A Survey of Sex Education Provision in Secondary Schools

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AVERT
AIDS EDUCATION & RESEARCH TRUST

Schools Health Education Unit

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Published by AVERT
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First published 2000

British Library Cataloguing-in-Publication Data
A catalogue record for this book is available from the British Library

ISBN 1-898616-13-2

AVERT is a Registered Charity (No. 1074849)

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Preface

The authors

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About AVERT

AVERT is a national AIDS charity which aims through education to prevent people from becoming infected with HIV. AVERT also funds medical research into HIV and AIDS in order to develop improved treatments and eventually a cure. AVERT has many years experience of working with and developing resources for young people, as well as producing guide books and training manuals for teachers and other health professionals.

About the SHEU

The SHEU is an independent research unit established in 1977 in the University of Exeter. They have a substantial history of successful work with health authorities and schools, and have recent and relevant experience in work in curriculum provision and in sex education. They are currently used as referees by a number of government and other grant-giving bodies.

About the research

The research was carried out by the SHEU. This report describes an investigation of current programmes of sex education in selected schools, using a combined postal and telephone survey modelled on a successful earlier exercise in alcohol education (Balding & Bish, 1991, 1992; Regis *et al.* 1994).

Acknowledgements

The authors would like to acknowledge the invaluable time, comments and opinions that all of the schools involved gave so freely.

Introduction

Sex education is essential for all young people in order to help prepare them for the responsibilities of adult life. It would appear that in the UK in the year 2000 there are considerable deficiencies in the provision of such education. This has resulted in the highest level of teenage pregnancies in Europe, as well as continued transmission of HIV and other sexually transmitted infections. Young people themselves talk critically about the sex education they receive.

Sex education can be provided, and indeed is best provided, through a number of different routes. These include parents and the media as well as school-based sex education. However, while sex education is often discussed, particularly in the press, surprisingly little is known about the current provision of sex education in many schools and what is known is based on anecdotal evidence. It was for this reason AVERT decided to conduct a survey that examined the general condition of sex education by providing quantitative data.

As research has shown, good quality sex education actually decreases the likelihood that young people will have sex and increases condom use amongst those who are already sexually active. Whilst there are examples of good practice around the country, too often young people are still complaining that their sex education is irrelevant. By asking the very people responsible for delivering sex education, AVERT aims to provide a snapshot of the strengths and weaknesses in the current provision.

It is hoped that this report will enable all those involved in secondary school sex education to identify areas in the current provision that could be improved. Young people have the right to grow up confident and knowledgeable about their sexual health and can only make informed decisions about their lives when they have the right information at the right time. We hope that this report will help all those who wish to help young people to achieve this.

Methods

A questionnaire inviting teachers to comment upon their sex education provision was sent to the health education co-ordinators in over 300 schools. Many of the schools had previously taken part in the *Health Related Behaviour Questionnaire* (Balding, 1999a) but there were in addition schools who were not previously known to the Schools Health Education Unit (SHEU). Those schools known to the SHEU through the *Health Related Behaviour Questionnaire* agreed to the survey being sent to a named health education co-ordinator. The sample were mainly from English comprehensive schools, but also included middle schools, foundation schools (former grant-maintained schools), schools for pupils with special educational needs and some schools outside England and Wales to which the National Curriculum does not apply.

The sample statistics are as follows and despite the timing of the survey (Summer term, 1999), the questionnaire yielded the following response rate:

Table 1: Completed school sample for main postal questionnaire

Sent	334
Returned surveys	108
Uncodable responses	3
Processed responses	105
School sex education policy returned	65
School sex education programme returned	25
Volunteer for telephone follow-up	60
Telephone follow-up carried out	26

Non-respondents were reminded once to reply.

From a list of 23 topics, the questionnaire asked the co-ordinators:

1. What subjects were covered in their sex education provision;
2. To what depth the teachers felt they covered the subject;
3. In which years (between 7 and 11) were the subjects covered;
4. How satisfied teachers were with their provision;
5. What factors, if any, influenced their provision.

The co-ordinators were also offered the opportunity to participate in a short follow-up telephone survey. This survey covered some further issues and allowed greater comment on current curriculum developments.

Schools were also invited to return their sex education policies. Currently, school governors are required to develop and maintain a written sex education policy that outlines the content and organisation of the school's sex education programme. Developing a sex education policy can prove quite challenging for schools and an example of a thorough, but achievable policy can be found in Appendix 1 along with an example of a minimal policy statement.

Survey results

Which topics are being covered in sex education?

What does sex education consist of? Whilst there is broad agreement between sex education professionals as to the general areas that should be included, any study of sex education provision needs to first define what exactly sex education means to schools.

Table 2 below shows the percentage of schools that cover, in any year, each of the 23 topics that are possibly going to be included in a schools sex education program. The results show some serious deficiencies and mismatches.

Table 2: 23 topics in sex education, sorted by percentage of schools including topic at all in any year group

Topic	%
Sexually Transmitted Diseases, inc. HIV transmission	97%
Contraception and family planning	96%
Puberty, differences in growth and development	96%
Parts of the body	95%
Sexual development: menstruation, masturbation, wet dreams	94%
Fertilisation, pregnancy and birth	91%
Safer sex	88%
Sex and the law	86%
'Love-making' i.e. arousal, foreplay, intercourse	84%
Long-term relationships and marriage	84%
Using services/agencies about sexual health	81%
Homosexuality	78%
Sexual stereotyping	76%
Keeping safe and resisting pressure	76%
Family life: different types of families, changing families	75%
Decision-making and personal choice about relationships	74%
Relationships: listening, sharing, co-operation, tolerance	72%
Talking about sexual topics	72%
Changing relationships: separation, loss, bereavement	69%
Sexual harassment	69%
Negotiating about relationships	67%
Religious and cultural views, moral values and attitudes	65%
Confidence in relationships	64%

There is no single topic, however fundamental to sex education, that is covered by every school, and this includes the subject of 'sex and the law'. At its most basic interpretation, this topic would have to include reference to the age of consent. As sex education only becomes compulsory by the time young people reach secondary school, this may be the only time that they will have access to this information. Denied such information, it is hard to hold young people solely responsible for having sex under the age of consent.

Choosing not to have sex under the age of consent, or indeed at any other time, is not always an easy choice for young people. They will not be helped to make this choice by the fact that only 76% of schools discuss 'keeping safe and resisting pressure', another subject that might reasonably be expected to be included in every sex education programme.

'Puberty, differences in growth and development', 'parts of the body' and 'sexual development' are covered by around 95% of schools. This would appear to be giving young people a good grounding in the biological elements of puberty, but even at the 95% level, 1 in 20 young people, a considerable number overall, may be missing out on this information.

Confusingly for young people who are increasingly being told about the importance of personal discussion skills, there appears to be little time for these skills in the classroom. Only 67% of schools manage to cover 'negotiating about relationships', with 72% covering 'talking about sexual topics'. So approximately 30% of schools are not covering such important negotiation skills at all.

It is not just the topics which are covered, but also the differences or mismatches between topics that are surprising. An impressive 97% of schools include 'Sexually Transmitted Diseases', and 96% include 'contraception and family planning'. However, only 88% discuss 'safer sex'. As safer sex is one of the few ways that drastically reduces both the risks of STD transmission and unplanned pregnancy, it would be expected that the percentage discussing 'safer sex' would at least be at the same level as 'family planning' and 'Sexually Transmitted Diseases'.

One area that is often assumed to be contentious appears to be covered in a surprising number of schools. 'Homosexuality' is discussed in nearly 80% of secondary school sex education programmes, with 75% discussing 'different types of families and changing families'.

To what depth are topics covered in sex education?

In the survey, three levels of quality were defined:

Level

A: Considerable coverage – in good detail with good opportunity for reflection and/or practice of skills

B: Moderate coverage – no more than fair detail and/or limited opportunity for discussion/skills rehearsal

C: Little coverage – mentioned in passing or only if need arises

Teaching a topic to Level A is obviously the ideal, but is teaching to Level B an acceptable alternative if the former is not achievable? While the research can provide no answer to this, it is worth questioning the effectiveness of sex education where the co-ordinator cannot cover the topic in adequate depth.

Table 3 below shows the percentage of schools that give considerable coverage to the topics shown.

Table 3: Topics in sex education covered by schools, sorted by percentage of schools who cover topic to Level A

Topic	% of Level A schools as a % of all schools
Puberty, differences in growth and development	83%
Parts of the body	79%
Contraception and family planning	77%
Sexually Transmitted Diseases, inc. HIV transmission	75%
Fertilisation, pregnancy and birth	74%
Sexual development: menstruation, masturbation, wet dreams	72%
Safer sex	68%
Using services/agencies about sexual health	52%
Relationships: listening, sharing, co-operation, tolerance	51%
Decision-making and personal choice about relationships	51%
Talking about sexual topics	45%
'Love-making' i.e. arousal, foreplay, intercourse	45%
Keeping safe and resisting pressure	44%
Sex and the law	43%
Negotiating about relationships	31%
Confidence in relationships	26%
Homosexuality	23%

The full version of this table can be found in Appendix 2.

