

SEX EDUCATION IN BERKSHIRE SECONDARY SCHOOLS



Sandra Jowett

1995

nfer

RECEIVED
- 8 SEP 1995
EPIC Europe

SEX EDUCATION IN BERKSHIRE SECONDARY SCHOOLS

Sandra Jowett

nfer

**Research funded by
East Berkshire Community Health NHS Trust
and undertaken across Berkshire**

Published in September 1995
by the National Foundation for Educational Research,
The Mere, Upton Park, Slough, Berkshire SL1 2DQ

Tel: (01753) 574123 Fax: (01753) 691632

© National Foundation for Educational Research 1995
Registered Charity No. 313392
ISBN 0 7005 1402 3

Further copies of this report may be purchased from
the Dissemination Unit at the NFER, Extension 214/375

CONTENTS

Acknowledgements	i
Summary	ii
Preface	iv
1. Introduction	1
The context for the research	1
The research study	3
2. Sex education provision in schools	6
In what years is sex education covered?	6
How much time is spent on sex education?	7
Which staff are involved in sex education?	11
Do outside agencies contribute to the sex education programme?	13
Who should deliver sex education?	14
What are the strengths and gaps in the sex education provision?	15
What needs to be developed?	15
What about staff development?	16
Issues in delivery	17
Are same-sex relationships covered?	17
Are students withdrawn from sex education?	17
Are there mixed or single-sex classes?	18
Is information about sexual health services provided?	18
Do students' ethnic origins influence the sex education provision?	18
3. Sex education policies in schools	19
Do schools have policies?	19
Who took part in the policy development?	19
Is this policy development different from that for other policies?	20
How is the policy publicised?	21
Are policies of value?	21
Are parents informed about sex education in schools?	22
4. Teachers' views on the sex education requirements for schools	24
What do teachers think about the legislation on sex education?	24
The right to withdraw	24
Separating emotions from 'facts'	24
Dealing with young people's concerns	25

5. Young people's views on sex education in school	26
What was covered in sex education in school?	26
What was missing?	26
Where would young people go for advice?	26
How had staff delivered the sex education?	27
Were outside speakers useful?	27
What approach was taken by staff?	28
Should parents be able to withdraw young people from sex education?	28
Should sessions be mixed or single-sex?	28
Where do young people gain their information about sexual matters from?	29
Does information encourage sexual activity?	29
Points for discussion and further research highlighted by these preliminary meetings with young people	30
6. Summary of research findings	31
7. Putting the findings into practice	34
References	37
Appendix A Quantified data presented in the text of the report	38
Appendix B One Berkshire secondary school's sex education policy	40
Appendix C Positive practice in sex education (some examples provided by the Sex Education Forum)	47
Appendix D Bibliography of books for developing and implementing sex education	58

ACKNOWLEDGEMENTS

This study could not have been carried out without the active collaboration of a large number of people whom we would like to thank for their generous cooperation and support.

First and foremost we are grateful for the help of those participating in the 65 schools included in the study. Staff made us welcome on the research visits and responded patiently and openly to lengthy questioning. The young people who took part in our discussion groups did so with enthusiasm and they gave considered and thoughtful responses.

We are grateful to Judy Bradley, from the NFER, for her helpful comments on an earlier draft of this report and to Alison Bannerman and Claudia Davis for their careful booking and planning of the fieldwork. The interviews were conducted by Claudia Davis, David Harris and Sandra Jowett. We are grateful to David Upton for editing the report and to Mary Hargreaves for her skilful layout of the text.

Thanks are also due to Karen Streete from the Centre for Nutrition and Health Promotion Resources Team for the artwork. We are also indebted to John Green from the Department of Public Health, Berkshire Health Commission, for supporting the bid to the AIDS allocation fund. This funding is gratefully acknowledged.

