</p> |
| <b>Key Findings</b>     | <ul style="list-style-type: none"> <li>○ It is apparent from the research that parents, school leaders and governors taking part are all strongly in favour of the provision of RSE the classroom and at home</li> <li>○ More training is needed for teachers to be able to properly deliver RSE lessons</li> <li>○ Parents believe they have a key role to play, but need more information and resources on how to do this adequately</li> <li>○ A greater range of resources need to be made available to both teachers and parents</li> </ul>   |
| <b>Recommendations</b>  | <p>In light of the report's findings, the three organisations involved – the National Confederation of Parent Teacher Associations, the National Association of Head Teachers and the National Governors Association – are calling for three specific changes to the way RSE is delivered.</p> <ul style="list-style-type: none"> <li>❑ Firstly, that all children and young people should be entitled to quality RSE in school</li> <li>❑ Secondly, teachers should be given appropriate training to deliver RSE effectively</li> <li>❑ And finally, appropriate resources should be made available to support the teaching of RSE</li> </ul>   |



| Area                    | UK   |
|-------------------------|--|
| <b>Date &amp; title</b> | 2011 UK sex and relationships education fails to prepare young people for modern day life  |
| <b>Commissioner</b>     |  |
| <b>Provider</b>         | Brook <a href="http://www.brook.org.uk/professionals/application/brookpr/index.php?option=com_brookpr&amp;view=article&amp;id=91&amp;Itemid=640">http://www.brook.org.uk/professionals/application/brookpr/index.php?option=com_brookpr&amp;view=article&amp;id=91&amp;Itemid=640</a>  |
| <b>Scope</b>            | All figures quoted in the release are from ResearchBods (formerly Dubit) 'Direct to Youth' research panel. Total sample size was 2,029 14-18 year olds and the figures are representative of all young people in the UK. All panel members under the age of 16 have the express verbal and recorded consent of their parent or guardian to participate. Fieldwork was undertaken between 14 – 28 September, 2011.  |
| <b>Aims</b>             | [Not given]  |
| <b>Questions</b>        | [Not given]  |
| <b>Key Findings</b>     | <ul style="list-style-type: none"> <li>○ One in four (26%) secondary pupils get no RSE in school whatsoever.</li> <li>○ A quarter (26%) of those who do get RSE say the teacher isn't able to teach it well.</li> <li>○ Only 13% of 14-18 year olds learn most about sex from their RSE teacher, and just 5% from Mum and 1% from dad at home.</li> <li>○ The sex information void is being filled by friends their own age (36%), their boyfriend / girlfriend (10%), TV programmes (8%) and online porn (5%) – none of which are reliable sources of honest, useful information.</li> <li>○ RSE fares particularly badly when it comes to teaching pupils about relationships, with only 6% saying they get the information on relationships that they need in RSE lessons.</li> <li>○ The five most commonly shared sex myths amongst peers are: <ul style="list-style-type: none"> <li>○ 59% of young people have wrongly heard from their friends that a woman cannot get pregnant if the man withdraws before he ejaculates.</li> <li>○ 58% of young people have wrongly heard that women cannot get pregnant if they are having their period.</li> <li>○ 35% have wrongly heard that women cannot get pregnant if they have sex standing up.</li> <li>○ 33% have wrongly heard from their friends that a woman cannot get pregnant if it is the first time she has had sex.</li> <li>○ 25% of young people have wrongly heard that you can only catch HIV from gay sex.</li> </ul> </li> <li>○ Almost half (47%) of today's secondary school pupils say Sex and Relationships Education (SRE) doesn't cover what they really need to know about sex.</li> <li>○ The information void this creates isn't filled by parents – only 5% of young people get their information from their mum and 1% from their dad.</li> <li>○ 81% of teenagers are getting most of their sexual health knowledge from less reliable sources, leaving them vulnerable and ill-prepared to navigate their way through relationships.</li> <li>○ 82% of young people say schools should listen to young people when shaping RSE.</li> <li>○ Schools are not required to consult with their pupils to shape RSE lessons, and 78% of young people confirm they have never been consulted. As the government recently announced a review of Personal, Social, Health and Economic Education (PSHE), 82% of young people said they want schools to take their views into account to help make RSE relevant for the 21st century.</li> </ul> |
| <b>Recommendations</b>  | In light of this research, Brook is launching the 'Say YES to 21st Century Sex and Relationships Education' campaign to give today's teenagers their say on how they want to be taught RSE and what they want to learn, as part of its wider Sex: Positive work.   |

