

Sex and Relationship Education

Views from teachers, parents
and governors



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Foreword

Sex education in schools is an issue that has been raised on many occasions in the past and to inform the debate correctly it is vital that teachers, parents and governors are jointly canvassed for their opinion.

Currently, the law requires that primary schools must decide whether sex and relationship education (SRE) should be included in their school's curriculum and, if so, what the educational provision should consist of and how it should be organised.¹ Secondary schools, meanwhile, must provide SRE (including education about HIV and AIDS and other sexually transmitted diseases) and must teach human growth and reproduction as set out in the national curriculum.²

Parents, however, have the right to withdraw their children from all or part of any SRE provided, but not from teaching the biological aspects of human growth and reproduction necessary under National Curriculum science.³

Whilst there has been extensive research into SRE, the majority of this focuses on young people rather than those taking decisions about Personal, Social, Health and Economic education (PSHE). Furthermore, there is little information about the role that parents would like schools to take with regard to PSHE.

This report addresses that lack. The research was facilitated by Durex which worked in partnership with the National Confederation of Parent Teacher Associations (NCPTA), the National Association of Head Teachers (NAHT) and the National Governors Association (NGA) to conduct a survey of their views of the current provision of SRE, its importance and effectiveness, and how it can be improved.

I am confident that this research will help to ensure that any decisions made about the provision of SRE in schools in the future can be much better informed.

Baroness Gould of Potternewton

Chair, Independent Advisory Group on Sexual Health and HIV
President, fpa

EXECUTIVE SUMMARY

Introduction

Almost 1,500 school leaders, school governors and parents of school-aged children were asked for their views on the current provision of SRE and how the topic should be delivered in future.

Key findings

- There was a very high level of agreement between parents, school leaders and governors about SRE provision
- More than nine out of 10 parents, and approximately eight out of 10 school leaders and governors agreed that it was ‘very important’ for children to receive information on practising safer sex and always using contraception
- A similar number felt that the issues of understanding how relationships are formed and developed and the need to get to know the other person before sex were very important
- 80% of school leaders did not feel trained and confident to talk about SRE
- Current teaching materials are failing teachers – only 9% of school leaders rated them as very useful
- More than a quarter of school leaders and a fifth of governors felt that current SRE was not preparing children well for the future
- 84% of parents felt that SRE should be delivered both in the school and in the home
- Parents, school leaders and governors agreed that SRE lessons could begin as early as Key Stage 1, depending on content

Conclusions

- It is apparent from the research that parents, school leaders and governors are all strongly in favour of the provision of SRE in the classroom and at home
 - More training is needed for teachers to be able to properly deliver SRE lessons
 - Parents believe they have a key role to play, but need more information and resources to do this adequately
 - A range of resources need to be made available to both teachers and parents
- As a result of these findings, the NCTPA, the NAHT and the NAGA are all calling for three specific changes to the way SRE is delivered:
- That all children and young people should be entitled to quality SRE in school
 - That teachers should be given appropriate training to deliver SRE effectively
 - That appropriate resources are made available to support the teaching of SRE

INTRODUCTION

The provision of SRE in schools in England is a highly contentious issue. Currently, the law requires that primary schools must decide whether SRE should be included in their school's curriculum and, if so, what the educational provision should consist of and how it should be organised. Secondary schools, meanwhile, must provide SRE (including education about HIV and AIDS and other sexually transmitted diseases) and must teach human growth and reproduction as set out in the National Curriculum.

Parents have the right to withdraw their children from all or part of any SRE provided, with the exception of the biological aspects of human growth and reproduction necessary under National Curriculum science.

Considering the sexual health issues currently faced by the UK, the importance of effective SRE cannot be overstated. The country has one of the highest teenage pregnancy rates in Western Europe⁴, for example, whilst sexually transmitted infections (STIs) have risen steadily in recent years⁵. SRE is one of the most effective ways to reverse this trend, and it is therefore crucial to ensure that teachers are as well prepared as possible to teach this part of the curriculum.

Whilst there is extensive research into SRE, the majority of this focuses on young people rather than those taking decisions about PSHE. Furthermore, there is little information about the role that parents would like schools to take with regard to PSHE.

In order to inform the debate and look at the issue from a fresh perspective, Durex facilitated this groundbreaking study to examine how parents, school leaders and governors view the current provision of SRE in England.

METHODOLOGY

A survey of school governors, parents of school age children and school leaders (teachers and those with responsibility for PSHE within schools) was conducted. The survey was held online, with links from the websites of the NAHT, NCPTA and NGA to the questionnaires. The online survey was completed by 253 school leaders, 154 school governors and 1,003 parents of school age children.

Participants were asked for their opinion of the current provision of SRE, its importance and effectiveness, and how it can be improved. The surveys were tailored individually to accommodate for each group's differing knowledge and background, although a number of key questions were common to all three.