SUMMARY

This research was undertaken by the NFER at the request of the East Berkshire Community Health NHS Trust. The Trust established a multi-agency group of staff working in the field of sex education to shape and inform the research, with funding from the Berkshire AIDS allocation. The aim was to collect information about policies and practices in sex education in schools, across Berkshire, that could be used to inform sexual health strategies in the County. The study was completed as Circular 5/94 *Sex Education in Schools* (GB. DFE, 1994) was having an impact on practice.

All the maintained schools in Berkshire with pupils of secondary age (Year 7 and above) were contacted in the autumn term 1994 and invited to take part. The fact that 65 of the 70 such schools in the County were able to take part in the research indicated staffs' willingness to develop their sex education work. Such a positive response also meant that the findings reported here offer a comprehensive picture of provision in Berkshire schools. All the work was undertaken on a confidential basis, with information about individual schools being made available only to the NFER staff involved.

In each school a member of staff (occasionally two) with responsibility for sex education was interviewed. The information collected included: topics covered in sex education; which year groups studied what and how much time was allocated; which teachers taught sex education; the extent and range of support from outside agencies; the role of parents and the development of the sex education policy in school. In addition, a small group of Year 11 students in five schools were asked for their views on the provision they had received.

To provide an overview, the 65 schools were divided into three broad groupings. A judgement was made about each in terms of whether the respondent described the sex education work as being well established and needing only minor revision; as being steadily developing with clear perspective on the way ahead; or as needing a considerable overhaul. Nearly half of the schools (30) were judged to be developing steadily; one-quarter (16) to have well-established provision; and slightly more (19) to need development work as a priority.

The findings showed the complex and demanding task that staff face in developing a coherent, comprehensive sex education programme to meet the needs of young people. Which staff should teach sex education was widely debated and it was said to be vital for those who did so to feel comfortable with the work. It was professional **confidence** rather than **competence** that was at issue. The need for sex education to be given an appropriately high status in the curriculum was emphasised by those interviewed.

Staff were clear about the need for a unified approach to sex education that was based on an audit of what was provided, and that minimised repetition and inconsistencies for students. The findings highlighted that there is scope for providing staff development sessions to keep teachers up to date (on sexual health data and the legislation) and to enhance their confidence in delivery, for reviewing the role of outside speakers and for involving parents in policy and practice. The insights provided from the discussions with Year 11 students illustrated how the consumers' view can enrich and focus future progress.

PREFACE

The Berkshire Community Health NHS Trust is responding to the targets for sexual health outlined in the Government's *The Health of the Nation* document (GB. Parliament. House of Commons, 1991). Within this context the Trust is committed to:

- ◆ reducing the number of unwanted teenage pregnancies
- ◆ reducing the incidence of HIV/AIDS and other infections that can be sexually transmitted.

The Trust's concept of sex education is much broader than those targets above in aiming to:

- ◆ be an integral part of the learning process, beginning in childhood and continuing into adult life
- ◆ be for all children, young people and adults, including those with physical, learning or emotional difficulties
- ◆ encourage exploration of values, consider sexuality, sexual behaviour and personal relationships, both heterosexual and homosexual
- ◆ promote the development of communication, decision-making and negotiating skills
- ◆ foster self-esteem, self-awareness, a sense of moral responsibility and the skills to develop positive and rewarding relationships.

Circular 5/94 (GB, DFE, 1994) has firmly placed the delivery of sex education with secondary schools and they will need to re-evaluate their position with regard to this aspect of the curriculum.

As a result of both these documents, the Centre For Nutrition and Health Promotion and the Sexual Health Directorate in Berkshire have developed a coordinated service to encourage, enable and support schools in their important role as providers of sex education for young people.

To be able to target its support to schools effectively, the Trust needed a clear picture of the issues within secondary schools. With funding from the Berkshire AIDS Allocation we commissioned the NFER to undertake the research reported here. A multi-agency group of key players in the field of sex education worked with the NFER during the course of the work. In sections 1 to 6 Sandra Jowett outlines how the research was conducted and details its findings. Section 7 is concerned

with taking this evidence forward to inform practice, and we outline some key points and their implications for practice. Appendix A contains the quantified data presented in the text and Appendix B an example of one Berkshire secondary school's sex education policy, selected to illustrate the range of information such documents may cover. Appendix C details some of the positive practice collected by the Sex Education Forum, and Appendix D lists some useful relevant publications.