| Area                    | Nationwide  |
|-------------------------|---|
| <b>Date &amp; title</b> | 2011 Teenagers want sex education from their peers  |
| <b>Commissioner</b>     |   |
| <b>Provider</b>         | Channel 4, 2011   |
| <b>Scope</b>            | 13-17 N=1,123   |
| <b>Aims</b>             | [Not given]   |
| <b>Questions</b>        | [Not given]   |
| <b>Key Findings</b>     | <ul style="list-style-type: none"> <li>○ Young people are turning to friends for sex and relationships (SRE) education because teachers "come up short", latest research has found.</li> <li>○ A ComRes survey of schools around Britain for Channel 4 shows half of 13- to 17-year-olds questioned (49%) felt they had received too little RSE in their schools.</li> <li>○ The majority of pupils (56%) said they are most likely to learn about sex from their friends. And 82% of the 1,123 questioned wanted sex and relationships education to come from a trained young person.</li> <li>○ The survey suggests current RSE lessons are not meeting young people's needs. The government is due to publish an internal review of personal, social, health and economic education on 30 November.</li> <li>○ The poll found that half (49%) of pupils felt awkward asking questions in their RSE lessons taught by teachers, compared to only one in five who felt comfortable asking questions.</li> <li>○ But 67% of pupils said they would be comfortable asking questions to a trained young person.</li> <li>○ In total 70% wanted to receive more RSE lessons taught by a trained young person compared to 3% who didn't.</li> </ul> |
| <b>Recommendations</b>  | <input checked="" type="checkbox"/> (In effect) more RSE lessons should be taught by a trained young person   |

## Appendix 4 – Topic lists

### AVERT 2000

- Puberty, differences in growth and development
- Parts of the body
- Fertilisation, pregnancy & birth
- Contraception, family planning
- Sexually Transmitted Diseases, inc. HIV transmission
- Sexual development: menstruation, masturbation, wet dreams
- Safer sex
- Relationships: listening, sharing, co-operation, tolerance
- Decision-making and personal choice about relationships
- Using services/agencies about sexual health
- Long-term relationships and marriage
- Talking about sexual topics
- Keeping safe and resisting pressure
- Religious and cultural views, moral values and attitudes
- "Love-making" i.e. arousal, foreplay, intercourse
- Sex and the Law
- Family life: different types of families, changing families
- Negotiating about relationships
- Sexual stereotyping
- Confidence in relationships
- Changing relationships: separation, loss, bereavement
- Sexual harassment
- Homosexuality

### FPA 2008

- How our bodies change as we grow up and in puberty
- Our feelings and emotions when we are growing up
- The feelings and emotions that we experience in relationships and sex
- The biological things about sex and reproduction (including how our bodies and sexual organs work)
- Different types of relationships and families
- Understanding what is good and bad in a relationship
- Skills for coping with relationships
- Dealing with pressure from friends and other young people
- Making decisions about having sex and knowing if you are ready
- Sexual identities, including gay, straight, lesbian, bisexual and transgender
- Contraception
- All the choices you have if you get pregnant (including abortion, adoption and parenting)
- HIV and AIDS
- Sexually transmitted infections
- Where you can go if you need help with sex and relationship problems
- The enjoyable and good things about sex
- Messages from the media about sex and relationships (both good and bad)
- Influences from family, community and religion about sex and relationships
- The law about sex, including the age of consent, abuse, violence and rape

### SEF 2008

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Abortion and pregnancy choices</li> <li>• Effect of alcohol and other drugs on sexual behaviours</li> <li>• Assertiveness skills</li> <li>• Being a parent</li> <li>• Contraception</li> <li>• Different types of relationships: family/ friendships/ intimate</li> <li>• Drugs and sex</li> <li>• Emotions: different types and dealing with them</li> <li>• Friendships: making; falling out; keeping friends</li> <li>• Human reproduction (Biology)</li> <li>• Laws about sex</li> <li>• Managing risk</li> </ul> | <ul style="list-style-type: none"> <li>• Marriage/stable relationships</li> <li>• Pleasure</li> <li>• Puberty (emotional and physical effects)</li> <li>• Reasons for delaying (early) sexual activity</li> <li>• Safer sex (alternatives to penetration)</li> <li>• Same sex relationships</li> <li>• Sexuality</li> <li>• Strategies for making choices</li> <li>• STIs, including HIV</li> <li>• Where to go for confidential help</li> <li>• Peer pressure</li> <li>• Responsibility for self and others</li> </ul> |
|--|---|

North Somerset 2011

**Attitudes and Values**

|  |  |
|--|--|
| <p><b>The opinions of professionals</b></p> <ul style="list-style-type: none"> <li>• Confidence and self-esteem to value themselves</li> <li>• Determination to stand up for their beliefs</li> <li>• Ability to judge the kind of relationship they want</li> <li>• How the media influences understanding and attitudes towards sexual health</li> <li>• Benefits of sexual behaviour within a committed relationship</li> <li>• Costs of early sexual activity</li> <li>• Rights and responsibilities within relationships</li> <li>• How values influence behaviour</li> </ul><br><ul style="list-style-type: none"> <li>• Perception of risk</li> </ul> | <p><b>The opinions of young people</b></p> <ul style="list-style-type: none"> <li>• Young people should be taught about messages from media about sex and relationships</li> <li>• How attitudes and behaviours around sex and relationships are influenced by peers, family, community and religion and how these vary by age, gender, and socio-economic background</li> </ul> |
|--|--|