PROFILE OF RESPONDENTS

Of the 253 school leaders who participated in the survey, 75% were female and 25% were male. Slightly more respondents (54%) were aged 40 or above than those 39 or below (46%). Most of the school leaders (58%) worked at primary or middle schools, with 37% working at secondary or

upper schools. Only 5% of participants were from sixth form colleges. The vast majority (80%) of school leaders were in some way involved with PSHE.

Some 58% of the 154 school governors were female, with the remaining 42% male. The vast majority (83%) were aged 40 or above, with 66% involved with primary or middle schools and the remaining 34% at secondary or upper schools. Just over half of governors (51%) were involved in PSHE in some way.

An overwhelming majority of the parents who took part in the survey were female (88%) and white (98%), with 57% of them aged 40 to 49 years. Some 60% of the parents had children at primary school, whilst 33% were at secondary school and 7% were at sixth form college.

RESULTS

The results of the survey can best be analysed by looking at six different areas:

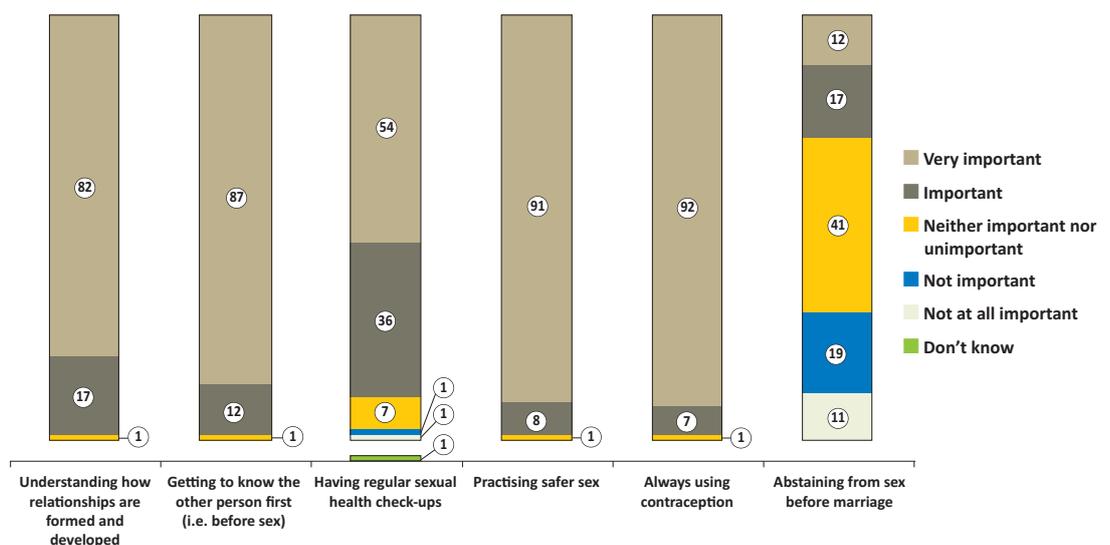
- Information needs of young people
- Current delivery of SRE
- Key Stage provision
- Effectiveness of current provision
- How to improve current provision
- New guidance

INFORMATION NEEDS OF YOUNG PEOPLE

The survey revealed that education professionals and parents are in agreement that young people need to be informed about safer sex

Q. 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?

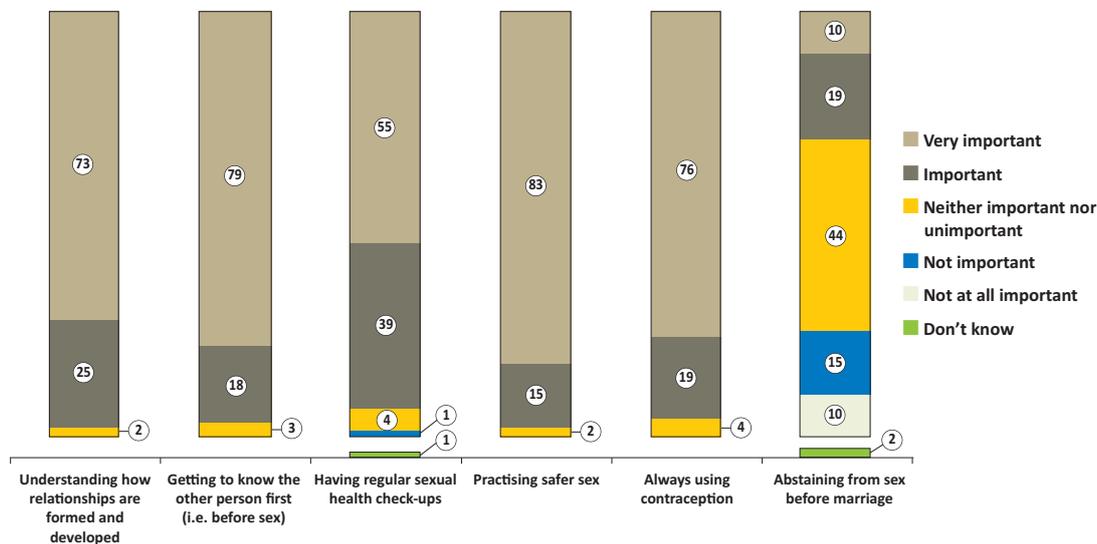
Base = all parents (1,003)



The vast majority of parents felt that it is very important that children are informed about safer sex and contraception. Parents were divided, however, on the topic of abstinence before marriage.