Deborah Mbofana
Senior Health Promotion Specialist
Centre for Nutrition and Health Promotion
East Berkshire Community Health NHS Trust

Janet Fee
AIDS Education Coordinator
West Berkshire Health Promotion and
Education Centre. Priority Care Service NHS Trust

Chrissie Roche
Sexual Health Promotion Coordinator
Sexual Health Service
East Berkshire Community Health NHS Trust

Cyndy Townsend
Assistant Health Education Coordinator
Youth & Community Service
Shire Hall

1. INTRODUCTION

The context for the research

The provision of sex education in schools has been debated at length for some considerable time. There are strongly held views on what should be provided in schools and what the consequences could be of the part schools play in this aspect of young people's lives. Massey (1993) drew attention to some of the key issues when she wrote of the need for political will and action because sex education has 'sometimes been presented as fraught with difficulty and even legal dangers for teachers'. As Massey also pointed out, many teachers, parents and governors will have had little or no sex education themselves. She also emphasised that sex education is to be delivered 'in the context of the different faiths and values in today's society'. Schools are attempting therefore to take on complex, controversial work, with far-reaching consequences. Harrison's (1991) survey of secondary schools reported there was 'a lack of consensus on what is **required** in a school (sex education) policy statement and **what it should mean**'. It was also clear from her survey that 'nowhere was there a **definition** of what is meant by sex education'. Finally, her conclusion was that 'mostly the governing body is **reactive** in its role, endorsing rather than actively constructing the policy statement'.

Many commentators have sought to tackle the aims and purpose of sex education in schools, to encourage progress. Reiss (1993) established the essentials when he wrote that: 'In order to make and carry out an informed decision about a controversial issue a person needs at least three things: relevant information, a valid and appropriate ethical framework, and the skills necessary to translate a decision into action.' Similarly Went (1985) suggested that one of the aims of sex education should be 'to promote the ability to make informed decisions'.

The aims identified in the literature have been reinforced by the climate of health promotion in modern-day Britain. The Government's *The Health of the Nation* document (GB. Parliament. House of Commons, 1991), for example, emphasised the need 'for people to change their behaviour – whether on smoking, alcohol consumption, exercise, diet, avoidance of accidents and, with AIDS, general behaviour'. Having explained that 'we live in an age where many of those main causes of premature death and unnecessary disease are related to how we live our lives', the report proclaimed that 'education is the key' to promoting change.

Of particular relevance to the research reported here, in that it came into force just before the work was undertaken, was Circular 5/94 (GB. DFE, 1994) which set out the statutory position on sex education in schools and offered advice and guidance for those charged with implementation. The Circular contained the following points of significance to the current study.

- '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 in any maintained school may, if they wish, withdraw that pupil from all or part of the sex education provided.'
- 'The teaching offered by schools should be complementary and supportive to the role of parents, and should have regard to parents' views about its content and presentation.'
- 'In his view [the Secretary of State], the purpose of sex education should be to provide knowledge about loving relationships, the nature of sexuality and the processes of human reproduction. At the same time it should lead to the acquisition of understanding and attitudes which prepare pupils to view their relationships in a responsible and healthy manner. It must not be value-free; it should also be tailored not only to the age, but also to the understanding of pupils.'
- 'In secondary schools sex education should, in the Secretary of State's view, encompass, in addition to facts about human productive processes and behaviour, consideration of the broader emotional and ethical dimensions of sexual attitudes.'
- 'The effect of this Order [National Curriculum Science Order] will be to prohibit the teaching, as part of the National Curriculum in Science, of any material on AIDS, HIV, and other sexually transmitted diseases, or any aspect, other than biological aspects, of human sexual behaviour. Accordingly, with effect from September 1994 these topics will not form part of the National Curriculum.'
- 'Governors should also determine how parents are to be consulted and informed, and what opportunities they might have to see teaching materials, and to receive explanations of the way in which it is proposed to use them in the classroom.'
- 'All maintained schools must publish in their prospectus a summary of the content and organisation of sex education they do provide. These should include an explanation of how parents who wish to discuss this issue can do so, and information about the means of putting into effect parents' right of withdrawal.'