These results of the level of coverage of topics in sex education show the inadequacy of many sex education programmes. Even the basic physical topics, such as ‘puberty’, ‘parts of the body’, and ‘fertilisation’, are done comprehensively by less than 85% of schools. Other fundamental subjects such as ‘sex and the law’, and ‘keeping safe and resisting pressure’, are covered comprehensively by less than 50% of schools.

Any efforts to help young people be more confident in their sexual health and to be able to better control their fertility will have to include equipping them with communication skills. Yet these also receive low coverage, with ‘decision-making’, ‘negotiating about relationships’ and ‘talking about sexual topics’ all receiving low ‘considerable coverage’ scores; 51%, 31% and 45% respectively.

‘Love-making’, the mechanics of sex and sexual intercourse, and arguably one of the most relevant parts of sex education, scores equally lowly at 45%. This result does then render the title of sex education ironic, as it would appear that for more than half of young people, sex education will not include any significant reference to sexual intercourse.

The disparity between those schools covering ‘safer sex’ and those covering ‘sexually transmitted diseases (including HIV transmission)’ is further highlighted by this table. Whilst all schools (where the National Curriculum applies) are legally obliged to teach about HIV, it appears that only 75% feel that they are doing so in good detail. ‘Safer sex’, the main method for young people to avoid becoming infected with HIV, fares even worse at 68%.

Local ‘services’ could play a vital role in helping young people improve their general sexual health, but just 52% of co-ordinators feel they are providing considerable coverage in this area.

Finally although the subject of ‘homosexuality’ is covered by many schools, it is certainly covered superficially in many of them. It is given considerable coverage in less than a quarter, making it the subject dealt with in the least depth from the full list (see Appendix 2).

When are topics covered in sex education?

Table 4: School year groups in England and Wales

Key Stage 3	Year 7	11-12 years old
	Year 8	12-13 years old
	Year 9	13-14 years old
Key Stage 4	Year 10	14-15 years old
	Year 11	15-16 years old

Table 5: Percentage of 105 schools including each of 23 topics in any school Year 7-11

Topic	Y7	Y8	Y9	Y10	Y11
Parts of the body	85%	54%	61%	51%	35%
Contraception and family planning	45%	43%	82%	61%	52%
Puberty, differences in growth and development	84%	54%	46%	33%	28%
Sexual development: menstruation, masturbation, wet dreams	77%	50%	44%	37%	27%
'Love-making' i.e. arousal, foreplay, intercourse	37%	34%	60%	50%	37%
Fertilisation, pregnancy and birth	61%	40%	44%	46%	33%
Sexually Transmitted Diseases, inc. HIV transmission	34%	34%	67%	68%	49%
Sex and the law	30%	32%	66%	46%	37%
Safer sex	26%	32%	72%	54%	45%
Homosexuality	23%	22%	50%	52%	38%
Relationships: listening, sharing, co-operation, tolerance	39%	38%	48%	37%	35%
Long-term relationships and marriage	30%	27%	49%	60%	45%
Changing relationships: separation, loss, bereavement	23%	34%	41%	40%	34%
Religious and cultural views, moral values and attitudes	24%	24%	40%	46%	38%
Family life: different types of families, changing families	27%	35%	38%	45%	35%
Sexual stereotyping	20%	30%	49%	41%	29%
Sexual harassment	13%	17%	29%	43%	39%
Talking about sexual topics	40%	33%	51%	45%	34%
Decision-making and personal choice about relationships	27%	35%	55%	44%	38%
Keeping safe and resisting pressure	34%	30%	50%	44%	41%
Negotiating about relationships	28%	28%	41%	46%	30%
Confidence in relationships	26%	23%	38%	40%	26%
Using services/agencies about sexual health	20%	24%	57%	60%	40%

Timing is a crucial element in sex education. In order to be most beneficial, sex education needs to be age-appropriate, thereby giving young people the information they need at the right time in order to make informed decisions and to put them more at ease with the changes they experience.

It would seem sensible that basic education around puberty be delivered prior to girls experiencing menarche, widely accepted to be on average between the ages 12-13. It is therefore not surprising that 84% of schools cover ‘puberty’ in Year 7, but a significant number are revisiting the topic in Year 9. One school was found to be covering ‘puberty’ for the first time in Year 9; two years after the average age of menarche and of little use for those girls who started puberty even younger.

Similarly, over 50% of schools are covering ‘parts of the body’ at Year 10, when some young people are seriously considering becoming (or have already become) sexually active. It would be expected that there are other topics, such as ‘relationships’, where the classroom time allocated could be more usefully spent.

The mismatch between the coverage of ‘safer sex’ and that of ‘Sexually Transmitted Diseases’ can be seen again here. ‘Sexually Transmitted Diseases’ are consistently covered more than ‘safer sex’ with the exception of Year 9. With the obvious overlap between safer sex and STD transmission, it would be reasonable to expect that the levels of coverage would be more similar.

Which factors influence the teaching of sex education?

Co-ordinators were then asked to assess different aspects of support for their programme from two perspectives: the importance of the factor, and how satisfied they were with the factor in their everyday practice.

Table 6: Factors influencing sex education – *importance* (sorted by percentage rating factor as 'very important')

Percentages may not sum to 100% due to rounding errors.

	Not at all important	Of some importance	Very important
Teacher confidence/commitment	5%	4%	91%
Co-ordination and leadership of programme	4%	11%	85%
Other resources	2%	14%	84%
Support of senior management	2%	15%	83%
Space on timetable	6%	20%	74%
Time for planning/differentiation	6%	29%	65%
Support of parents	5%	30%	65%
Support of governors	5%	31%	64%
In-Service Training (INSET)	4%	33%	63%
Teacher training (Initial Teacher Training – ITT)	7%	34%	59%
Support of outside agencies	4%	40%	56%

It is hardly surprising that 'teacher confidence/commitment' was rated as a very important factor by the highest number of co-ordinators (91%). Also, given the subject matter and the need for the co-ordinator to provide a moral context without their personal beliefs entering the lesson, there is an understandable need for 'other resources' in this area (84%). However, the need for actual teaching time ('space on timetable'), often suspected by health professionals as being one of the greatest constraints upon sex education programmes, was only rated as very important by three quarters of co-ordinators (74%).

A high percentage (65%) of co-ordinators feel that 'time for planning' and ensuring they can tailor their provision to the needs of their students is very important. However, involving 'outside agencies' in helping to provide sex education was considered very important by the smallest number (56%).

Hostile press coverage over the past few years has clearly impressed upon schools the need to ensure that the policy and programme are developed in such a way that maintains the support of both the 'parents' (65%), 'governors' (64%) and 'senior management' (83%). To what extent this desire to involve all three parties is a result of a general nervousness toward sex education, or a belief in including all the stakeholders in the development process, is debatable.

Table 7: Factors influencing sex education – *satisfaction* (sorted by percentage rating factor as 'very satisfied')

Percentages may not sum to 100% due to rounding errors.

	Not satisfied	Acceptable	Very satisfied
Support of outside agencies	7%	29%	64%
Support of senior management	9%	33%	59%
Support of governors	9%	38%	53%
Co-ordination and leadership of programme	5%	56%	39%
Teacher confidence/commitment	4%	57%	39%
Space on timetable	13%	48%	39%
Support of parents	12%	54%	34%
Other resources	16%	50%	34%
Time for planning/differentiation	48%	39%	13%
In-Service Training (INSET)	43%	44%	13%
Teacher training (Initial Teacher Training – ITT)	51%	37%	12%

When asked to rank their satisfaction of the factors with regard to their own practice, a markedly different picture emerges. Whilst 'training' is regarded in Table 6 as being of relatively low importance, it is the factor that most schools are dissatisfied with (see Table 7). In respect of both 'INSET' and 'ITT' less than 14% of co-ordinators report that they are very satisfied with the training available to them, with 51% reporting that they are not satisfied with 'ITT'.

Nearly 50% of co-ordinators are not satisfied with the 'time' available to them for planning the lessons. However, general problems with time allocation ('space on timetable' and 'time for planning/differentiation') and 'training' do not seem to dent the confidence or commitment of the co-ordinators, with just 4% reporting dissatisfaction with this factor. There is general satisfaction too with the level of involvement of 'parents', 'governors' and 'senior management'.

Despite being viewed as very important by the smallest number of co-ordinators, the 'support of outside agencies' was the area that the most co-ordinators were satisfied with (64%). However a much smaller number (34%) were very satisfied with the 'other resources' available to them.

When asked to comment later in the questionnaire on the most common strengths, weaknesses and problems in their programmes, 'staff' and the 'content' of the programme were the most frequently mentioned strengths. The most common weakness, 'time', was cited twice as often as the second most reported weakness, 'training'. 'Monitoring' and a need to 'update' the programme were also mentioned. The most common problems were identified as 'staff training', and 'staff turnover'. See Appendix 3 for the full table.