Q. How important do you think it is for learners to be informed, in or outside school, about the following during their development?

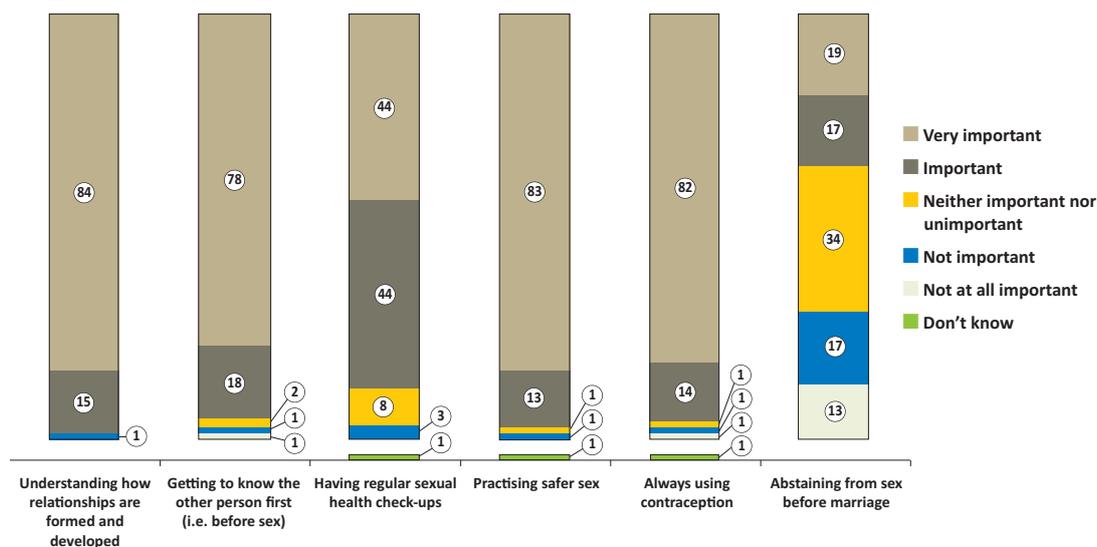
Base = all school leaders (253)



Although their views were not quite as strong as those of the parents surveyed, school leaders agreed on the importance of children being informed about safer sex and contraception. Abstaining from sex before marriage again divided respondents.

Q. How important do you think it is for learners to be informed, in or outside school, about the following during their development?

Base = all school governors (154)



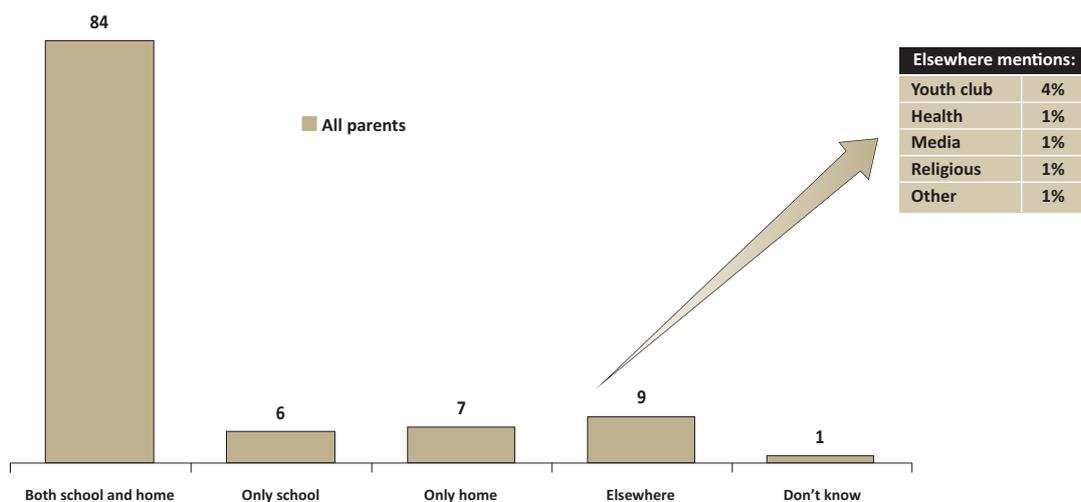
The views of school governors reflected those of parents and school leaders.

