

The government is about to introduce legislation to make statutory the area of learning 'understanding physical development, health and well-being' (UPHW) in primary schools and the subject 'personal, social, health and economic' (PSHE) education in secondary schools. This will go through the Children, Schools and Families Bill.

The Sex Education Forum (SEF) supports the proposed legislation as it will make an important contribution to the future health, well-being and safety of all children and young people

This Briefing relates to clauses 10–14 and highlights the key reasons why sex and relationships education (SRE), which will be taught as part of UPHW and PSHE education, is essential and explores some of the common myths relating to SRE. We encourage Parliamentarians to support these clauses.

### What is sex and relationships education?

Sex and relationships education (SRE) is learning about the emotional, social and physical aspects of growing up, relationships, human sexuality, sex and sexual health. It should equip children and young people with the information, skills and positive values to enable them to have safe, fulfilling relationships and to take responsibility for their sexual health and well-being.

### Who supports statutory PSHE/SRE?

There is a high level of public, professional<sup>1</sup> and government<sup>2</sup> support for statutory PSHE/SRE education. This includes SEF and its 50 members,<sup>3</sup> which include representatives from children's, parents', disability, education, health and faith-based organisations. Teachers, young people, parents and the Independent Advisory Groups (IAG) on Teenage Pregnancy and Sexual Health and HIV have all called for statutory PSHE education and SRE.

### Why should SRE within UPHW/PSHE education be statutory?

The SEF believes that all children and young people have the right to SRE to help them prepare for the issues they will face as they grow up. Many children and young people tell us that the information they currently receive at school is too little, too late and too biological. They repeatedly tell us they want better SRE which is relevant to them and meets their needs, both now and in the future.<sup>4,5,6</sup>

#### 1. Relationships

Learning about relationships (including friendships, family and intimate relationships) are fundamental to children and young people's personal and social development. A comprehensive programme of SRE (taught within UPHW/PSHE education) moves beyond the biological basics taught in science, and will ensure that sex is taught within the context of relationships.

The current laws regarding PSHE and SRE are confusing. Secondary schools are only required in statute to teach the biological aspects of sex, contraception and sexually transmitted infections, and these are often covered in science lessons. Current government guidance on SRE<sup>7</sup> recommends that opportunities to learn about relationships, sexuality, consent, delay, risks, safer sex, and pregnancy choices are provided by PSHE education, but this is not a statutory requirement. Currently, primary schools are not required to teach any aspect of SRE beyond what is included in the science curriculum. Until PSHE education becomes statutory, it remains optional.

#### 2. Safeguarding

Good quality SRE, which is based on the shared values of respect for self and others, supports schools with their safeguarding and well-being duties. It contributes to the five Every Child Matters outcomes for children and young people set out in the Children Act 2004, particularly being healthy and staying safe.

SRE aims to equip children and young people with the language and tools to understand appropriate and inappropriate behaviour, be able to resist pressure assertively, to know who to talk to and how to ask for help if and when they need it, and to be clear about personal boundaries. For younger children this will ensure they are able to identify and report inappropriate touch and abuse. For older children it will help them to resist pressure, make safe choices and understand the laws relating to sex and consent.

All these issues are explored with age appropriate language and techniques, in a safe environment without using scare tactics.

#### 3. Improving the status and quality of PSHE/SRE

The non-statutory curriculum for PSHE education, which includes SRE, has clearly not been enough to encourage all schools to deliver more than the biological basics, which, although essential, are insufficient. This in turn results in children and young people across the country having unequal access to SRE.<sup>8,1</sup>

Ofsted has reported that provision of PSHE education in schools is extremely patchy. PSHE is under-resourced and is delivered in many schools by untrained and reluctant teachers.<sup>9,10</sup> Statutory PSHE education will give this subject parity of status with other subjects and improve its quality by:

- guaranteeing resources, teacher training and support
- ensuring that schools prioritise, deliver, monitor and evaluate good quality PSHE education/SRE
- raising the profile of PSHE education within the inspection framework.