- ‘... teachers will need to balance the need to give proper attention to relevant issues with the need to respect pupils’ and parents’ views and sensitivities. The Secretary of State is confident that teachers will draw upon their professional judgement and common sense to deal effectively with such occurrences. To forestall possible misunderstandings, it may well be helpful to ensure that this issue is covered in the school’s written sex education policy.’
- ‘Particular care must be exercised in relation to contraceptive advice to pupils under 16, for whom sexual intercourse is unlawful. The general rule must be that giving an individual pupil advice on such matters without parental knowledge or consent would be an inappropriate exercise of a teacher’s professional responsibilities. Teachers are not health professionals, and the legal position of a teacher giving advice in such circumstances has never been tested in the courts.’
- ‘Section 2 of the Local Government Act 1986 (as amended by Section 28 of the Local Government Act 1988) prohibits local authorities from intentionally promoting homosexuality or publishing material with that intention, and from promoting the teaching in any maintained school of the acceptability of homosexuality as a pretended family relationship. This prohibition applies to the activities of local authorities themselves, as distinct from the activities of the governing bodies and staff of schools on their own behalf.’

The research study

Given that the aim of this research was to collect comprehensive information across one local education authority, all maintained schools with students in Year 7 (aged 11-12) and above were contacted. The headteachers of 71 schools were written to in the autumn of 1994 and asked to take part in the study. The letter to them outlined the purpose of the work and asked them to name a member of staff to be approached for interview. It stated that: ‘The findings should clarify how the Trusts in both the east and west of the County could support the work undertaken in schools and ensure the efficient use of resources through policy development, advice and training.’ There was space on a tear-off slip at the bottom of the letter for a contact name to be written and returned to the research team. Headteachers were also asked to send a school prospectus and a copy of their school’s sex education policy.

All the headteachers who had not returned the tear-off slip by the date requested were telephoned and invited again to take part in the research. The response to this telephone contact was most encouraging,

and a total of 65 schools took part in the study. This represents 93 per cent of all possible schools (given that two of the special schools had amalgamated leaving a population of 70). Of the 65 schools visited, ten were grant-maintained and ten were special schools. Fifty-five were mixed schools, five were for boys and five had only female students.

Berkshire is a county with ethnic diversity in some areas. The number of schools in this study, with the percentages of their students from ethnic minority groups, is given in Table 1 below. The main religious affiliations of students were Christian, Muslim, Sikh and Hindu.

Table 1: Percentages of students from ethnic minority populations

Ethnic minority intake	Number of schools
None or very few	31
3 - 10 per cent	21
11-20 per cent	4
21-40 per cent	3
41 per cent+	6
Total	65

In 17 schools the headteacher or a deputy was interviewed; in 27 schools it was a teacher with responsibility for PSHE or PSE¹ and in 21 it was a teacher involved in the work to some degree. The interview schedule included the areas listed below.

- Topics covered in sex education
- Which year groups had sex education and how much time was allocated to it
- Which teachers taught sex education
- The extent and range of support from outside groups
- The coverage of same-sex relationships
- The ethnic mix in schools and implications for course delivery
- The provision of information about sexual health services
- Withdrawal of students from classes
- The role of parents
- The development of the sex education policy
- Staff reactions to the legislation.

¹ Personal, social and health education (personal and social education)

In addition to this interviewing, young people in five of the secondary schools visited took part in discussion groups with the research team. This involved approximately eight Year 11 students in each school. The five schools were selected to represent those in the survey in that three were mixed, one was a boys' school and one a girls'. One had a high, and two a significant, number of students from ethnic minority backgrounds. Topics for discussion included those listed below.