CURRENT DELIVERY OF SRE

The survey showed that the majority of parents and school governors believe that SRE is best delivered both at school and in the home

Q. In your opinion, where should SRE be delivered to children and young people?

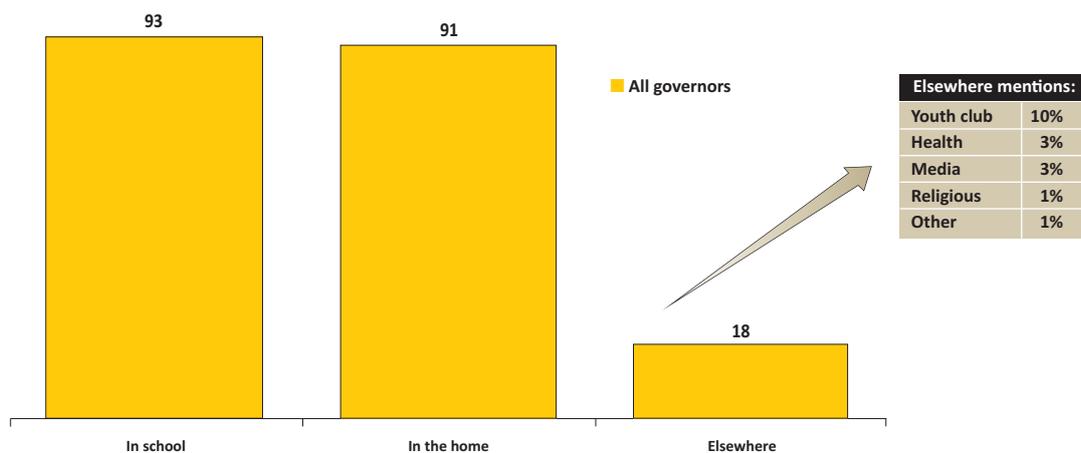
Base = all parents (1,003)



Most parents (84%) believed that SRE should be delivered both in school and at home. Some 6% thought SRE should only be delivered at school, with 7% believing it should only be delivered at home.

Q. In your opinion where should SRE be delivered to children and young people?

Base = all school governors (154)

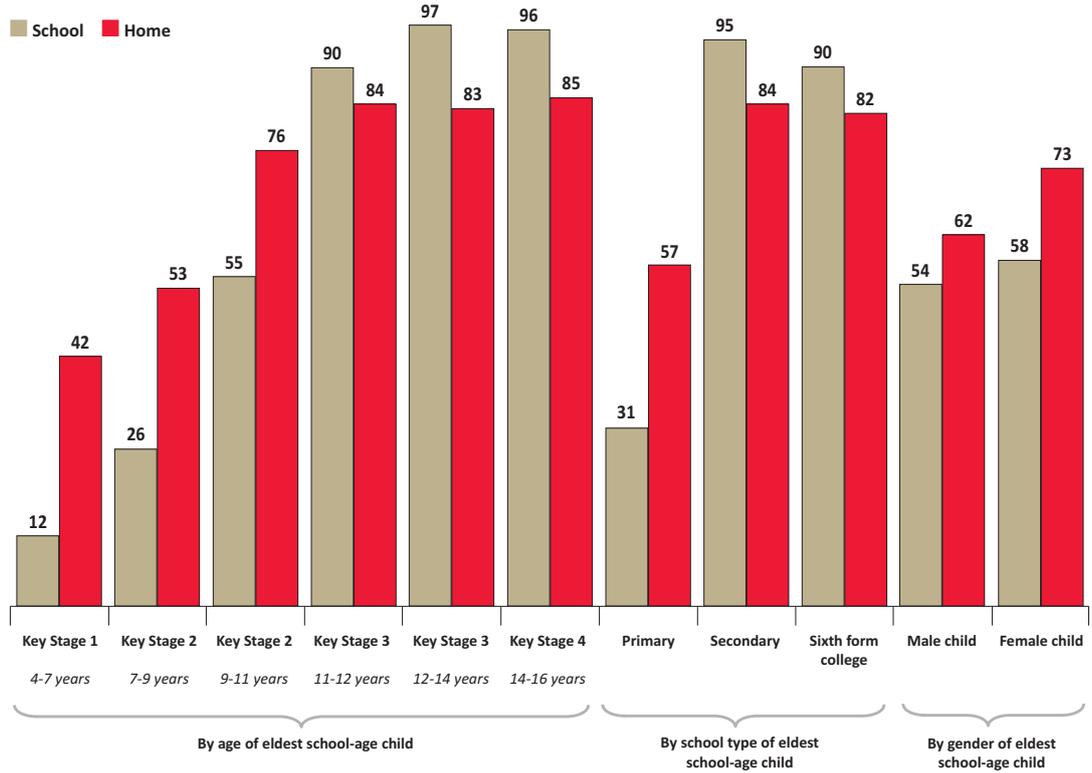


The vast majority of school governors (93%) believed that SRE should be delivered in schools, with almost as many (91%) thinking it should be taught at home. Some 18% thought SRE should be taught elsewhere, with the majority of suggestions being youth clubs.