Telephone survey

During the telephone survey teachers were invited to discuss a range of issues relating to sex education. See Appendix 5 for the full list of questions.

Biological bias

Firstly, when asked whether sex education could be said to be *"too little, too biological and too late"* in their schools, the majority (65%) disagreed, saying that whilst it may previously have been true or may apply elsewhere, it was not the case in their school. Two co-ordinators remarked that for most pupils the timing was right, but for some young people it would always be too late. Of course, teachers and pupils in the same school may have very different views of the same programme.

Some schools felt that the provision in their feeder primary schools left a lot to be desired, and were more concerned about provision in this phase than in their own.

> *"There is no doubt that 'literacy hour' and 'numeracy hour' has* (sic) *cut the PSE programme in middle schools. Year 9 students this year were far less knowledgeable about sex education, having little since Year 6!"* (Co-ordinator in 13-18 school)

Is sex education too negative?

When asked if they felt that their provision was too negative for young people, the majority of co-ordinators interviewed acknowledged that this was an issue for them. *"We do a lot of don'ts"* one explained. The following reasons were given as explanation:

1. The necessity of addressing problems of unwanted pregnancy and STDs;
2. The challenge that a more positive approach would present to the attitudes and skills of teachers delivering the programme;
3. The risk of encouraging, or being perceived to encourage, underage sexual activity, e.g. one school co-ordinator said that they deal with arousal and foreplay only when teaching sex education to the sixth form, for whom sexual intercourse is not illegal.

Fear about being seen as too sex-positive is likely to be another constraint on the style (if not the content) of sex education in schools. This may explain why young people frequently describe sex education as *"too biological"*, as a lesson that sticks to the facts cannot be accused of encouraging sexual activity. Whilst several co-ordinators acknowledged this issue, they felt they had the balance right in their school, with one reporting including the phrase *"sex is fun"* as a deliberate part of their teaching package.

Time allocation

With a time allocation of an hour per week per year group, some co-ordinators feel that *"we are always the first target for timetable cuts"*, and that in one school PSHE in general was treated as *"the Cinderella of the curriculum"*.

Support from the Local Education Authority

The quality of LEA-provided INSET was occasionally called into question here, with one co-ordinator feeling she had been instructed in *"sucking eggs"*. The general picture was very mixed, with several schools enjoying good LEA support (*"brilliant"*, *"wonderful"*), whilst others who had enjoyed support in the past were faced with a changing situation (*"a great step backward"*). Where recent changes had occurred they were invariably in a negative direction, with, for example, LEAs removing or combining advisory teacher posts.

How could the government improve the situation?

Some themes emerged rapidly:

1. More money required, for INSET and resources. Two respondents noted the imbalance between resources and support available for drugs education and those for sex education;
2. More time required to plan and deliver the curriculum;
3. More INSET to be available which must be of good quality, and;
4. Greater status to be given to PSHE, preferably through documents with statutory weight.

These themes were mentioned by nearly all the co-ordinators. Resources were emphasised more in these interviews than in the previous written responses, with co-ordinators feeling that resources dated quickly.

The non-statutory status of the PSHE curriculum was seen as a lost opportunity and the fact that the PSHE guidelines seemed to be recommending a lot less than the earlier document *Curriculum Guidance 5: Health Education* (NCC, 1990) was regretted.

Other ways in which the Government could help were mostly to stop hindering:

1. Exert less pressure on schools, which was felt to have a negative impact on the PSHE provision (*"they can't keep giving us more stuff to do"*), and less prescription of school activities in general (*"keep your bloody hands off!"*).

   There is a contradiction between this theme and the request for a statutory PSHE document. It may be that the provision of PSHE and sex education could be a requirement, while the guidelines remain a model of delivery without legal force.

2. Less criticism, more appreciation (*"stop rubbishing schools"*).

   Whatever the reality of Government or media pronouncements on the quality of education in this country, the perception of several co-ordinators was that the DfEE are at least passive partners in a public forum which is largely critical of schools (*"a blame culture"*, as one described it). Creating a more positive climate in which sex education could flourish was seen as a very practical low-cost action that the DfEE could take.

Lastly, several co-ordinators felt there was:

3. A general incoherence in Government action over issues relating to sex education.

   For example, some co-ordinators felt that the Government document on teenage pregnancy seemed to have a very different set of messages to the non-statutory PSHE guidelines released at about the same time.

Conclusions and recommendations

This survey has confirmed that there are some serious deficiencies in the provision of secondary school sex education in the UK today. Whilst the survey is obviously limited by its size, most of the schools involved have previously been involved in the HRBQ survey (Balding, 1999a), and this is more likely to skew the results in favour of good practice. Further work needs to be undertaken to confirm the exact extent of the issues identified, and how best to remedy the existing situation, but this survey does at the very least identify some of the problem areas and constraints that are affecting the current provision of secondary school sex education.

Although there will always be debate about the detailed content of a sex education programme, some topics form an essential foundation for the subject and even these topics are not included in every sex education programme. 'Sex and the law' is one such subject, providing young people with basic information on the legalities of sex, e.g. the age of consent. Similarly, 'keeping safe and resisting pressure', a topic essential to help young people avoid unwanted intercourse and unplanned pregnancy is not covered in one in four schools.

Recommendation: Sex education needs to become a statutory part of the National Curriculum. This would ensure that every school would include in its programme a core group of topics. Bringing sex education into the group of subjects that are subject to OFSTED inspection is helpful, but further statutory steps need to be taken to improve sex education.

For those young people who are considering having a sexual relationship and do not feel able to turn to their parents or GP for practical guidance, nearly one in five schools will not have told them how to access other local sexual health agencies. The exact cause of this is debatable, it may be due to teachers facing a lack of time to cover the topic (a factor we will return to later), preferring to ensure good coverage of topics such as 'puberty' in the time available. Or it may be because the local services available are judged to be inappropriate for young people or because teachers feel such information is best left to parents to give out, or there may be a general concern that the school could be accused of encouraging underage sex. What is less debatable is the result for young people who cannot access services that can help them reach informed decisions and prevent unplanned pregnancy.

If two interrelated topics are being covered, one would expect to see virtually the same number of schools addressing each. However, this research indicates that in sex education this is not always the case. For whilst 'HIV transmission' is covered by 97% of schools, only 88% of schools actually discuss with young people how to avoid becoming infected sexually. Similarly whilst an impressive 96% of schools include 'contraception' in their sex education programme, this will not necessarily prevent young people from being infected with HIV. 'Contraception' could solely focus on the contraceptive pill and other non-barrier methods of contraception, and these provide no protection against HIV infection or sexually transmitted infections. Even in the instances where 'contraception' does include condom use, some schools will tell young people what a condom is, without telling them how to use it.

The result of pursuing a policy with these flaws can be seen in the consistent rise of new gonorrhoea infections amongst heterosexual men and women, traditionally seen as providing some indication of trends towards safer sex (Department of Health, 1995). Similarly, a lack of knowledge around how to

prevent HIV transmission will not help reduce the number of new heterosexual infections, a figure that increased by 72% from 1995 to 1998 (CDR, 1999).

These are not the only mismatches that inevitably affect young people. Whilst 'contraception' is covered by 96% of schools, many of the same schools do not cover 'talking about sexual topics'. If young people are to act responsibly in their personal lives then they need to be able to discuss sexual matters with their partners.

A deeper examination of the topics covered in sex education, based on the co-ordinators' assessment of the level of coverage, shows that many schools are struggling with even the most basic topics. As one might expect, the topics that cover basic "physical" aspects (e.g. 'puberty', 'parts of the body') all score relatively well, but none are taught with considerable detail by over 90% of schools. Such a finding raises questions around any assumption that improvements only need to be made in the topics that deal with "emotional" aspects.

It is also worth remembering that these ratings are teachers' assessments only; it is perfectly reasonable to suggest that pupils may have a more patchy understanding of any topic than their teacher might hope. Also, while this survey did not attempt to define what the specific content of each topic would be in every school, it needs to be recognised that even considerable coverage of a topic may not necessarily always be good coverage that is helpful to young people. For example, teaching that sex outside marriage is wrong, or that homosexuality is abhorrent, only serves to alienate young people with concerns around such issues and allows the perpetuation of misinformation (Douglas, 1997; Frankham, 1996).

Recommendation: Although many of the schools in the survey recognised the need to include 'homosexuality' in their programmes, it is a topic that many find great difficulty in discussing. Schools should be provided with reassurance and greater guidance on what can be legitimately discussed, so that they can answer the questions of all young people.

The timing of sex education is crucial if it is to be effective. With young people experiencing puberty at a younger age it is essential that the basic physical topics are discussed before this occurs. While the study only found one example of a school leaving 'puberty' until Year 9 (age 13-14), there were many examples of schools revisiting topics at the expense of covering others.

