

School for Public Health Research

1.	Project reference:	Final report date:	
	SPHR-SWP-ALC-WP3	June 10 th 2017	
2.	Project title:		
	Young people – risky sexual behaviour and alcohol use (WP3)		
3.	SPHR lead investigators on project:		
	Rona Campbell, Matt Hickman		
	Other SPHR collaborators:		
	Janet Shucksmith, (Teesside University), Jenny Owen, (University of Sheffield), Charles Abraham (University of Exeter), Anne Johnson, (UCL) and Chris Bonell (LSHTM).		
4.	Names and roles of others involved in project (e.g. include fixed term contract researchers and external collaborators / partners):		
	Pandora Pound, Jo Crichton (University of Bristol) Sarah Denford (University of Exeter) Clare Tanton (UCL) Leanne Mohan (Teesside University) Rebecca Hutten (University of Sheffield)		
	Project start date:	Project end date:	Duration:
	Phase 1: Oct 2013 Phase 2: March 2016	Phase 1: March 2016 Phase 2: March 2017	3 years
5.	Project objectives originally outlined in proposal:		
	<ol style="list-style-type: none"> 1. To identify characteristics that render sex and relationship (SRE) programmes effective, acceptable, sustainable and capable of faithful implementation. 2. To develop an evidence-based universal SRE intervention for use in English schools, <i>or</i> evaluate a suitable existing intervention. 		
6.	Briefly describe and explain the reason(s) for any changes to the project originally outlined in proposal:		
	No changes made		
7.	Brief summary of methods, findings against objectives, and conclusions (2-4 pages max):		
	<u>PHASE 1</u>		
	<u>Methods:</u>		
	We conducted 5 research packages:		



1. Telephone interviews with SRE professionals in English local authorities to investigate best practice in SRE
2. Synthesis of qualitative studies of young people's views of their SRE
3. Case study investigation of factors that make SRE programmes effective, acceptable, sustainable and capable of faithful implementation
4. Exploration of data from National Survey of Sexual Attitudes and Lifestyles (Natsal 3)
5. Review of systematic reviews of effectiveness of alcohol and sexual health education

We conducted public involvement activities with:

- Three young people's advisory groups (in Cardiff, Bristol and Newcastle)
- Professionals commissioning / delivering SRE, members of PSHE Association, Sex Education Forum (1 day workshop)

We synthesised the findings and developed evidence based best practice criteria for SRE.

Results (including findings in relation to the objectives):

Our findings indicate that increasingly, schools are important sources of information about sex for young people and that school-based SRE is associated with positive reported outcomes. We found that comprehensive programmes (that aim to prevent, stop or decrease sexual activity, but also promote condom use and other safer-sex strategies) can be effective at improving knowledge, skills and attitudes. Pregnancy prevention programmes appear effective at improving knowledge and those targeting social disadvantage may reduce teenage pregnancies. Abstinence-only programmes are not effective at promoting positive changes in sexual behaviour. There was limited evidence on programmes that target both alcohol use and sexual behaviour simultaneously.

School-based or school-linked sexual health services appear to be effective at reducing sexual activity, numbers of sexual partners and teenage pregnancies. Our findings suggest that best practice in SRE involves close liaison with relevant sexual health and advice services, either through offering school-based services or through links with local sexual health services.

We found professional consensus that good programmes start in primary school. Professionals and young people agreed that good programmes are age-appropriate, interactive and take place in a safe environment. Some young women reported preferring single-sex classes but young men appeared to want mixed classes. Young people and professionals agreed that SRE should take a 'life skills' approach and not focus on abstinence. Young people advocated a 'sex-positive' approach but reported this was lacking. Young people and professionals agreed that SRE should discuss risks, but young people indicated that approaches to risk need revising. Professionals felt teachers should be involved in SRE delivery but many young people reported disliking having their teachers deliver SRE and key messages could become lost when interpreted by teachers. The divergence between young people and professionals was echoed in the stakeholder consultations.

We developed best-practice criteria for SRE based on a synthesis of the evidence obtained from the 5 work packages. We are working with PolicyBristol (University of Bristol) to develop a policy briefing and our work in the near future will focus on contributing to forthcoming consultations relating to guidance for statutory SRE, which the government aims to roll out in 2019.

Conclusions:

We conducted and synthesised a wide range of research and stakeholder consultations to identify what makes SRE programmes effective, acceptable, sustainable and capable of faithful implementation. Our findings highlight the importance of focusing on SRE delivery as well as content.