The survey revealed that schools are not matching home tuition

Q. Has your child received any form of SRE in or out of school?

Base = all parents (1,003)

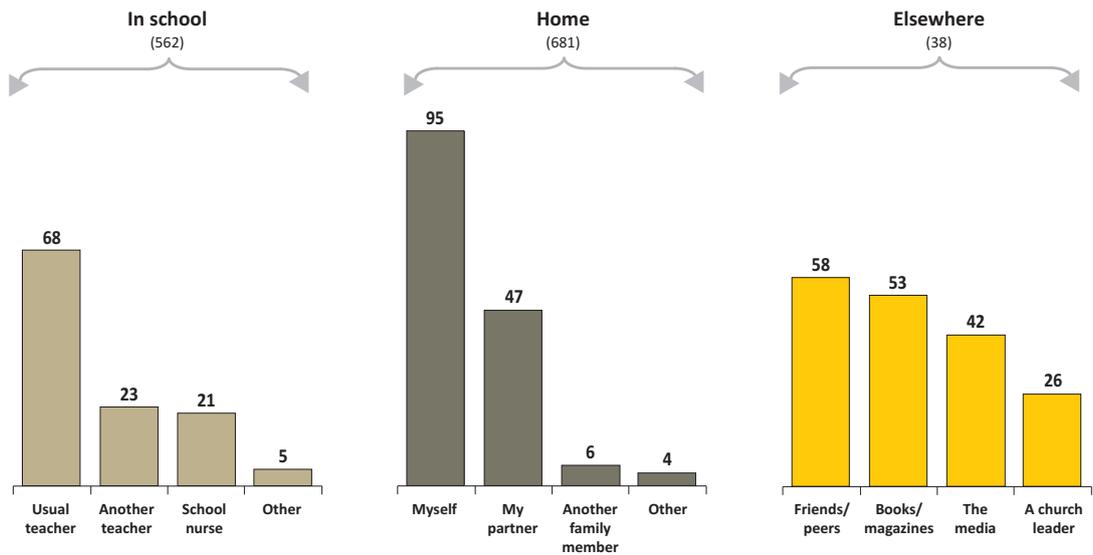


Delivery of SRE in schools was linked to age, with only 12% of Key Stage 1 (4 to 7 years) children having received any SRE compared to 96% of Key Stage 4 (14 to 16 years) pupils. SRE begins much earlier in the home, with girls being more likely than boys to receive it.

Form tutors deliver the majority of SRE but have a limited planning role. School nurses have an important contributory role

Q. Where has your child received SRE from?

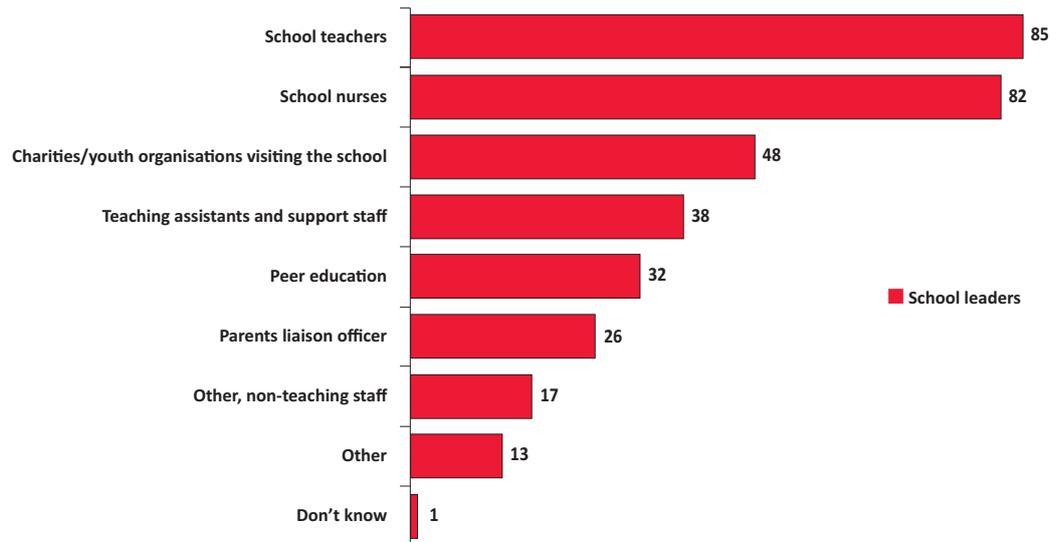
Base = all parents (1,003)



Most parents (68%) said that their child’s form tutor was the person who provided SRE, with some assistance from the school nurse or another teacher from within the school.

Q. In your opinion, who should be involved in delivering SRE to learners in school?

Base = all school leaders (253)



When asked who should be involved in delivering SRE at school, 85% of school leaders responded that this should be carried out by school teachers. Almost as many school leaders (82%) thought that school nurses should be involved with delivering SRE in schools.

Q. Thinking specifically about the provision of SRE in your school, who assumes responsibility for?

Base = all school leaders (253)

	Teaching SRE	Planning coordinating SRE	Contributing to SRE	Monitoring and evaluating SRE
Head teacher	11	17	25	45
Assistant/deputy head teacher	11	16	25	32
Governor	3	5	11	27
PSHE education coordinator	43	65	53	57
Key stage coordinators	18	22	28	21
Form teachers	51	19	41	15
School nurse	19	10	40	7
Healthy schools coordinator	15	24	31	21
Head of RE/chaplain	8	6	15	9
Other person	14	8	16	6
Don't know	4	6	6	8

Relatively few school teachers, however, are responsible for planning and co-ordinating SRE. When asked who is responsible for each aspect of SRE, only 19% of school leaders said that form teachers were responsible for planning and co-ordinating SRE. School leaders revealed that 40% of school nurses contribute to SRE whilst 19% of them actually teach the subject.