Recommendation: Sex education in primary schools needs to be further researched, with a view to making the teaching of the basic physical elements of puberty compulsory. As young girls are experiencing menarche in primary schools, lessons on puberty at age 15 are clearly inappropriate. If sex education were to start younger this would allow information to be more age-sensitive, for a greater topic range to be covered in later years and would ease the pressure on those teachers currently trying to adequately teach a broad range of topics in a limited time.

Good sex education needs to include three elements; knowledge, attitudes (values and beliefs) and skills (Sex Education Forum, 1998). However, this research indicates that there are difficulties in achieving this spread of elements. Out of the 23 topics covered, over half (12) are not covered in considerable detail (see Appendix 2). There are only 6 topics that are covered in considerable detail by over 70% of schools, all of which have a biological or medical focus. By contrast, all the topics that require young people to learn communication skills are covered in far less detail by the majority of schools, with 'negotiating about relationships' only being covered in considerable detail by 31% of schools.

With the need to include the teaching of relevant negotiation skills in a sex education programme already proven (Aggleton, 1997), such low coverage of these essential skills will inevitably have a negative impact. However, the cause of this low coverage obviously needs to be addressed, if sex education is to be made more effective. One reason often given for a limited range of topics being offered in sex education is that co-ordinators simply do not have the timetable time available to fully explore the relevant issues.

Recommendation: Allocate sufficient teaching time so that a broad range of topics can be taught, allowing a balance to be struck between those topics that are mainly biological and those that teach young people communication and negotiation skills.

When asked in this research, only 13% of co-ordinators felt unsatisfied with the 'space available on their timetable', in general, one hour per class per week (see Table 7). This satisfaction was later called into question when the 'time allocation' was identified as the greatest weakness in a later free response question (see Appendix 3). When asked about their level of satisfaction with the amount of time available to them for lesson 'planning/differentiation', a different pattern emerged (see Table 7). Nearly half of the co-ordinators report that they are unsatisfied with this time allocation, which must in some instances result in young people receiving sex education that is not properly tailored to their needs.

Recommendation: Allocate more planning time for sex education. An hour a week teaching time for each year group may be sufficient, if teachers have enough time to prepare tailored lessons, but this is currently not the case.

This constraint on time allocation does not fully explain some of the other relevant findings. Co-ordinators overwhelmingly see 'teacher confidence/commitment' as a far more important factor influencing sex education than both 'In-Service Training' and 'Initial Teacher Training' (see Table 6). When asked to relate these factors to their everyday practice, over 50% of the co-ordinators were dissatisfied with their 'Initial Teacher Training' (see Table 7). Similarly, 43% of co-ordinators were unhappy with the 'INSET' on offer to them, with one co-ordinator feeling that she had been instructed in *"sucking eggs"* and another noting that INSET provision *"was excellent, now sporadic"*.

Recommendation: Improve the quality and quantity of INSET covering sex education. Funding needs to allow for both the updating of teachers' existing skills and also the updating of the resources being used. While some schools rely upon local agencies to provide specialised information, teachers still need to be able to answer questions that may be asked later as a result.

Recommendation: Standardise the sex education training provided in teacher training colleges. This will help reduce the variance in quality and expand the range of topics covered in sex education.

If a limit on the time available for sex education is maintained, then teachers are constrained to covering the topics they feel most confident teaching, shown in this research to be topics with a biological focus. If additional time was to be made available for sex education then teachers would have to make a choice between revisiting topics, or covering new topics they felt poorly trained to teach. This is already happening to some extent in Years 9 and 10 where 'parts of the body' is still being taught to 13-15 year olds (see Table 5). Many of these young people will have started, if not actually experienced, the major body changes involved in puberty, and are far more in need of sex education with a relationship focus.

Recommendation: Clearer, more detailed guidance needs to be issued, e.g. the year that topics should be taught in. This will help teachers to better develop young people's skills in relation to their knowledge.

Schools endeavouring to cover topics that will help equip young people with communications skills ('negotiating about relationships', 'talking about sexual topics', 'decision-making') in Years 9 and 10 are far rarer than those still covering 'STDs' and 'contraception' (see Table 5). The implication of this would be that most young people will receive a working knowledge of the physical changes experienced during puberty, but whilst they may understand what safer sex is, it doesn't mean they are able to talk to their partner about it. As a result, many young people may have sex when they are not actually ready to, may experience an unplanned pregnancy or be infected with a STD and may feel less satisfied with their relationships. Schools clearly have a vital role to play in educating young people about sex and personal relationships, but as this report shows, there are many areas of concern that need addressing to help improve sex education and make it more effective.

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Appendix 1

Criteria for determining what makes a good sex education policy

(from Pearson, 1999)

A. The policy is clearly structured and written with a clear view as to whom each section is written specifically for;

B. Background information about the school is given;

C. Aims and objectives of the programme are clearly stated;

D. Does the policy state how it fits into the school development plan and meshes with other school and authority policies?;

E. Implementation and review procedure is clearly documented with key staff named;

F. Legal rights of parents are unambiguously given;

G. What will happen if a child is withdrawn from sex education is clearly explained;

H. How sex education is delivered, i.e. by tutors or a specialist team, and how much time is allocated;

I. Brief overview of course with main topics and key knowledge skills attitudes and values listed;

J. Sensitive issues: general advice for teachers;

Specific advice given on the teaching of:

K. Abortion;

L. Contraception;

M. Homosexuality;

N. Morality;

O. Sexual abuse;

P. HIV/AIDS and other Sexually Transmitted Diseases;

Q. Confidentiality: the legal situation;

R. Individual advice to pupils regarding contraception;

S. Staff development and training commitment;

T. The use of outside speakers and agencies to ensure they complement the school policy.

Example of moral framework for sex education

Moral and values framework

> *"Sex Education will be taught within the accepted moral values of society.*
>
> *It will therefore emphasise:*
>
> *the respect and dignity both of the individual and of that individual towards others;*
>
> *that sexual activity should be part of a loving, permanent, family relationship involving the commitment and accepted responsibilities of two people."*

Commentary:

It is easy to pick holes in a statement like this, but this could command a considerable assent among teachers in many schools. The most obvious question begged is the level of acceptance of these 'accepted' values.

School teachers are not moral philosophers, and neither should they be expected to be. Many years ago, before the obligation to include a statement of moral values in sex education policies was made, Carol Lee talked about the 'smokescreen' of such frameworks:

> *"The opponents of sex education then said it had to be taught within a 'moral framework' (…). This was an excellent smokescreen, since the whole area of morals, let alone the morality of sex education is so intricate, so prone to cultural differences, and is so value-laden, etc. In the months and years it takes adults to argue about this, a whole generation of children will grow up behind our backs."* (Lee, 1988)

Example sex education policy: example of a minimal policy statement

Rationale

School Y is committed to a sensitive and carefully structured programme of sex education, as part of the PSHE course. It forms part of a curriculum tailored to the stages of pupils' personal, social and health development. Attitudes and values are closely examined, as well as factual information being given, to enable pupils to make informed decisions about their own behaviour both now and in future life. There is a strong emphasis, on morality, legality and responsibility.

Purposes

1. To encourage respect for self and for others, through the promotion of self-confidence and self-esteem;
2. To help develop the personal and interpersonal skills needed in establishing a wide range of relationships (including sexual and non-sexual);
3. To examine the physical and emotional changes that occur during puberty/adolescence and how these can affect behaviour;
4. To give pupils factual information, appropriate to their age group, in order that they may consider the legal, moral and emotional dimensions of sexual behaviour.

Guidelines

1. Sex education issues are covered within the health education programme in PSHE. In addition, certain factual aspects are taught in science and the moral implications are studied in RE;
2. Topics within sex education are re-introduced at increasing levels of complexity at appropriate stages of pupil development;
3. Where appropriate, outside agencies and representatives from appropriate agencies may be invited to join lessons to enhance pupils' understanding;
4. Emphasis will be given to a flexible discussion-based teaching approach to maximise pupil involvement;
5. Sensitive issues will be raised in context after thorough preparation work by the group and good pupil-teacher understanding has been established;
6. Throughout all teaching aspects of the course, recognition of a responsibility to parents and pupils alike is of utmost importance.

Conclusion

All sex education issues to be regularly reviewed and raised in order to meet the changing demands society puts on the lives of our pupils. This policy to be accepted and agreed by the school governors.