- Topics covered in sex education
- Which staff are involved
- Outside speakers
- The framework for discussion
- Withdrawal of students from classes
- Mixed or single-sex sessions
- Access to information about sexual matters
- The role of parents
- The impact of information about sex education.

2. SEX EDUCATION PROVISION IN SCHOOLS

To provide an overview, the schools were divided into three broad groupings. A judgement was made about each in terms of whether the respondent described the sex education work as being well established and needing only minor revision; as being steadily developing with a clear perspective on the way ahead; or as needing a considerable overhaul. Nearly half of the schools (30) were judged to be developing steadily; one-quarter (16) to have well-established provision and slightly more (19) to need development work as a priority.²

In what years is sex education covered?

The staff interviewed were asked to indicate

- in what years sex education issues were covered in their school
- which topics were covered
- approximately how much time was spent on this work.

(The focus was on the curriculum provided for **all** students, although obviously those doing child development or science options could be covering significantly more.) Table 2 gives an indication of the stages at which sex education was covered, although it is important to bear two key points in mind before making any interpretation of these figures.

- One is that it is very difficult to define what is meant by sex education ('Is talking about being in love sex education?' as one teacher queried).
- The other is that in most schools a very small amount of time was spent on what was defined formally as sex education. A few hours in any one year would be typical.

It is also important to acknowledge that sexual matters will be covered as part of the National Curriculum in science lessons.

As Table 2 shows, there was a relatively even spread across the years, with rather more emphasis being placed on work in Year 10 and rather less in Years 12 and 13. Most schools provided some sex education for students in every year group they had. Looking at the breakdown across years, it emerged that one school (a middle school with only Year 7 and 8 students considered for this study)

² Quantified data such as these are tabulated in Appendix A.

provided no sex education, three schools (including one middle that only had two years of students relevant to this work) had provision in only one year and 17 had it across all their year groups. It is of interest that in 44 (two-thirds) schools PSHE (or PSE) was an identified curriculum area.

Table 2: Years in which sex education was provided

	Yr 7 Age 11-12	Yr 8 Age 12-13	Yr 9 Age 13-14	Yr 10 Age 14-15	Yr 11 Age 15-16	Yr 12 Age 16-17	Yr 13 Age 17-18
	Number of schools						
Yes	34	40	42	50	41	18	17
No	14	16	13	6	15	29	30
³ Unclear	6	6	6	5	5	3	3
⁴ Not applicable	11	3	4	4	4	15	15
Total	65	65	65	65	65	65	65

How much time is spent on sex education?

It is difficult to quantify precisely how much time was spent on even narrowly defined sex education and impossible to give figures for the more diffuse discussions and spontaneous debates that can occur in several parts of the curriculum. Clearly, there may be sex education in various areas of the curriculum when appropriate to the topics being discussed. As one teacher explained, English (notably poetry) and geography (population data) are subjects which could potentially generate debate and discussion about sexual matters. This was particularly an issue for those in Years 12 and 13 where general studies sessions (or other opportunities for debate) **could** cover sexual matters. Audits of this diversity in each year were being undertaken in several schools, in recognition of this fact and of the need to clarify and coordinate students' learning.

Looking at the range in terms of the amount of time spent on sex education (having noted that a few hours in any one year would be typical), the examples given below cover the spectrum and show how some young people will receive far less sex education provision than others. The information about the school in the process of developing its sex education provision highlighted the changes many schools were going through.

³ This refers to special schools where sex education was said to be covered as a continuing part of the curriculum, rather than in year blocks (and one mainstream school where the teacher responsible was on long-term sick leave with consequences for the sex education provided).

⁴ This refers to the different ages of transfer to secondary school (Years 7, 8 or 9) that pertain in Berkshire and to the schools that do not have students beyond Year 11.