KEY STAGE PROVISION

The survey shows that the most appropriate age for introduction varies by topic

Respect

The majority of parents, school leaders and school governors (an average of 64%) agreed that the topic of respect should be introduced in Key Stage 1 (4 to 7 years).

Bullying / protecting self from harm

Most parents, school leaders and school governors (an average of 55%) thought that the topic of bullying / protecting self from harm should be introduced at Key Stage 1 (4 to 7 years). On average, 39% of respondents believed the topic should be introduced at Key Stage 2 (7 to 11 years).

Differences between people

Most parents, school leaders and school governors (an average of 55%) thought that differences between people should be introduced at Key Stage 1 (4 to 7 years).

Developing confidence

Almost half (47%) of parents, school leaders and school governors believed it is appropriate to introduce the topic of developing confidence to Key Stage 1 (4 to 7 years) pupils. Some 41% of respondents thought the topic should be introduced at Key Stage 2 (7 to 11 years).

Dealing with peer influence

An average of 56% of parents, school leaders and school governors thought that the topic of dealing with peer influence should be introduced at Key Stage 2 (7 to 11 years).

Body changes and physical development

On average, 80% of parents, school leaders and governors thought the topic of body changes and physical development should be first taught at Key Stage 2 (7 to 11 years).

Puberty

All three groups were in agreement about when children should be introduced to the topic of puberty, with an average of 86% of them thinking this should be in Key Stage 2 (7 to 11 years).

Sexual relations and sexuality

The question of when to introduce the topic of sexual relations and sexuality divided all three groups. An average of 60% of respondents thought this topic should be introduced in Key Stage 3 (11 to 14 years), whilst 31% chose Key Stage 2 (7 to 11 years).

Consent

Similarly, the topic of consent divided opinion. Some 60% of respondents believed that Key Stage 3 (11 to 14 years) is the correct age to introduce this topic, whilst 24% thought it should be Key Stage 2 (7 to 11 years).

Sexual orientation, choices and attitudes

This topic caused the most division among the three groups. Some 60% of the parents, school leaders and governors thought that the topic should be introduced at Key Stage 3 (11 to 14 years). An average of 20% believed sexual orientation, choices and attitudes should first be introduced at Key Stage 2 (7 to 11 years), whilst 18% of respondents chose Key Stage 4 (14 to 16 years).

Sexually transmitted infections including HIV/AIDS

Most of the parents, school leaders and governors (an average of 73%) thought Key Stage 3 (11 to 14 years) is the correct age to introduce the topic of sexually transmitted infections.

Contraception choices

Key Stage 3 (11 to 14 years) was the most popular option, with 71% of the three groups thinking this is the best time to introduce the topic of contraception. On average, 19% of respondents thought the topic should be introduced in Key Stage 4 (14 to 16 years).

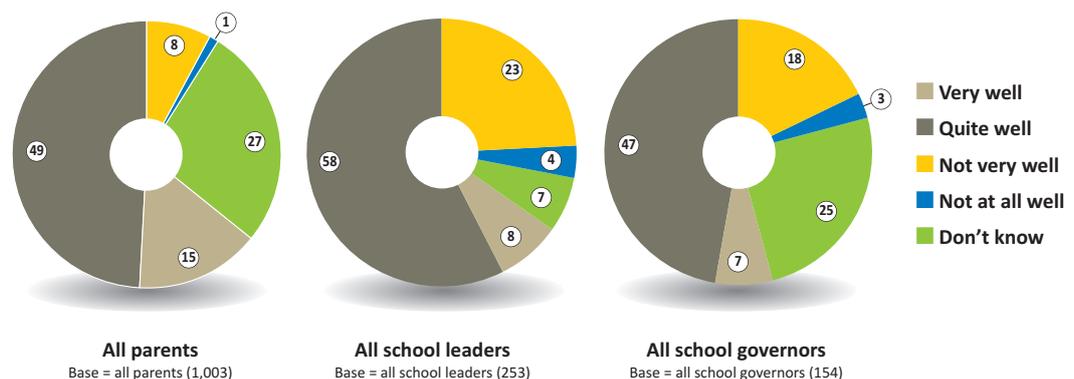
Pregnancy choices

The majority of parents, school leaders and governors (62%) believed that pregnancy choices is a topic that should be introduced at Key Stage 3 (11 to 14 years), whilst 31% thought it should be at Key Stage 4 (14 to 16 years).