We uncovered a divergence between the views of young people and professionals on how to deliver SRE, a divergence that reflects potential conflict between the principles of acceptability and sustainability. Nevertheless we generated criteria for best practice based on the evidence. These criteria will be of value to those interested in developing high quality SRE programmes to help safeguard young people and improve their sexual health. They have potential to make an important contribution to the forthcoming consultations around developing guidance for statutory SRE in English schools.

PHASE 2

Using the best practise criteria we identified a programme in the East of England that most closely met the criteria. We conducted a 'proof of concept' study there, aiming to explore how the programme works in practice, how acceptable it is to participants and whether it could be replicated elsewhere. We collected data using a combination of focus groups and interviews with teachers, sexual health professionals, governors and parents and pupils, as well as a series of classroom observations.

Fieldwork is now complete and we have just started analysing the data. Initial impressions suggest that the programme works well, with good continuity between SRE and sexual health services in the city. The programme appears to be highly acceptable to young people, parents and school teachers and the data illustrate just how skilled and knowledgeable good SRE educators are. As yet it is too early to determine the extent to which this programme is specific to the local context or whether it might easily be rolled out elsewhere. The project will illustrate how good SRE works in practice and we hope to report in time for it to be considered in the government's consultations on guidance for statutory SRE.

**8. Plain English Summary (400 words max)
Please provide a summary of the project, including background, findings and conclusions:**

Background

Sex and relationship education (SRE) is seen as vital for improving young people's sexual health but a third of schools in England lack good quality SRE and provision is patchy. We aimed to identify what makes SRE programmes effective, acceptable, sustainable and capable of being faithfully implemented.

Methods

We conducted and brought together the findings from five separate but linked research projects:

1. Telephone interviews with SRE professionals in English local authorities to investigate best practice in SRE.
2. A synthesis of qualitative studies of young people's views of their SRE.
3. A case study investigation of three different SRE programmes in England.
4. Exploration of data from the National Survey of Sexual Attitudes and Lifestyles (Natsal 3).
5. A review of systematic reviews of the effectiveness of alcohol and sexual health education.

We presented our findings to three groups of young people and one group of SRE experts for their feedback. We brought together all the evidence from the five studies and developed criteria for best practice in SRE, based on the evidence. Using our criteria we identified an existing programme that met our criteria and conducted an in depth study to see how it worked in practice and whether it could be implemented elsewhere. We have just begun analysing the data from this study.

Findings



We found that school-based SRE and school-linked sexual health services can be effective at improving sexual health. We found professional consensus that good programmes start in primary school. Professionals and young people agreed that good programmes are age-appropriate, interactive and take place in a safe environment. Some young women reported preferring single-sex classes but young men appeared to want mixed classes. Young people and professionals agreed that SRE should teach ‘life skills’ and not focus on abstinence. Young people advocated an approach that was positive about sex but reported this was lacking. Young people and professionals agreed that SRE should discuss risks, but young people felt such discussions should avoid being too negative. Professionals felt teachers should be involved in SRE delivery but many young people reported discomfort at having their teachers deliver SRE.

Conclusions

We distilled the evidence and identified key features of effective and acceptable SRE. Our best practice criteria provide clear guidance for practitioners to use when developing new programmes and for policy makers to draw upon in forthcoming consultations about statutory SRE. Our in-depth study illustrates that it is possible to deliver excellent SRE and demonstrates how this works in practice.

9. Keywords
Please provide up to 8 keywords that relate to the research undertaken in this study:

Sexual health
 Young people
 Sex and relationship education
 Schools
 School-based sexual health services

10. Dissemination – please detail planned or published articles in peer-reviewed journals (including web links):

Peer reviewed papers

Pound P, Denford S, Shucksmith J, Owen J, Hutten R, Mohan L, Johnson A, Bonell C, Abraham C, Campbell R. What is best practice in sex and relationships education? A synthesis of evidence, including stakeholders’ views *In press* BMJ Open May 2017.

Pound P, Langford R, Campbell R. What do young people think about their school-based sex and relationship education? A qualitative synthesis of young people’s views and experiences. *BMJ open* 2016;**6**(9):e011329.

Denford S, Abraham C, Campbell R, et al. A comprehensive review of reviews of school-based interventions to improve sexual-health. *Health Psychology Review* 2016;1-20.

Tanton C, Jones KG, Macdowall W, et al. Patterns and trends in sources of information about sex among young people in Britain: evidence from three National Surveys of Sexual Attitudes and Lifestyles. *BMJ open* 2015;**5**(3):e007834.