Example sex education policy: example of a thorough policy statement

Introduction

Section 46 of the Education Act (1986) required that,

> *"The Local Education Authority by whom any county, voluntary or special school is maintained, and the governing body and head teacher of the school, shall take such steps as are reasonably practicable to secure that where sex education is given to any registered pupils at the school it is given in such a manner as to encourage those pupils to have regard to moral considerations and the value of family life."*

The Government believes that all pupils should be offered the opportunity of receiving a comprehensive, well-planned programme of sex education during their school careers, in fulfilment of the requirement of Section 1 of the Education Reform Act 1988 and that the school curriculum should be one which:

(a) *"promotes the spiritual, moral, cultural, mental and physical development of pupils at the school and of society, and;*

(b) *prepares such pupils for the opportunities, responsibilities and experiences of adult life."*

The changes introduced by Section 241 of the Education Act 1993 give schools the legal powers and duties summarised below:

- *In maintained secondary schools, sex education (including education about HIV and AIDS and other Sexually Transmitted Diseases) must be provided for all registered pupils. As in primary schools, the governing body must make a written statement of their policy on sex education available to all parents;*
- *In all maintained schools, any sex education must be provided in such a manner as to encourage young people to have regard to moral considerations and the value of family life. The parents of a pupil at any maintained school may, if they wish, withdraw that pupil from all or part of the sex education provided.*

  (Sex Education in Schools – circular number 5/94)

School X

School X is an integral part of the community serving the villages of ~ and ~. Currently, it provides full-time statutory education for students aged 11-16 and part-time education, leisure and recreation for adults.

The principal aim of the school is to serve the community by providing facilities and opportunities for education and leisure for people of all ages.

Students at the school are placed in one of six or seven mixed-ability forms on entry and remain within this group for their whole college career.

In the various subject areas the students are initially taught in mixed-ability groups and are then placed into sets at various points for some subjects.

Primary liaison

School X takes pride in the excellent relationship built up over the years with our local primary schools. Whole-school and subject area meetings have been held to ensure continuity of curriculum on transfer. The primary liaison co-ordinator is a regular visitor to the schools and much cross-phase liaison takes place.

As far as sex education is concerned, interested staff from ~ and ~ primary schools have helped to develop a picture of the range of experiences which the students have already had in this area before joining School X. This is valuable information when trying to build a spiral programme.

Visitors to School X

Anyone who visits the school to speak to the students on any topic related to sex education will be advised of this policy and instructed to abide by it.

Aims and objectives of sex education

Aims

To support the personal and social development of all students, ensuring that they have the ability to accept their own and others' sexuality, to express their sexuality in positive ways and to enjoy relationships based on mutual respect and responsibility, free from any abuse.

Objectives

- To discover what students know, understand, think and feel and to identify their needs;
- To teach human reproduction with clarity (including an understanding of contraception and Sexually Transmitted Diseases);
- To create a programme which caters for students' needs and is sensitive to individuals and groups;
- To generate an atmosphere where questions can be asked and discussions on sexual matters can take place without embarrassment;
- To discuss the physical and emotional changes which take place during adolescence and provide reassurance;
- To understand the value of family life, the implications of parenthood and the needs of the very young;
- To develop skills in personal relationships, such as communication, assertiveness and decision-making;
- To help children affirm their rights, to be able to resist unwanted touches or advances and to communicate about such matters;
- To develop growing understanding of the risk and safety and the motivation and skills to keep themselves safe;

- To be aware of sources of help and to acquire the skills and confidence to use them;
- To encourage parents to be partners in this learning process by keeping them informed and reassuring them.

Governors' policy statement

The governors recognise that the development of young people into mature and responsible adults is achieved by a variety of processes influenced by background, upbringing, family life, friends, the community and to an ever-increasing amount, the media. However, it is the parents who are the key figures in helping young people cope with the physical and emotional aspects of growing-up and in preparing them for the responsibilities that maturity into adulthood brings.

It is incumbent upon School X to work as a partner in that preparation, recognising its duty to offer complementary and supportive teaching (for there may be parents who find it difficult to discuss freely such matters with their children).

At School X, health education is taught as part of a wider curriculum enrichment programme that spans the 11-16 age range. A sensitive approach, with due regard to different cultural heritages and different moral and social conventions is essential.

Not all the teachers may be "comfortable" in fulfilling this aspect of education and so where possible, staff who have empathy with the young people and who are sympathetic to the aims of the course are the tutors. At all times, School X is mindful of the concern that parents have over some aspects of health education and is careful not to undermine the responsibility and authority of parents.

School X, through its published aims and statement of values, strives to create an ethos that gives high priority to moral considerations, places emphasis on responsibility and respect for others, implicitly and explicitly expressed through action and reactions to situations and through individual and corporate decision-making. The implementation of this policy will further advance these aims and values.

The right of withdrawal

Section 241 of the Education Act 1993 gives parents the right to withdraw their children from any or all parts of a school's programme of sex education, *other than those elements which are required by the National Curriculum*. We hope that all parents would wish their children to take advantage of the sex education programme. However, if you decide to withdraw your child you should write to the school at your earliest convenience. Letters should be addressed to the curriculum enrichment co-ordinator. Whilst you are under no obligation to give a reason for your decision, if you are willing to do so we may be able to put your mind at rest.

What is sex education?

Today, sex education is generally considered to be much more than just delivering biological facts and information about hygiene. It often forms part of the much wider programme of personal and social education (or health education) or, as at School X, curriculum enrichment. It should include the following aspects:

- Knowledge of how the body functions;
- Exploration of feelings about love, sexuality and responsibility towards oneself and others;
- The moral, legal, cultural and ethical dimensions.

It also has a skills base involving assertiveness, communication and decision-making.

According to the National Curriculum Council sex education provides:

> *"an understanding that positive, caring environments are essential for the development of a good self-image and that individuals are in charge of and responsible for, their own bodies. It provides knowledge about the processes of reproduction and the nature of sexuality and relationships. It encourages the acquisition of skills and attitudes which allow pupils to manage their relationships in a responsible and healthy manner."*

Why should sex education be taught in schools?

For many people, in any age group, topics such as sexuality, relationships, contraception and Sexually Transmitted Diseases can be difficult to discuss, especially when entwined with feelings and emotions.

John Balding's *Health Related Behaviour Questionnaire* (University of Exeter: 1987), involving 18,000 11-16 year olds showed that most young people thought that their main source of information about sex should be their parents, followed by teachers. In reality, however, especially amongst the boys, friends were the major source of information, with teachers coming third after parents. The figures indicate that young people often rely on information from friends which is perhaps inaccurate, rather than getting it from home or school.

The 1994 version of the John Balding questionnaire was carried out at School X with the students in Years 8 and 10.

The results for the school were as follows:

Main source is:

BOYS		**GIRLS**	
Parents	27%	Parents	24%
Lessons	43%	Lessons	32%
Friends	17%	Friends	24%

Main source should be:

BOYS		**GIRLS**	
Parents	47%	Parents	54%
Lessons	44%	Lessons	35%
Friends	3%	Friends	4%

These results should be compared with those the SHEU (Schools Health Education Unit) would expect to see in Year 11.

Main source is:

BOYS		GIRLS	
Parents	15%	Parents	30%
Teachers	10%	Teachers	10%
Friends	35%	Friends	35%

Main source should be:

BOYS		GIRLS	
Parents	50%	Parents	65%
Teachers	15%	Teachers	10%
Friends	10%	Friends	10%

Policy formulation

The policy for sex education at School X was first drafted in 1988. It was decided that a small group of staff should discuss the sex education already established at School X and consider how it could be improved. The “steering” group included:

PSE co-ordinator;

Deputy head;

Head of year;

Governor.

The aims, method of delivery and content of the sex education were then presented to the governing body and were agreed as acceptable.

An invitation was sent to parents (primarily of Year 9 students), to visit School X for an informal evening to discuss this sensitive area. Feedback from this meeting was very favourable.

Although changes have been made to the detail of the content of sex education, year by year, the overall policy and underlying aims have remained constant.

In 1992-93 the policy was further considered and updated by:

Co-ordinator of curriculum enrichment;

Deputy head;

Head of year.

In recent years, the governor with a special interest in health education (including sex education), has been ~.

Curriculum summary

Year 7

The topic of 'human reproduction' is covered in science lessons and is taught by the science teachers. A useful resource here is the video "Fertilization".

During a science lesson or a CE lesson, a trained nurse visits the students. They use a range of visual aids to help discuss the topic of 'puberty', including both the biological and emotional aspects. A letter is sent to parents beforehand to advise them of the objectives of the visit. It is aimed to link this with a wider programme of 'looking after ourselves' in CE. This would also include aspects of hygiene, safety at home, at school and on the road, as well as other health-related topics, especially 'smoking'.

Year 8

There is a follow-up visit by the nurse, for girls only. This is specifically about menstruation and discusses the biological process, feelings and worries, as well as describing all types of sanitary protection. A letter is sent to parents beforehand. Students are allowed, if their parents so wish, to take home a sample pack of tampons and a booklet of appropriate questions and answers. A booklet is also available for the boys.

Year 9

A 'relationships' programme is followed in CE. This is usually taught by the form tutor. It allows for discussion of all kinds of relationships including both non-sexual and sexual. It also deals with Sexually Transmitted Diseases such as HIV and covers some aspects of contraception, notably the oral pill and the condom. These latter topics are further studied in greater detail in Years 10 and 11.

In science lessons the CE work is complemented by the 'human reproduction' topic. Included in this are the biological details of reproduction and menstruation as well as an introduction to genetics.