**Personal and Social Skills**

|   |  |
|---|--|
| <p><b>The opinions of professionals</b></p> <ul style="list-style-type: none"> <li>• How to recognise and avoid being exploited/abused or exploiting/abusing others</li> <li>• How to recognise and avoid being pressured into unwanted or unprotected sex through assertiveness skills</li> <li>• How to access confidential sexual health advice and ask for help</li> <li>• How to manage conflict and changing relationships</li> <li>• How to manage emotions</li> <li>• How to make informed choices to promote wellbeing</li> <li>• How to communicate effectively and develop good interpersonal skills</li> <li>• How to talk to a partner about protection from STIs and pregnancy</li> </ul> | <p><b>The opinions of young people</b></p> <ul style="list-style-type: none"> <li>• Young people need to learn how to recognise the characteristics of an unsafe or abusive relationship</li> <li>• Young people need to learn how to be assertive in order to successfully deal with peer pressure.</li> <li>• Young people need to know how to make decisions without being pressured or influenced by outside forces</li> <li>• Young people need to know how to get free contraception, condoms, STI tests and pregnancy tests and how to complain if the services they use are not helpful or young person friendly</li> <li>• How to engage in a meaningful and fulfilling relationship;</li> <li>• Young people need to learn how to develop and maintain healthy relationships;</li> <li>• Young people surveyed felt that young people should learn skills for coping in relationships</li> <li>• Young people need to know how to stop things from going too far</li> <li>• To have the opportunity to take part in practical demonstrations of contraception</li> </ul> |
|---|--|

## Knowledge and Understanding

| The opinions of professionals  | The opinions of young people  |
|--|---|
| <ul style="list-style-type: none"> <li>• Human sexuality</li> <li>• Physical development</li> <li>• Reproduction and fertilization</li> <li>• Emotions</li> <li>• Relationships</li> <li>• Arguments for delaying sexual activity; risks of early sexual activity</li> <li>• Influence of alcohol and drugs</li> <li>• Range of contraception and how to avoid unplanned pregnancy</li> <li>• Qualities of good parenting</li> <li>• STIs including how bacteria grow and replicate, defense mechanisms of the body, how STIs affect the body, how to protect themselves/partner from STIs</li> <li>• Range of sexual health services</li> <li>• Know how the law applies to sexual relationships</li> </ul> | <ul style="list-style-type: none"> <li>• Young people need to learn about all different types of relationships and sexual identities (LGBT)</li> <li>• Learn about puberty and body changes</li> <li>• Learn about reproduction and the biological side of sex</li> <li>• Emotional side of relationship; self confidence; self-respect; changing emotions of growing up; emotions experienced in relationships and sex</li> <li>• What is good and bad in relationships</li> <li>• Young people need to learn about risks including the dangers of internet and how drugs and alcohol affect decision making</li> <li>• Young people need to learn about contraception and where to get it; need to learn about pregnancy and all the options and consequences of each choice</li> <li>• Implications of teenage pregnancy</li> <li>• Learn about STIs including prevention, testing, signs, symptoms and treatment</li> <li>• Young people need to learn what support is available to them and where confidential services are available</li> <li>• How the law applies to sex including consent, consequences of underage sex, and how to deal with violence and rape</li> <li>• Learn about the enjoyable and positive things about sex</li> <li>• Learn about what other young people have said they want to know</li> </ul> |

## Plymouth 2011

- (1) Learning about the changes that happen at puberty and how to deal with them.
- (2) Learning how to build confidence and self esteem and how to deal with any underlying issues that can affect confidence and self esteem.
- (3) Learning how to deal with Peer Pressure and other influences such as advertising and the media.
- (4) Learning how to manage friendships and relationships if and when they change.
- (5) Learning about personal hygiene and why it is important.
- (6) Learning about acceptable and unacceptable behaviours in friendships and relationships and how to deal with them.
- (7) Learning about condoms, how to use them and where to get them from.
- (8) Learning how different types of contraception work and where to get help and advice.
- (9) Learning how emergency contraception (the morning after pill) works and where to get help and advice.
- (10) Learning what the law says about sexual behaviours and starting a sexual relationship.
- (11) Learning about why some people have sex before they are ready and developing skills to avoid pressures and delay early sexual relationships.
- (12) Learning about Sexual Infections, what they are, how common are they and how to avoid catching them.
- (13) Learning about respectful relationships and how to deal with emotions like jealousy, controlling behaviour and domestic violence.
- (14) Learning how alcohol and other drugs can affect our judgement and increase the risk of unsafe sexual behaviour.
- (15) Learning about local and national sexual health services and how to get confidential support and advice.
- (16) Learning about what actually happens in local sexual health services by looking at websites, visiting or contacting service.
- (17) Learning about what sexuality means and that not everyone is heterosexual (straight) and that some people are gay, lesbian or bisexual.
- (18) Learning how and where to get confidential support and advice about issues relating to sexuality.
- (19) Learning how to deal with homophobic bullying. (Bullying people because they are thought to be gay) and that they may be legal consequences to bullying someone because of their sexuality.