Macdowall W, Jones KG, Tanton C, et al. Associations between source of information about sex and sexual health outcomes in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). *BMJ open* 2015;**5**(3):e007837.



Geary, RS, Tomes, C, Jones, KG, et al. Actual and preferred contraceptive sources among young people: findings from the British National Survey of Sexual Attitudes and Lifestyles. *BMJ Open*, 2016;6(9): e011966

Peer reviewed abstracts

Pound P, Langford R, Campbell R. Qualitative synthesis of young people's views of sex and relationship education. *The Lancet* 2015; 386: S65.

Commissioned papers

Pound, P. How should mandatory sex education be taught? *BMJ* 2017;357: j1768 doi: 10.1136/bmj.j1768

Conference presentations

Pound P, Crichton J, Campbell R. Evidence-based best practice in sex and relationships education (SRE): how to influence forthcoming requirements for statutory SRE. Annual Scientific Meeting of the National Institute for Health Research, School for Public Health Research. London, 23 March 2017.

Pound P, on behalf of SPHR colleagues. Developing a combined alcohol and sexual health educational intervention for young people: overview of findings from Phase 1. Annual Scientific Meeting of the National Institute for Health Research, School for Public Health Research. Newcastle. 10 March 2016.

Pound P, Langford R, Campbell R. Synthesis of qualitative studies of young people's views of their sex and relationship education (SRE). UK Society for Behavioural Medicine Conference. Newcastle. 8-9 December 2015.

Pound P, Langford R, Campbell R. Synthesis of qualitative studies of young people's views of their sex and relationship education. South West Public Health Scientific Conference. Weston-Super-Mare. 3 February 2015.

Geary, R. Actual and preferred sources of contraception among young people in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3) Sexual and Reproductive Health as a Public Health issue conference (joint between FSRH and FPH), London. June 2015.

Posters

Pound P, Denford S, Shucksmith J, Tanton C, Johnson A, Owen J, Hutten R, Mohan L, Bonell C, Abraham C, Campbell R. Risky sexual behaviour and alcohol use in young people: developing a multi-component universal education intervention. Annual Scientific Meeting of the National Institute for Health Research, School for Public Health Research (London). March 2017.

Pound P, Denford S, Shucksmith J, Tanton C, Johnson A, Owen J, Hutten R, Mohan L, Bonell C, Abraham C, Campbell R. What is best practice in sex and relationships education? A synthesis of evidence, including stakeholders' views. South West Public Health Science Conference (Bristol). March 2017.

Pound P, Denford S, Shucksmith J, Tanton C, Johnson A, Owen J, Hutten R, Mohan L, Bonell C, Abraham C, Campbell R. Developing a combined alcohol and sexual health educational intervention for young people: overview of findings from Phase 1. NIHR SPHR Annual Scientific Meeting (Newcastle). March 2016.



Pound P, Langford R, Campbell R. Qualitative synthesis of young people's views of sex and relationship education. Public Health Science Conference. London School of Hygiene and Tropical Medicine (London). November 2015.

Geary, R. Actual and preferred sources of contraception among young people in Britain: Findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3). The 2015 International Conference on Family Planning in Nusa Dua, Indonesia. *Poster accepted and prepared but conference cancelled due to volcanic activity on a neighbouring island.* November 2015

	Used during project	Used after project	Would have liked to use but didn't
Academic Journals (e.g. BMJ)	X	<input type="checkbox"/>	<input type="checkbox"/>
Full Report (paper)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full report (web access)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summary report (paper)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summary report (web access)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic conference - talks	X	<input type="checkbox"/>	<input type="checkbox"/>
Academic conference – posters	X	<input type="checkbox"/>	<input type="checkbox"/>
Academic seminars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic workshops	X	<input type="checkbox"/>	<input type="checkbox"/>
Other (please give details)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Impact – please use this space to capture information (e.g. data, case studies, quotes, ‘thank you’ emails etc.) that can be used now and in the future to effectively and concisely demonstrate the impact of your project:

	Used during project	Used after project	Would have liked to use but didn't
Professional Journals (e.g. Pulse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report to non-academic collaborators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Press releases	X	<input type="checkbox"/>	<input type="checkbox"/>
Newsletters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy briefing paper	<input type="checkbox"/>	X	<input type="checkbox"/>
Targeted mailings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event to launch the project etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-academic conferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Face-to-face meetings (e.g. with policy makers)	<input type="checkbox"/>	X	<input type="checkbox"/>
Institution's website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project website	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Web-based lectures (e.g. TED)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please give details)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide further details – e.g. full publication reference / conference title / meeting date and title / website address etc:

We are working with PolicyBristol at the University of Bristol to produce a policy briefing and we hope to meet with policy makers as soon as possible after the general election as part of the Department for Education's consultation on guidance for statutory sex and relationship education. We have received a small amount of funding from PolicyBristol for travel to meetings with policy makers.



