



# School-based sex and relationship education (SRE): Evidence-based, best practice criteria

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## About these criteria

- These criteria are designed to help educators of both primary and secondary school children to design and deliver effective and acceptable sex and relationship education (SRE).
- They are evidence based, and have been developed following a comprehensive study that involved both qualitative and quantitative research conducted in the UK as well as drawing on data from all over the world.
- The research data include the views of young people who have had SRE, as well as professionals involved in commissioning and delivering SRE.
- These criteria were published in the BMJ Open article: [What is best practice in sex and relationship education? A synthesis of evidence, including stakeholders' views.](#)

## SRE 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 18.\*
- SRE programmes should be of sufficient duration and intensity; that is, 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 curricula should be adaptable and 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 SRE.\*

## SRE delivery

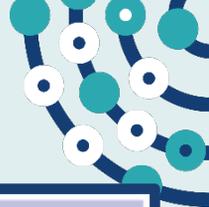
- SRE should take place in a safe environment for young people. This necessitates excellent class control and protection of students from harassment.
- Teaching should be delivered in small groups where appropriate and in single-sex groups at least some of the time. Primary school children may feel more comfortable in single-sex classes.\*
- 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.
- 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 secondary schoolt 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.

## 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.

## Contact the researchers

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**SRE content**

- SRE should be open, frank and informative (sex-positive). It should also acknowledge the pleasures of sex.
- It should reflect that some young people are sexually active and acknowledge young people’s autonomy and level of maturity.
- SRE 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 coercion.\*
- 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, for example 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.

\* This criterion comes from stakeholder consultations; it does not constitute research evidence.

† Stakeholder 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.

**Further information**

This work forms part of the NIHR School for Public Health Research work on [Implementing evidence-based best practice criteria in sex and relationship education](#).

A video providing more information on the project can be found here: [What does successful Relationships & Sex Education look like?](#)

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**About the School**

The NIHR School for Public Health Research is a partnership between the Universities of Sheffield; Bristol; Cambridge; Imperial; and University College London; The London School for Hygiene and Tropical Medicine (LSHTM); LiLaC – a collaboration between the Universities of Liverpool and Lancaster; and Fuse - The Centre for Translational Research in Public Health a collaboration between Newcastle, Durham, Northumbria, Sunderland and Teesside Universities.

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