### 4. Parents want support

Various surveys have consistently shown that parents support SRE. Recently 81 per cent agreed that all children should receive sex and relationship lessons.<sup>11</sup> Parents regard SRE as extremely important for their child's development and often rely on schools to teach both the biological aspects of sex as well as the necessary life skills.

Very few parents currently withdraw their children from SRE and Clause 14 helps to clarify the age at which this can happen. When parents fully understand what schools are teaching, not only are they very supportive but they are also better equipped to talk to their children in the home.<sup>12</sup> For this reason it is vital that schools are given the guidance to support parents who are

concerned with SRE and ensure they have access to resources to help them talk to their children about these issues.

If PSHE education is made statutory, schools will still be expected to involve and consult parents on the development of SRE. This collaborative approach will ensure that both schools and parents have a role in helping children and young people grow up with the essential information and skills they need to be healthy and stay safe throughout their lives. Furthermore, improving the quality of PSHE/SRE education will, in turn, help parents feel confident about its provision.

### 5. Sexual health and well-being

Inadequate SRE and a lack of opportunities to explore, discuss and develop an understanding of different relationships and sexual behaviour can have a serious impact on the decisions children and young people will make in their lives. This, in turn, will affect themselves, their families and society – and the long-term costs are great.

There is good international evidence that SRE, particularly when linked to contraceptive services, can reduce teenage pregnancy, delay sexual activity and affect young people's knowledge and attitudes and help to improve their sexual health.<sup>13</sup>

## Common myths relating to SRE

### MYTH

Statutory PSHE education would mean sex lessons for five-year-olds.

### REALITY

No it will not. Good quality SRE is age appropriate. Learning about relationships and growing up must start in primary schools to ensure that the foundations for later learning are established. This learning will focus on empathy; respect for self, others and diversity; developing skills for communication; understanding relationships with family and friends; understanding growing up and puberty; looking after yourself; being healthy; and staying safe.

### MYTH

There is no evidence that SRE works.

### REALITY

Yes, there is good international evidence that SRE, particularly when linked to contraceptive services, can have an impact on young people's knowledge and attitudes, delay sexual activity and/or reduce pregnancy rates.<sup>13</sup>

### MYTH

SRE encourages early sexual experimentation

### REALITY

There is no evidence to support the view that increased

provision of SRE reduces the age of onset of sexual activity or increases the frequency of sex or the number of sexual partners.<sup>14</sup> In fact, the evidence suggests the opposite is true.

### MYTH

Only parents, not schools, should be responsible for SRE.

### REALITY

SRE is the joint responsibility of both parents and schools, but some parents may lack the confidence or knowledge to talk about these issues at home. Schools have an important role in providing children and young people with this essential knowledge.

### MYTH

SRE will make children lose their innocence; they do not need this kind of information.

### REALITY

No it will not. Children need good quality SRE, not only to answer their questions but also to provide balance to the range of often misleading and inappropriate messages about sex in the media. Good quality SRE provides children with factually correct information and helps them to challenge and be critical of the media.

### MYTH

Teenage pregnancy rates are going up: SRE will not work.

### REALITY

Teenage pregnancy rates in the UK are slowly decreasing, but are still the highest in western Europe. SRE can work. Countries like the Netherlands, Denmark and Finland, which have widespread provision of sex education and good access to sexual health services, have seen a marked decrease in teenage pregnancy since the 1970s.<sup>15</sup>

### MYTH

The best sex education is telling young people not to have sex. Teaching them about contraception will just encourage them to have sex.

### REALITY

All parents and professionals want young people to wait until they are ready to have sex. This message forms the basis of all good quality comprehensive SRE programmes. There is evidence to show that just teaching young people not to have sex, without providing them with any information about contraception is not effective in changing behaviour in the long term. Also, teaching young people about contraception does not contradict messages about delaying first sex.<sup>14</sup>

## What would this mean for the curriculum?

Each school would develop their own SRE curriculum, which reflects their ethos and values and which would be embedded within broader UPDHW and PSHE education. Each school will have the flexibility to decide how SRE is taught but below are examples of some of the areas that would be included.<sup>9,16,17</sup> Those marked with an asterisk are taught as part of Science and not subject to parental withdrawal.