Resources in CE may include a video called "Timmy and Vicky" – which although quite dated, has many useful triggers. Leaflets from the Health Education Authority are also available.

In science, three videos are appropriate including, "A Time for Answers" (Tambrands), "Fertilization" (a different video from the one mentioned in Year 7) and "From Conception to Birth". A set of plastic embryo models is another useful visual aid.

Related work in CE includes a section on stereotyping and prejudice. Moral values held by different cultures are discussed in English and drama from Year 9 onwards. Year 9 humanities also studies the topics of marriage, the family and birth ceremonies.

Years 10 and 11

The National Curriculum Key Stage 4 requires more detailed work to be followed on from the 'reproduction' topic of Year 9. Aspects of sex education may be discussed in CE lessons on 'drugs', linked with the prevalence of HIV in intravenous drug-users. A range of controversial issues related to sex education are discussed in English and drama.

Other related topics in CE include:

Relationships;
HIV/AIDS;
Abortion;
Child abuse;
Family life education including parenthood.

It is important to note that certain topics are visited in all or most years, in different forms. These include:

Personal responsibility;
Assertiveness;
Decision-making;
Self-esteem.

Resources

Other resources not yet mentioned include:

"Make Love Last"	–	video and teacher's pack
"Taught Not Caught"	–	book including many activities, including questionnaires
"Yes, AIDS Again"	–	book including quizzes, activities, games, role plays, etc.
"AIDS, Simulation Game"		
"AIDS: The Secondary Scene"	–	including activities and many useful addresses
"Teenscape"	–	questionnaires for older and younger students

Staff training

Most of the training in recent years has been in-house following the attendance of the CE co-ordinator on relevant health education courses over a number of years. Topics have included 'sex education', 'drugs', 'Sexually Transmitted Diseases (HIV/AIDS)', 'active methods of teaching', etc.

The greatest need for training has been for the Year 9 'relationships' course:

For September 1992
The year team, along with the School X nurse and first-aider decided to teach the course themselves. Staff were given the option of teaching their form on their own, with help from the nurse etc. (i.e. team teaching) or observing and joining in where appropriate. In the event, all taught at least part of the course and good use was made of the medical staff.

Training took various forms:
A preliminary meeting for all involved, to discuss the lesson plans and overall objectives for the 'relationships' course as a whole. Resources were reviewed and video shown (INSET in school time). A year team meeting after school to discuss the presentation of lessons on 'contraception' and 'Sexually Transmitted Diseases'. Informal meeting between individual staff or groups of staff, with the nurse, to discuss team-teaching tactics.

For September 1993
The year team decided each to deal with a separate CE topic on a carousel basis. One member of staff who is a trained nurse and also teaches science (especially biology), covered the 'relationships' course after discussion with the CE co-ordinator. School X medical staff were also involved.

For September 1994
The above course was taught by the year head. Training included a meeting to discuss the content of the course and the methods of delivery. The CE co-ordinator taught the first form group in the carousel, observed by the year head. This was followed by further discussion and monitoring from then on. School X medical staff have agreed to help.

School X takes advantage of any suitable courses, available through the Curriculum Agency, Lifespan Healthcare, etc.

For September 1995-97
In-house training has been given to year teams as appropriate.

Ground rules

As with many sensitive topics it is useful to provide comfortable surroundings for discussion. Here the students feel more supported and able to talk more readily and, hopefully, without embarrassment. It is worthwhile spending some time negotiating a list of ground rules within which the students are able to work most effectively.

The list below was negotiated by a group of 11 year olds (taken from *Curriculum Guidance, Number 5: Health Education*).

Older students may be more concerned about aspects such as 'confidentiality'.

Ground rules:

1. Listen to what other people say;
2. Don't be nasty to each other;
3. No talking when someone else is talking;
4. Be kind to each other and give support;
5. If all you can say is something unpleasant, don't say anything;
6. If people don't want to say anything they don't have to;
7. Don't laugh at what other people say;
8. Think before you ask a question.

Sensitive issues

Contraception

Particular care must be exercised in relation to contraceptive advice to students under 16, for whom sexual intercourse is unlawful. The general rule must be that giving student advice on such matters without parental knowledge or consent would be an inappropriate exercise of a teacher's professional responsibilities.

Accordingly a teacher approached by an individual pupil for specific advice on contraception or other aspects of sexual behaviour should, wherever possible, encourage the student to seek advice from his or her parents, and, if appropriate, from the relevant health service professional (e.g. their GP or the school doctor or nurse).

Where the circumstances are such as to lead the teacher to believe that the pupil has embarked upon, or is contemplating, a course of conduct which is likely to place him or her at moral risk or in breach of the law, the teacher has a general responsibility to ensure that the pupil is aware of the implications and is urged to seek advice as above. In such circumstances, the teacher should inform the head teacher. The head teacher should arrange for the pupil to be counselled if appropriate and, where the pupil is underage, for the parents to be made aware, preferably by the pupil himself or herself (and in that case checking that it has been done).

Paras. 39 and 40: Education Act 1993: *Sex Education in Schools* – Circular number 5/94

However, it must be remembered that following the publicity given to condoms in the HIV/AIDS campaigns, there is now more informal knowledge about contraception among even very young children. It is important that students' understanding is clarified in a manner related to their age and experience. Students need to assimilate knowledge and understanding of contraception some time before they need it, hence the value of the spiral curriculum.

HIV/AIDS

Health campaigns and media attention have put AIDS into the language of even very young children. Some may use it as a term of abuse in the playground; some worry unduly because of inaccurate interpretation; many exhibit misunderstanding and prejudice. Teachers can do much to counteract these negative effects of informal learning.

Students of all ages need to know the difference between HIV and AIDS, modes of transmission, basic hygiene and risky behaviours (for younger children, for example, picking up discarded needles or any skin piercing; for older students sharing needles and specific sexual behaviour). All can learn that there is no danger from people living with HIV or AIDS in normal social contact. All need to learn that there are no risky people, only risky behaviours and that anyone, regardless of sexual orientation, is potentially at risk.

Homosexuality

Section 28 of the Local Government Act 1988, which prohibits the promotion of homosexuality by Local Authorities, does not prevent the objective discussion of homosexuality in the classroom. HIV/AIDS education will, of necessity, include reference to homosexuals and bisexuals who are also at risk because of certain sexual behaviours, in particular anal intercourse.

Some adolescents experience strong emotional attachments to people of their own sex; feelings which may or may not be physically expressed. Many move on to form heterosexual relationships; some remain permanently homosexual or bisexual. Within society there are many opposing views and beliefs about sexual orientation.

Caring teachers, whatever their own views, will want to counteract prejudice and victimisation and support the development of self-esteem and a sense of responsibility in every student.

Abortion

Students need to be presented with a balanced view which respects a range of religious beliefs and experiences. It provides an opportunity to distinguish between fact and opinion, e.g. the stage at which life commences, and may help to clarify values, e.g. in what circumstances, if any, abortion is a positive choice.

Sexual abuse

Increasing public concern about the occurrence and long-term damaging effects of sexual abuse has been expressed in recent years.

For teachers there are two dimensions:

1. Teaching for prevention, i.e. the promotion of self-esteem, the skills of assertiveness, lack of guilt or embarrassment about sexual matters and skills of self-expression including appropriate language and understanding;

2. Recognising signs of abuse, physical, emotional and social. The teacher has a significant part to play in early detection. It is essential that the correct procedures are followed as outlined in "Education Department Child Protection Procedures".

In circumstances where a student wishes to talk about such a problem, the teacher should give them time to talk, but without probing. They should not promise to keep secrets and should state that they may have to tell someone else. As a rule, the information should be passed to the "named person" at the school. At School X the named person is ~.

The "Parents' Handbook" at School X states the following, under the heading:

> ***Child protection***
> *"It may be helpful to parents to know that the Authority requires head teachers to report any obvious or suspected case of child abuse – which includes non-accidental injury, severe physical neglect, emotional abuse and/or sexual abuse. This procedure is intended to protect children at risk and schools are encouraged to take the attitude that where there are grounds for suspicion it is better to be safe than sorry. This does mean that head teachers risk upsetting some parents by reporting a case which, on investigation proves unfounded. In such circumstances, it is hoped that parents, appreciating how difficult it is for the head teacher to carry out this delicate responsibility, would accept the head teacher was acting in what were believed to be the child's best interests."*

Equal opportunities

It is the norm at School X for boys and girls to be taught together for sex education, as they would for any other subject. The content and range of teaching methods used must ensure access and relevance to all abilities.

However, if parents so wish they may withdraw their son or daughter from any part of sex education, (except those which are required by the National Curriculum).

Teaching methods

At School X curriculum enrichment is delivered in mixed ability form groups. Students within any form group will be at varying stages of development both physically and emotionally. It is important, therefore, that these lessons, including sex education, should be delivered using a balanced range of teaching methods.

These may include:

Brainstorms:
To stimulate and to record immediate ideas quickly. They can help to set an agenda.