EFFECTIVENESS OF CURRENT PROVISION

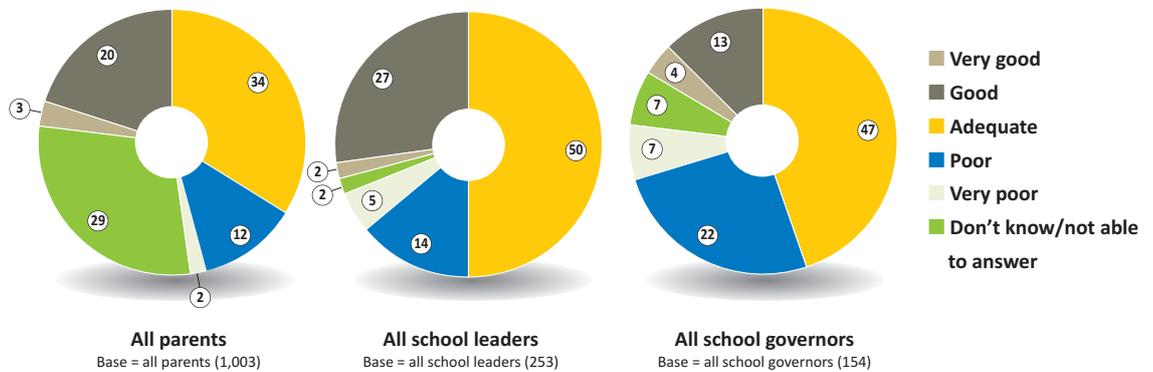
According to the survey, the current provision of SRE is failing young people

Q. How well do you think the SRE education your child is receiving is preparing them? / How well do you think your school's current SRE programme prepares learners?



The majority of parents, school leaders and governors agreed that the current provision of SRE is preparing their child 'quite well', although almost a quarter of professionals felt that the current provision does not prepare children well enough. Less than 10% of the professionals thought the current provision prepares children 'very well'.

Q. Based upon your experience, how effective do you think the current provision of SRE in schools is. Would you say it is...?

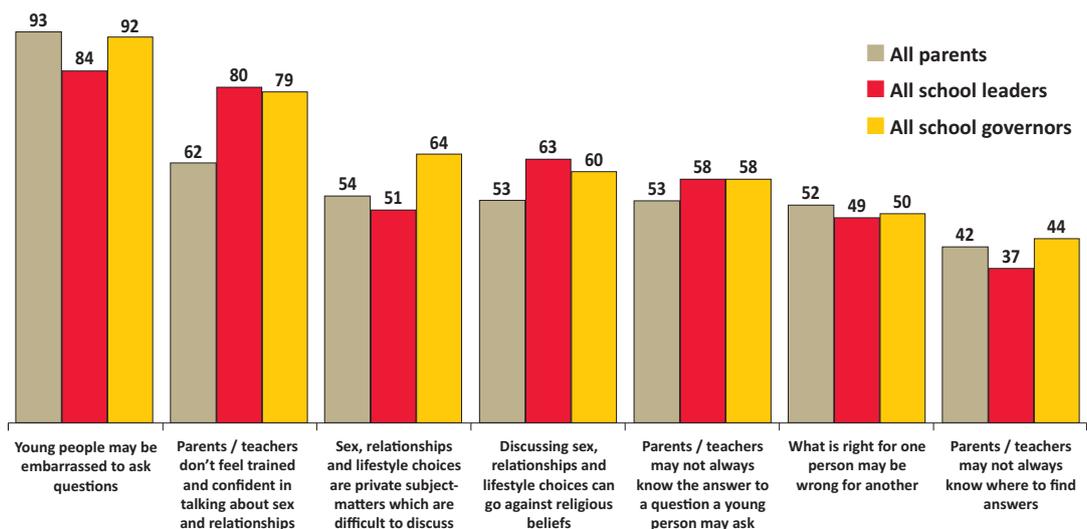


There was strong opinion that the current provision of SRE in schools is not good enough, with ‘adequate’ emerging as the most popular answer. More than a quarter (29%) of governors and almost a fifth (19%) of school leaders thought that the current provision of SRE is either ‘poor’ or ‘very poor’.

BARRIERS TO INFORMATION

All groups agreed embarrassment was the major barrier. Professionals felt less confident in talking to young people than did the parents

Q. 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?



Embarrassment was seen as a major factor by all groups. However training of teachers was also seen as a key issue with 80% of teachers not feeling confident and trained in talking about SRE.

HOW TO IMPROVE CURRENT PROVISION

General

The survey showed that parents and governors support greater collaboration between schools and parents. The input of young people is also deemed to be a significant factor

The parents, school leaders and governors who believe that the current provision of SRE is adequate or poor were asked what they would do to improve SRE in schools.

Overall there was a high degree of agreement between parents, school leaders and governors. However, parents felt the top priority was more collaboration between schools and parents. School leaders (71%) felt there was a need to improve the quality of SRE training within initial teacher training. Most important for the governors (80%) was the need to respond to young people's needs and questions as they develop.

The school leaders were also asked what they thought would help to ensure that all learners get the best SRE. Almost eight out of ten (79%) of them thought that parents should receive help and support in talking to their children about SRE, while three quarters believed that specific training should be provided to help parents feel more confident in discussing SRE with their children. A high proportion (77%) thought that learners should be encouraged to discuss SRE with their parents.