### Key Stage 1: Early Stage Ages 5–6

- how to keep safe and know how and where to get help
- about the simple physical changes to their bodies they have experienced since birth and the similarities and differences between people (this includes the differences between boys and girls)
- to identify different relationships that they have and why these are important (this includes starting with close family, carers, friends and widening their recognition to people less known to them including personal safety relating to relationships with adults. Learning about changing relationships, about marriage, separation and loss)

### Key Stage 1/2: Middle Stage Ages 7–8

- to recognise and respect similarities and differences between people
- to recognise and respond to issues of safety relating to themselves and others and how to get help
- to recognise how attitude, behaviour and peer pressure can influence choice and behaviour, including dealing with bullying
- about the physical and emotional changes that take place as they grow and approach puberty (this includes changes to their bodies, emotions, feelings and attitudes)
- how to form and maintain relationships with a range of different people (this includes valuing relationships within their families and with carers and with people different from themselves. Changing relationships, marriage, civil

partnerships, separation, loss and bereavement).

### Key Stage 2: Late Stage Ages 9–10

- to recognise and challenge stereotyping and discrimination
- to take responsibility for their own safety and the safety of others and where to seek help in an emergency
- about the factors influencing opinion and choice, including the media
- about the physical changes that take place in the human body as they grow and how these relate to human reproduction\*
- how to manage changing emotions and relationships and how new relationships may develop (this includes learning about changing relationships within their family and friendship groups, including marriage, civil partnerships, separation, loss and bereavement)
- that hygiene, physical activity and nutrition needs might change as a result of growth and adolescence
- strategies for understanding, managing and controlling strong feelings and emotions and dealing with negative pressures.

### Key Stage 3: Ages 11–13

- understand that the human reproductive cycle includes adolescence, fertilisation and foetal development\*
- know that conception, growth, development, behaviour and health can be affected by diet, drugs\* (including contraception) and disease (including sexually transmitted diseases)
- consider how knowledge and understanding of science informs personal and collective decisions, including those on substance abuse and sexual health\*
- know about physical and emotional changes and puberty
- know about sexual activity, human reproduction, contraception, pregnancy, sexually transmitted infections and HIV, and how high-risk behaviours affect the health and well-being of individuals, families and communities

- identify the features of positive and stable relationships
  - understand different types of relationships, including those within families and between older and young people, boys and girls, and people of the same sex, including civil partnerships
  - understand the nature and importance of marriage and of stable relationships for family life and bringing up children
  - recognise the similarities, differences and diversity among people of different race, culture, ability, disability, gender, age and sexual orientation, and the impact of prejudice, bullying, discrimination and racism on individuals and communities.
- Key Stage 4: Ages 14–16**
- understand that human health is affected by a range of environmental and inherited factors, by the use or misuse of drugs and medical treatments\*
  - understand how the media portrays young people, body image and health issues
  - understand the benefits and risks of health and lifestyle choices, including choices relating to sexual activity
  - know where and how to obtain health information
  - identify the characteristics of positive relationships, be aware of exploitation in relationships
  - know about parenting skills and qualities and their central importance to family life
  - recognise the impact of separation, divorce and bereavement on families and the need to adapt to changing circumstances
  - understand the diversity of ethnic and cultural groups, the power of prejudice, bullying, discrimination and racism.