Check lists:
Can raise awareness of issues quickly. Participants respond to statements using categories such as “true”, “false”, “don’t know”, or “agree”, “disagree”, “don’t know”. Answers and opinions are fed back to the group.

Group work:
Pairs or small groups may be most useful to allow more people to contribute. Ideas may then be pooled. A group of three would allow for one to be an observer and to feed back to the other two. Students should not be pressurised into disclosing things they do not wish to.

Quizzes:
These can check knowledge, awareness, etc. They are not tests. They could be carried out individually and then answers shared with a partner. Full answers should be available to be read to the students.

Videos:
These must be checked for suitability. Students may be asked to pick out a number of main points as a basis for discussion. A small section of a video may be used as a trigger.

Case studies/situations:
These could be used to look at values, feelings, etc. Students could be given a list of suitable questions to discuss, in relation to the case study. Role play could also be used here.

Value continuum:
Students are asked to mark on a line from
strongly agree <——————————————————> *strongly disagree*
their opinion on a certain statement. These can then be used as triggers for discussion.

Diamond nine:

Nine statements on a particular issue are prepared, each on a separate card. One set is given to each group who are asked to prioritise them as follows.

1 *1= most agree with*

2 **3**

4 **5** **6**

7 **8**

9 *9= least agree with*

It is hoped that the group will come to a consensus of opinion although the preliminary discussion is the most valuable outcome.

For any one topic, using a range of teaching methods will add variety and interest.

Evaluation:

A number of the above teaching methods, along with interviews and questionnaires can be useful evaluation tools. The student evaluation form (enclosed), could also be used. Formal and informal discussions with students and staff can also help to clarify points which may need further consideration.

Student evaluation form

Please place a mark on the line at the point which reflects your feelings about the lesson /module.

1. I found this lesson/module:
   interesting <——————————————————> *boring*
2. I've learned:
   a lot <——————————————————> *not much*
3. I think I listened to others:
   well <——————————————————> *not very well*
4. I helped in the discussions:
   a lot <——————————————————> *not much*
5. I would have liked to know more about:

6. Other comments

Further resources

These can be found indexed in the “references file” in the CE cabinet.

Useful addresses

AIDS Education & Research Trust (AVERT)
4 Brighton Road, Horsham, West Sussex RH13 5BA . . . . . ✆ 01403 210202

British Red Cross
National Headquarters, 9 Grosvenor Crescent, London SW1X 7EJ . . . . ✆ 020 72355454

Brook Advisory Centre Helpline . . . . . ✆ 020 7617 8000

Childline . . . . . ✆ 0800 11 11 11

Contraceptive Education Service . . . . . ✆ 020 78374044

Haemophilia Society
123 Westminster Bridge Road, London SE1 7HR . . . . . ✆ 020 79282020

Health Education Authority
Trevelyan House, 30 Great Peter Street, London SW1P 2HW . . . . . ✆ 020 7222 5300

National AIDS Helpline . . . . . ✆ 0800 567 123 (24 hour)

Relate . . . . . ✆ 01788 573 241

Terrence Higgins Trust
52-54 Grays Inn Road, London WC1X 8JU . . . . . ✆ 020 7831 0330 (admin)
✆ 020 7242 1010 (helpline)

The Samaritans . . . . . ✆ 0345 90 90 90 (24 hour)

… **and local services**

References

Education Act 1993: *Sex Education in Schools* – Circular number 5/94

Curriculum Guidance: Number 5, Health Education

Sex Education: A Guide for School Governors and Teachers

School Sex Education: Why, What and How. Doreen E. Massey (FPA)

School X School Report: Health Related Behaviour Questionnaire.

Appendix 2

Table 8: 23 topics in sex education covered by schools, sorted by percentage of schools who cover topic to Level A

Topic	% of Level A schools as a % of all schools
Puberty, differences in growth and development	83%
Parts of the body	79%
Contraception and family planning	77%
Sexually Transmitted Diseases, inc. HIV transmission	75%
Fertilisation, pregnancy and birth	74%
Sexual development: menstruation, masturbation, wet dreams	72%
Safer sex	68%
Long-term relationships and marriage	53%
Using services/agencies about sexual health	52%
Relationships: listening, sharing, co-operation, tolerance	51%
Decision-making and personal choice about relationships	51%
Talking about sexual topics	45%
'Love-making' i.e. arousal, foreplay, intercourse	45%
Keeping safe and resisting pressure	44%
Sex and the law	43%
Family life: different types of families, changing families	37%
Sexual stereotyping	35%
Religious and cultural views, moral values and attitudes	35%
Negotiating about relationships	31%
Changing relationships: separation, loss, bereavement	27%
Sexual harassment	27%
Confidence in relationships	26%
Homosexuality	23%

Table 9: 23 topics in sex education covered by schools, by percentage and count, unsorted

Topic	% of Level A schools as a % of all schools/count	% of Level B schools as a % of all schools/count	% of Level C schools as a % of all schools/count
Parts of the body	79% / 83	10% / 10	3% / 3
Contraception and family planning	77% / 81	12% / 13	3% / 3
Puberty, differences in growth and development	83% / 87	8% / 8	2% / 2
Sexual development: menstruation, masturbation, wet dreams	72% / 76	15% / 16	3% / 3
'Love-making' i.e. arousal, foreplay, intercourse	45% / 47	25% / 26	11% / 12
Fertilisation, pregnancy and birth	74% / 78	11% / 12	2% / 2
Sexually Transmitted Diseases, inc. HIV transmission	75% / 79	15% / 16	3% / 3
Sex and the Law	43% / 45	30% / 32	10% / 10
Safer sex	68% / 71	13% / 14	4% / 4
Homosexuality	23% / 24	29% / 30	24% / 25
Relationships: listening, sharing, co-operation, tolerance	51% / 54	15% / 16	3% / 3
Long-term relationships and marriage	53% / 56	19% / 20	9% / 9
Changing relationships: separation, loss, bereavement	27% / 28	30% / 32	10% / 10
Religious and cultural views, moral values and attitudes	35% / 37	19% / 20	9% / 9
Family life: different types of families, changing families	37% / 39	27% / 28	9% / 9
Sexual stereotyping	35% / 37	29% / 30	10% / 10
Sexual harassment	27% / 28	27% / 28	13% / 14
Talking about sexual topics	45% / 47	19% / 20	6% / 6
Decision-making and personal choice about relationships	51% / 54	17% / 18	3% / 3
Keeping safe and resisting pressure	44% / 46	25% / 26	5% / 5
Negotiating about relationships	31% / 33	25% / 26	9% / 9
Confidence in relationships	26% / 27	24% / 25	12% / 13
Using services/agencies about sexual health	52% / 55	17% / 18	9% / 9

Appendix 3

Table 10: Comments on satisfaction with programme (count)

Levels of satisfaction	Most common strengths	Most common weaknesses	Most common problems
6 No comment	14 Staff	22 Time	5 Staff training
11 Very satisfied	10 Content	11 Training	4 Staff turnover
9 Satisfied	5 Presentation	6 Resources	2 Cost
28 Satisfied with reservations	3 Resources	6 Monitoring	2 Lack of support
1 Poor	3 Response	5 Update required	
1 Too early to say	3 Outside support	4 Too many staff	
1 Being assessed			

Appendix 4

Main survey

School Health Education Co-ordinator,
School Name,
Street,
Town,
County POSTCODE.

Tel:
Fax:

November 2, 1999

Dear School Health Education Co-ordinator,

A SURVEY OF SEX EDUCATION IN SECONDARY SCHOOLS

Please find enclosed a survey of sex education provision at your school.

This survey has been commissioned by AVERT[1], a national charity concerned with sex education and HIV/AIDS, and is intended to provide a snapshot of sex education in secondary schools this year.

The results of this survey will be used to inform the work of the charity, and work towards improved provision of sex education in schools. At no time will any individual schools be identified.

We hope you will wish to assist with this important work. As part of this study, we would also like to obtain from you a copy of your school's written sex education policy and/or programme. We enclose an S.A.E. for your convenience. If you would be prepared to allow us to contact you for follow-up work, please indicate on the attached slip.

It may be much of the detail we wish to collect from you is available in your existing documentation regarding your sex education policy/programme.

If your school has no written sex education policy, this is important for us to know. If this is the case for your school, please indicate on the enclosed slip.

Yours sincerely,

Dr. David Regis
RESEARCHER

Mrs. Di Bish
RESEARCHER

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[1] AVERT is the AIDS Education & Research Trust.

School: . . . . . .

✓ as appropriate

£ Our school does not have a written sex education policy or programme.

£ I enclose a copy of the school's sex education policy.

£ I enclose a copy of the school's sex education programme.

£ I enclose a completed questionnaire on sex education in our school.

£ I would be prepared to take part in a short telephone interview on sex education in our school.

Signed: .....

The sex education programme in your school

For each topic below, we have offered you a small grid to indicate which topics are included in the programme, and the level of coverage.