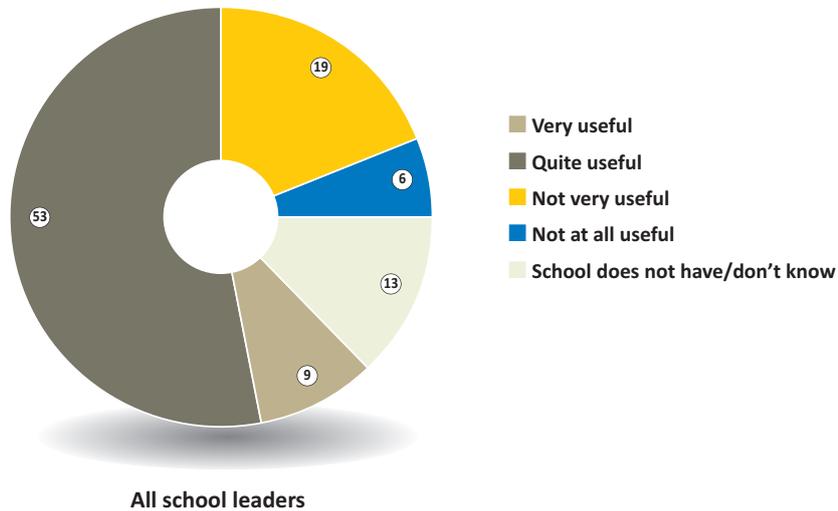
Resources

The survey showed that there is a low take up of official guidance and materials and a dissatisfaction with the current resources available

School leaders reported that the most popular guide materials for SRE programme are the official ones (QCDA, DCSF or LA), but these are being used in less than half of instances (47%). Almost a fifth (19%) are relying on internally developed materials.

Q. How useful do you find the range of materials currently available to help with SRE in your school?

Base = all school leaders (253)



Only 62% of school leaders find the range of materials currently available to help with SRE in some way useful. There was a difference between age groups, with younger school leaders believing that the materials available were less useful than the older respondents.

School leaders and parents differed on which materials they think should be available to help support and reinforce the delivery of SRE

Most of the school leaders would like DVDs (72%) to support their teaching. This was closely followed by guest speakers (68%), with leaflets and handouts (64%) as the third most popular choice. Books (46%) were amongst the lowest level mentions.

The majority of parents (64%) thought that leaflets and handouts would be most useful to them for reinforcing the SRE education that their child receives at school. Second place was websites (53%) and third were guides for discussion topics (51%).

KEY FINDINGS

- The survey revealed that, although more than nine out of 10 parents feel it is very important that children receive information on practising safer sex and using contraception, school leaders don't always have the training to be able to deliver these lessons confidently
- There was a very high level of agreement between parents, school leaders and governors about SRE provision, with 91% of parents, 83% of governors and 83% of school leaders believing it is very important that young people have information on practising safer sex
- The results are similar for information on always using contraception, where 92% of parents, 82% of governors and 76% of school leaders feel it is very important that young people have information on the contraceptive choices available to them
- Despite this, 80% of teachers do not feel trained and confident to talk about SRE
- Only 9% of school leaders rated the teaching materials available to them as very useful
- More than one in four school leaders and a fifth of governors believe that current SRE in schools is failing children by preparing them for the future 'not well' or 'not at all well'
- All three groups are in broad agreement about the age at which different SRE topics could be introduced, and some, such as respect, behaving responsibly and protecting yourself from harm were thought suitable to be taught to Key Stage 1 pupils (4 to 7 years)
- Puberty was felt to be suitable for children in Key Stage 2 (7 to 11 years) while contraception choices were felt to be more suitable for children in Key Stage 3 (11 to 14 years)
- Parents also felt that SRE lessons should not end at school, with 84% saying they should also be followed up in the home

CONCLUSIONS AND RECOMMENDATIONS

- It is apparent from the research that parents, school leaders and governors are all strongly in favour on the provision of SRE in the classroom and at home
- More training is needed for teachers to be able to properly deliver SRE lessons
- Parents believe they have a key role to play, but need more information and resources on how to do this adequately
- 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 – 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 SRE is delivered.

- Firstly, that all children and young people should be entitled to quality SRE in school
- Secondly, teachers should be given appropriate training to deliver SRE effectively
- And finally, appropriate resources should be made available to support the teaching of SRE

¹www.education.gov.uk/popularquestions/schools/curriculum/a005567/when-will-my-child-receive-sex-education-in-school

²www.education.gov.uk/popularquestions/schools/curriculum/a005567/when-will-my-child-receive-sex-education-in-school

³www.education.gov.uk/popularquestions/schools/curriculum/a005567/when-will-my-child-receive-sex-education-in-school

⁴www.dcsf.gov.uk/everychildmatters/healthandwellbeing/teenagepregnancy/teenagepregnancy

⁵www.hpa.org.uk/NewsCentre/NationalPressReleases/2010PressReleases/100825STI