## References

- 1 SRE Review Steering Group (2008) *Review of Sex and Relationship Education (SRE) in Schools: A report by the External Steering Group*. London: DCSF. [http://www.teachernet.gov.uk/\\_doc/13030/SRE%20final.pdf](http://www.teachernet.gov.uk/_doc/13030/SRE%20final.pdf)
- 2 Department for Children, Schools and Families (2008) *Government Response to the Report by the Sex and Relationships Education (SRE) Review Steering Group*. London: DCSF. [http://www.teachernet.gov.uk/\\_doc/13030/7924-DCSF%20Sex%20and%20Relationships%20A4.pdf](http://www.teachernet.gov.uk/_doc/13030/7924-DCSF%20Sex%20and%20Relationships%20A4.pdf)
- 3 Martinez, A (2006) *Beyond Biology*. London: NCB. [http://www.ncb.org.uk/dotpdf/open\\_access\\_2/beyond\\_biology\\_p9.pdf](http://www.ncb.org.uk/dotpdf/open_access_2/beyond_biology_p9.pdf)
- 4 UK Youth Parliament (2007) *SRE: Are You Getting It?* London: UK Youth Parliament. <http://www.ukyouthparliament.org.uk/campaigns/sre/AreYouGettingIt.pdf>
- 5 Sex Education Forum (2008) *We Want More! What young people want from Sex and Relationships Education. Charter for change*. London: NCB.
- 6 UNICEF and THT (2009) *Sexual Health, Rights and Staying Safe. Young people's views on sex and UK sexual health services*. London: UNICEF/THT. <http://www.stayingsafe.org.uk/read-the-report>
- 7 Department for Education and Employment (2000) *Sex and Relationships Education Guidance*. London: DFEE.
- 8 Macdonald, A (2009) *Independent Review of the Proposal to make Personal, Social, Health and Economic (PSHE) Education Statutory*. London: DCSF. <http://publications.dcsf.gov.uk/eOrderingDownload/FINAL%20Macdonald%20PSHE%20Review.pdf>
- 9 Qualifications, Curriculum Development Authority (2009) *Understanding Physical Development and Wellbeing*. <http://publications.teachernet.gov.uk/default.aspx?pagefunction=productdetails&pagemode=publicationsid=qcda/09/4355>
- 10 Office for Standards in Education (2005) *Personal, Social and Health Education*. (HMI 2311) London: Office for Standards in Education.
- 11 Department for Children, Schools and Families (2009) *Sex Education Poll*. Populus/Blue Rubicon. London: DCSF. <http://www.dcsf.gov.uk/research/data/uploadfiles/DCSF-SE-POLL-HF.pdf>
- 12 Department for Children, Schools and Families (2009) *Customer Voice Research. Sex and relationships education*. Sherbert Research. London: DCSF. <http://publications.dcsf.gov.uk/eOrderingDownload/DCSF-RR175.pdf>
- 13 Kirby, D (2007) *Emerging Answers 2007: Research findings on programmes to reduce teen pregnancy and sexually transmitted diseases*. Washington DC: National Campaign to Prevent Teen and Unplanned Pregnancy.
- 14 Kirby, D (2008) 'The impact of abstinence and comprehensive sex and STD/HIV education programmes on adolescent sexual behaviour', *Sexuality Research and Social Policy*, 5, 3, 18–27.
- 15 Teenage Pregnancy Strategy Evaluation Research Team (2005) *Teenage Pregnancy Strategy Evaluation. Final Report*. <http://www.dcsf.gov.uk/everychildmatters/healthandwellbeing/teenagepregnancy/research/strategyresearch/>
- 16 Qualifications and Curriculum Authority (2002) *Science Statutory Programme of Study*. London: Qualifications and Curriculum.
- 17 Qualifications and Curriculum Authority (2007) *Non-Statutory Programme of Study: Personal Well-being*. London: Qualifications and Curriculum.

Please support clauses 10–14 in the Children, Schools and Families Bill. For further information on SRE and its role in UPDHW and PSHE education please contact SEF (see below).



Published by NCB for the Sex Education Forum.  
Registered Charity No: 258825. 8 Wakley Street, London EC1V 7QE.

**Sex Education Forum**  
Tel: 020 7843 6000  
Fax: 020 7843 6053  
Email: [sexedforum@ncb.org.uk](mailto:sexedforum@ncb.org.uk)  
Website: [www.ncb.org.uk/sef](http://www.ncb.org.uk/sef)

© Sex Education Forum, 2009