Please describe the detail of coverage using the following codes:

Level

A: Considerable coverage – in good detail with good opportunity for reflection and/or practice of skills

B: Moderate coverage – no more than fair detail and/or limited opportunity for discussion/skills rehearsal

C: Little coverage – mentioned in passing or only if need arises

Completed example:

	YEAR	7	8	9	10	11	Th
Parts of the body	LEVEL (A-C)	A		B	A		

It may not be possible to allocate particular scores to topics, if you feel your approach treats particular issues as a 'theme' running through much of the programme. If this is the case, please indicate in the end column as follows:

	YEAR	7	8	9	10	11	Th
Parts of the body	LEVEL						✓

The sex education programme in your school

Please indicate where topics are covered and to what level, A / B / C

Sex and human reproduction

	Y	7	8	9	10	11	Th
Parts of the body	L						
	Y	7	8	9	10	11	Th
Contraception and family planning	L						
	Y	7	8	9	10	11	Th
Puberty, differences in growth and development	L						
	Y	7	8	9	10	11	Th
Sexual development: menstruation, masturbation, wet dreams	L						
	Y	7	8	9	10	11	Th
'Love-making' i.e. arousal, foreplay, intercourse	L						
	Y	7	8	9	10	11	Th
Fertilisation, pregnancy and birth	L						
	Y	7	8	9	10	11	Th
Sexually Transmitted Diseases, inc. HIV transmission	L						
	Y	7	8	9	10	11	Th
Sex and the law	L						
	Y	7	8	9	10	11	Th
Safer sex	L						
	Y	7	8	9	10	11	Th
Homosexuality	L						

Relationships and social dimensions of sexuality

	Y	7	8	9	10	11	Th
Relationships: listening, sharing, co-operation, tolerance	L						
	Y	7	8	9	10	11	Th
Long-term relationships and marriage	L						
	Y	7	8	9	10	11	Th
Changing relationships: separation, loss, bereavement	L						
	Y	7	8	9	10	11	Th
Religious and cultural views, moral values and attitudes	L						
	Y	7	8	9	10	11	Th
Family life: different types of families, changing families	L						
	Y	7	8	9	10	11	Th
Sexual stereotyping	L						
	Y	7	8	9	10	11	Th
Sexual harassment	L						

Personal skills

	Y	7	8	9	10	11	Th
Talking about sexual topics	L						
	Y	7	8	9	10	11	Th
Decision-making and personal choice about relationships	L						
	Y	7	8	9	10	11	Th
Keeping safe and resisting pressure	L						
	Y	7	8	9	10	11	Th
Negotiating about relationships	L						
	Y	7	8	9	10	11	Th
Confidence in relationships	L						
	Y	7	8	9	10	11	Th
Using services/agencies about sexual health	L						

Any other elements you wish to note:

	Y	7	8	9	10	11	Th
	L						
	Y	7	8	9	10	11	Th
	L						
	Y	7	8	9	10	11	Th
	L						

How much time is devoted to the sex education part of your Science/PSE programmes?

	Y	7	8	9	10	11
No. of lessons in PSE and Science/RE/other to cover sex education programme as above	No.					
	Y	7	8	9	10	11
No. of lessons in year devoted to whole PSE programme	No.					

Length of standard lesson as above = ... minutes

Please tick all those subjects which are used to deliver the sex education programme as above

Subjects	7	8	9	10	11
Science					
PSE					
RE					
English/Drama					
Humanities (Geography/History)					
Arts/Crafts/Music					
Maths/Design & Technology					

Non-content issues: background support

How important are different aspects, and how satisfied are you with them?

Please circle one number on each line.

How *important* do you think are the following factors regarding sex education in your school?

1 = Not at all important, 2 = Of some importance, 3 = Very important

Co-ordination and leadership of programme	1	2	3
Teacher confidence/commitment	1	2	3
Support of senior management	1	2	3
Support of parents	1	2	3
Support of governors	1	2	3
Support of outside agencies *(please name. . . . .)*	1	2	3
Space on timetable	1	2	3
Time for planning/differentiation	1	2	3
Teacher training – Initial Teacher Training (ITT)	1	2	3
In-Service Training (INSET)	1	2	3
Other resources *(please name. . . . .)*	1	2	3

How *satisfied* are you with the following aspects of sex education in your school?

1 = Not satisfied, 2 = Acceptable, 3 = Very satisfied

Co-ordination and leadership of programme	1	2	3
Teacher confidence/commitment	1	2	3
Support of senior management	1	2	3
Support of parents	1	2	3
Support of governors	1	2	3
Support of outside agencies *(please name. . . . .)*	1	2	3
Space on timetable	1	2	3
Time for planning/differentiation	1	2	3
Teacher training – Initial Teacher Training (ITT)	1	2	3
In-Service Training (INSET)	1	2	3
Other resources *(please name. . . . .)*	1	2	3

Non-content issues: comments

Please comment on any wider programmes of Personal and Social Education (PSE) in the school, of which the sex education programme is part.

. . . . . .

. . . . . .

. . . . . .

To what extent and how is the programme in your school explicitly tailored for multi-cultural issues?

. . . . . .

. . . . . .

. . . . . .

Is the teaching of the sex education programme done specialist PSE team? By subject teachers? By form tutors? By visitor(s)?

. . . . . .

. . . . . .

. . . . . .

Please comment on teaching styles and approach in your programme.

. . . . . .

. . . . . .

. . . . . .

Please comment on the training and professional development of the staff who are responsible for teaching the programme [Initial Teacher Training (ITT)/In-Service Training (INSET)]. (All involved staff? just some? specialist? cascade?)

. . . . . .

. . . . . .

. . . . . .

To what extent are parents/governors involved in drawing up policy, or consulted over programme, or informed about changes?

. . . . . .

. . . . . .

. . . . . .

Is the right to withdraw pupils from sex education ever exercised? (e.g. twice in last two years)

. . . . . .

. . . . . .

. . . . . .

Has local or national pressure about controversial issues led you to exclude any topics from your programme, or led you deal with them in a different way? Please describe.

. . . . . .

. . . . . .

. . . . . .

How long has your current programme been in place? When and what were the last important changes?

. . . . . .

. . . . . .

. . . . . .

How do you monitor the programme? Do you routinely collect evidence of successful outcomes, and if so, how? (e.g. review meetings, pupil questionnaire)

. . . . . .

. . . . . .

. . . . . .

To what extent are you satisfied with the programme? What do you see as its main strengths, weaknesses, or problems?

. . . . . .

. . . . . .

. . . . . .

What plans do you have for its future development, if any?

. . . . . .

. . . . . .

. . . . . .

In view of the recent guidance (May 99) on PSHE in the curriculum (attached), how far do you think this matches your current situation? (a) It's similar to what is currently being done in your school, or (b) it could be implemented readily, (c) not possible with your current staff/resources, or (d) you have no desire to change what you currently do?

(a) (b) (c) (d)? Any comments? . . . . . .

. . . . . .

. . . . . .

Any other comments on your programme?

. . . . . .

. . . . . .

. . . . . .

Personal, social and health education

DfEE proposals for non-statutory PSHE programme guidelines, May 1999

Ages 11 to 14

Pupils will learn:

- how to plan for realistic choices for study at age 14;
- how to become competent at managing personal money;
- the basic facts and laws on illegal substances and the risks associated with misusing prescribed drugs;
- about human reproduction, contraception, HIV and sexually transmitted infections and high risk behaviours;
- to practice ways of resisting pressure which threatens their own safety and well-being;
- about basic emergency aid procedures and where to get help;
- about the effects of prejudice, discrimination and stereotyping and how to challenge them assertively;
- some basic interpersonal relationships skills;
- and about the roles and responsibilities of parents.

Ages 14 to 16

Pupils will learn:

- to present themselves confidently and responsibly in a range of situations including through, for example, work experience;
- about the health risks associated with alcohol and drug misuse, early sexual activity and pregnancy;
- and where and how to seek advice and help in making safer future choices:
  - about good parenting and its value to family life;
  - about strategies for resolving disagreements in relationships peacefully;
  - and about how to challenge offending behaviour and take the initiative in giving and receiving support.

Appendix 5

Main telephone enquiry

1. Several schools have described treating certain topics as a theme running through several years of their PSE programme. If this is true for any topics in your school, please describe this process.

2. It is commonly said of school sex education that it is *"too little, too biological and too late"* (Sex Education Forum). Is this at all true for your school? Do you have any other observations on this remark?

3. A related complaint about sex education in schools is that it can be too negative – we are anxious to cover the risks and problems, like STDs, but may spend too little time on the positive aspects of sexuality and love-making. Do you think this is at all true in your school?

4. Some schools have said that time for PSE in general, and sex education in particular, is under threat. Is this true at all in your school? What do you see as the most important pressures that might reduce the time a school gives to PSE and/or sex education?

5. What support do you currently use from your local Education Authority? Is this all that is on offer from the Authority?

6. If there were one or two key things that you could ask of David Blunkett and the DfEE to help sex education in schools, what would they be?