

Delivery is just as important as content in sex and relationship education

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About the research

New digital technologies and widespread internet access have changed how young people learn about sex and conduct their sexual lives, bringing new risks, while existing risks (such as sexually transmitted infections) remain relatively high.

Sex and relationship education (SRE) is seen as vital for improving young people's sexual health and keeping them safe from harm, and the government has recently announced its intention to require all English secondary schools to teach age-appropriate SRE.

Young people need effective SRE but this has to be acceptable to them if it is to be effective.

We conducted a series of quantitative and qualitative research projects to identify what makes SRE effective, acceptable and sustainable.

These included a systematic review of existing research on effectiveness of school-based sexual health programmes, a systematic synthesis of 48 studies of young people's views of SRE, as well as interviews with health commissioners in 36 English local authorities, detailed case studies and analyses of national survey data.

We synthesised this evidence and developed criteria for best practice. The criteria emphasise the importance of focusing on issues relating to the *delivery* of SRE as well as content; issues that need to be carefully considered when developing statutory provision.

This research looks at what makes sex and relationship education effective and acceptable to young people

Policy implications

- Those developing statutory guidance must consider the delivery as well as the content of SRE programmes.
- SRE should involve close liaison with relevant sexual health and advice services, either through school-based or school-linked services.
- To protect student confidentiality, privacy and boundaries, staff delivering SRE to secondary school pupils should not be familiar to students, i.e. as form or subject teachers.
- Secondary schools should consider having a dedicated, expert SRE teacher who only delivers SRE. This teacher could be shared by several schools or academy chains.
- Where school teachers do deliver SRE, they should work in an ongoing partnership with external sexual health professionals.
- Staff delivering SRE should have expertise in sexual health, be sex-positive* and enthusiastic about delivering SRE.

*Sex positive: an approach that is open, frank and positive about sex, that challenges negative societal attitudes to sex and embraces sexual diversity at the same time as emphasising the importance of consent and comprehensive sex and relationship education.

Evidence-based best practice criteria for sex and relationships education

Content

- Bearing in mind age-appropriateness, SRE should be sex-positive, i.e. it should be open, frank, informative and should acknowledge the pleasures of sexⁱ. It should reflect that some young people are sexually active and acknowledge young people's autonomy and level of maturity. It should not focus on abstinence.
- SRE should reflect sexual diversity. It should discuss a range of sexual activity (not just heterosexual intercourse), as well as lesbian, gay, bisexual and transgender issues and relationships.
- SRE should include teaching on consent, sexting, cyberbullying, online safety, sexual exploitation and sexual coercionⁱⁱ.
- SRE should challenge, rather than reinforce, gender stereotypes and inequalities.
- SRE should be culturally sensitive.
- SRE should be integrated into a 'whole school' ethos and should teach life skills (e.g. planning, decision-making skills), specific skills (e.g. communication, sexual negotiation skills) and promote resilience.
- SRE should provide impartial information on contraception, safer sex, pregnancy and abortion.
- SRE should discuss relationships and emotions.
- Where appropriate, potentially risky practices should be considered in combination, e.g. considering the risks of sexual activity alongside substance use.
- Lessons on the risks of sexual activity need to be developed carefully; an overemphasis on risk can alienate some young people, particularly if the risks are emphasised at the expense of the positive and pleasurable aspects of sex.
- SRE programmes should be developed with input from young people.

Sexual health and advice services

- SRE programmes should involve close liaison with relevant sexual health and advice services, either through school-based services or through links with local sexual health services.

Notes

ⁱA sex-positive approach is open, frank and positive about sex, it challenges negative societal attitudes to sex and embraces sexual diversity at the same time as emphasising the importance of consent and comprehensive SRE.

ⁱⁱThis criterion comes from stakeholder consultations; it does not constitute research evidence.

ⁱⁱⁱStakeholder consultations suggest that primary school aged children might feel more comfortable with familiar teachers; however this is only suggestive and does not constitute research evidence.

Delivery

- Staff delivering SRE should be trained educators, have expertise in sexual health, be sex-positive and enthusiastic about delivering SRE.
- External sexual health professionals should be involved in delivering SRE.
- School teachers delivering SRE should be willing to work in partnership with external sexual health professionals.
- Ideally staff delivering SRE to secondaryⁱⁱⁱ school pupils will not be in an ongoing relationship with students in another capacity (i.e. will not be familiar to students as form or subject teachers). This is to protect student confidentiality, privacy and boundaries.
- External, trained peer educators have a role to play in delivering SRE, in partnership with expert educators.
- SRE should take place in a safe environment for young people. This necessitates excellent class control and protection of students from harassment.
- Teaching should be delivered in small groups where appropriate and in single-sex groups at least some of the time.
- Primary school children may feel more comfortable in single-sex classesⁱⁱ.
- SRE should take place in a confidential environment. Distancing techniques should be used with caution to avoid student disengagement. Young peoples' trust in confidentiality is enhanced by the educator's separateness from the school.

Curriculum model

- SRE should be appropriate for pupils' culture, age and sexual experience. It should start in primary school and use age-appropriate language, topics and activities.
- SRE should continue throughout the period of compulsory schooling, ideally up to age 18ⁱⁱ.
- SRE programmes should be of sufficient duration and intensity, i.e. teaching should be delivered via regular lessons, as well as special projects and events. 'Drop down days' are only acceptable if they supplement an ongoing programme, not if they constitute the only SRE provision within a school.
- SRE curriculums should be adaptable, flexible and identify core and peripheral features.
- SRE programmes should use a spiral curriculum model, exploring topics in logical sequence and avoiding inappropriate repetition.
- Educators should employ a diverse range of interactive and participatory educational strategies and activities that actively engage recipients.
- Schools should take a proactive approach to engaging with parents about SREⁱⁱ.

Key findings

School-based sex and relationship education (SRE) remains an important source of information about sex for young people and is associated with positive reported sexual health outcomes. School-based or school-linked sexual health services can be effective at improving sexual health outcomes.

Professionals such as SRE commissioners and campaigners consider that teachers should be involved in delivering SRE. However, many young people report that teachers are often embarrassed, judgemental and unable to discuss sex frankly, frequently commenting that having SRE delivered by familiar teachers is 'awkward' and can blur boundaries between students and teachers.

Our case studies show that key SRE messages can become lost when interpreted by teachers. Young people enjoy being taught by sexual health professionals and peer educators who are separate from the school.

Good class control is considered essential by pupils for creating safety in SRE lessons. Some young women and girls express a preference for single-sex classes.

In terms of content, young people want to discuss a range of sexual activity, not just heterosexual intercourse. They also want to discuss relationships, including same sex relationships and for SRE to reflect LGBT issues and challenge gender stereotypes.



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Further information

What is best practice in sex and relationships education? A synthesis of evidence, including stakeholders' views. <http://dx.doi.org/10.1136/bmjopen-2016-014791>

How should mandatory sex education be taught? <http://bit.ly/2qEALW6>

What do young people think about their school-based sex and relationship education? A qualitative synthesis of young people's views and experiences <http://dx.doi.org/10.1136/bmjopen-2016-011329>

A comprehensive review of reviews of school-based interventions to improve sexual-health <http://dx.doi.org/10.1080/17437199.2016.1240625>

Risky Sexual Behaviour and Alcohol Misuse in Young People Work Programme
School for Public Health Research
<http://bit.ly/2r6Zipz>

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