News and Social Media:

Pandora Pound conducted several interviews with the press following the publication of the paper on young people's views of their sex and relationship education. These interviews were conducted predominantly by telephone and email. The paper generated considerable media attention internationally, with the study being reported in over 100 news outlets (including the [Guardian](#), [The Mirror](#), [BBC News online](#), the [Daily Mail](#), [Glamour magazine](#), [The Huffington Post](#), [Fox News](#), [Time Magazine](#) and several local radio stations). The study also generated an Altmetric score of 939 (Altmetric measures the quality and quantity of online attention received), putting it in the top 5% of all research outputs scored. Additionally Pandora was recently interviewed by a journalist making a documentary on sex and relationship education. Twitter was also used to raise awareness and increase impact.

The findings from NATSAL-3 and the review of reviews provide important evidence of the effectiveness of SRE and school-based sexual health services. Our research on young people's views of their SRE provides valuable evidence concerning the acceptability of SRE to young people and generated considerable interest worldwide. The evidence synthesised from the five studies and the best-practice criteria based on this evidence has great potential value for policy makers within the Department for Education as they begin to consult and develop guidance for statutory SRE after the general election. This consultation period represents a key opportunity for us to influence policy and to ensure that our evidence-based best practice criteria are considered as guidance is developed. A key challenge is to emphasise the importance of considering the delivery of SRE as well as the content, as our research highlights the importance of this for young people. We are currently working with PolicyBristol (at the University of Bristol) to produce a policy briefing summarising our research, that we will send to policy makers after the General Election.

12. Public and practitioner involvement and engagement - please summarise your progress to date in implementing your plan for PPIE. Please provide comment on your experiences, any changes made and lessons drawn:

We conducted consultations with stakeholders, both young people and professionals working in SRE, to share our findings, gain feedback on our research and to ask them for input on specific areas where the research had indicated uncertainty, lack of consensus, or lack of evidence. We held consultations with three different young people's groups, in Cardiff, Bristol and Newcastle, totalling 55 young people between the ages of 11 and 18. We presented our findings and asked young people for their feedback, with additional discussions around who should deliver SRE, whether lessons should be mixed or single-sex and for their suggestions on how to improve SRE. Our consultation with professionals consisted of a one day workshop in London with 19 experts and practitioners working in the field of SRE, in which we presented our findings before working on key issues in small groups. We asked professionals for their views on the sort of approach SRE programmes should take, when SRE should start, whether lessons should be mixed sex or single-sex, who should deliver SRE and engaging with parents about SRE.

Consultation with young people's groups

Members of the young people's consultation groups agreed with the research evidence on most issues. With respect to the 'awkwardness' and blurring of boundaries involved in having SRE delivered by familiar school teachers their views echoed the research evidence, with the important caveat that this issue might be specific to older pupils and not relevant to primary school children who were felt to possibly prefer familiar teachers. Similarly group members proposed that while mixed-sex classes might be preferable for secondary school pupils, primary school children might feel more comfortable in single-sex classes. Female group members appeared to be more interested than males in having a



combination of single and mixed-sex classes. The young people's groups also highlighted the need for SRE content to be updated to include teaching on consent, sexting, cyberbullying, online safety, sexual exploitation and sexual coercion.

Consultation with experts and practitioners working in the field of SRE

Professional stakeholders, whilst acknowledging the research evidence that young people could be vulnerable in mixed-sex classes, nonetheless felt it important that young men and women should learn together. Similarly they strongly disputed research findings indicating that young people dislike being taught by familiar teachers and were strongly of the opinion that the only long term, sustainable option was for teachers to be involved in SRE delivery. Most felt that young people's concerns could be easily resolved by training teachers, adequately resourcing SRE, achieving statutory status and establishing boundaries for pupils before lessons.

Comments

We were surprised at how robustly professionals in our stakeholder consultation challenged the evidence about young peoples' dislike of their own teachers delivering SRE. While research evidence is only one of many types of knowledge that can be applied in practice and while some practitioners may place a higher value on experiential knowledge, there is a risk that young people will disengage from SRE if their concerns about educators are not adequately addressed. The stakeholder consultations highlighted a conflict between the principles of sustainability and acceptability.

13.

Any other information:

N/A

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Department of Health and Social Care Disclaimer:

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