SEX EDUCATION IN BERKSHIRE SECONDARY SCHOOLS

Schools where sex education took place in one year group ONLY illustrating the very limited coverage some young people will experience

Year	School A	School B
7	-	-
8	-	-
9	Topics HIV/AIDS Sexual relationships Sexually transmitted diseases Contraception	-
10	-	Topics Parts of the anatomy Sexual intercourse Moral issues Pregnancy Birth Contraception Sexually transmitted diseases
11	-	-
12	-	-
13	-	-

Time (School A)

One hour every fortnight for a term.

Time (School B)

Five or six lessons of one hour and ten minutes

Schools where sex education took place in ALL year groups – illustrating the continuity some young people will experience

Year	School C (a special school)	School D
7	Topics Menstruation General behaviour to the opposite sex	Topics Microbes: HIV Puberty and growth (including physical changes) Simple physiology Intercourse/fertilisation/childbirth Personal hygiene
8	Behaviour to the opposite sex How bodies develop	Friendship and self awareness Gender issues - stereotyping, ideal man/woman
9	How bodies develop Masturbation	Babies Contraception Dealing with loss and rejection
10	Appropriate sexual behaviour Contraceptives Sexually transmitted diseases Appropriate clothing Work placement behaviour Family planning	Keeping healthy HIV/AIDS Sexually transmitted diseases
11	Contraception Having a baby Family life	Hormones Contraception Menopause Physiology
12	Contraception Relationships in the family Parenthood	Revisit – the family, gender roles, support services relating to sexual problems, sexual harassment, homosexuality
13	Sexual choices Contraception Appropriate sexual behaviour towards the opposite sex	

Time (School C)

It varies between 20 minutes a week to two hours a week groupwork. There are also individual sessions if there are problems with any students individually (for example, on personal hygiene).

Time (School D)

Around 20 hours a term

A school in the process of steady development

This is the second year that a three-week health education course has been run for Years 7 and 8 and there are plans to extend it to Year 9 to provide a comprehensive course. Prior to the recent development, health education has only been provided in Years 10 and 11 – seen by the staff interviewed as too little too late. The six-week sex education module in Year 10 needs updating to reflect what is done in Year 7 now. This module includes:

- families
- reproduction
- teenage pregnancies
- medical tests
- pregnancies
- family planning
- sexually transmitted diseases
- HIV/AIDS.

The process of change will be gradual, reflected in the continuing development of the school's sex education policy. The plan is to build up specialist staff expertise because it is felt that nobody should be forced to undertake this teaching and that teachers need a substantial amount of both background and up-to-date information to tackle it effectively. The successful implementation of the plans for development require staff who can create the right ambience, a dedicated resource room/base and adequate timetabled sessions. It is considered crucial to establish credibility for this subject.

Which staff are involved in sex education?



Looking at how sex education was delivered in the curriculum, it was found that in 23 schools the subject was taught by staff specialising in the area; in 23 it was the responsibility of tutors and in seven it was a mixture of both. In the remaining 12 schools the work was taught by all staff as appropriate (these being special schools or middle schools). What was clear was that it was vital for those teaching the subject to feel at ease, and it was professional **confidence** rather than **competence** that was at issue. It was acknowledged that not all staff would want to be involved in, or would be effective in, the task of teaching on sexual matters and the tutorial approach highlighted this. In one school, for example, where a newly introduced sex education programme was tutored, it was said that the first year would be spent on making teachers feel at ease, with the course content taking a back seat.

'If you can't speak French it won't kill you; ignorance about PSHE work could.'

Giving sex education the status it deserved was an issue several staff explored. One explained that it was 'wrong to see PSHE as a filler that anyone can do'. In another school, PSE by tutors was said to be unsatisfactory and had now been delegated to the humanities department, meaning that fewer staff would be involved, with the expectation that students would get 'less but better quality' sex education. The problem revolved around tutors' priorities in that they could feel overburdened by the demands of tutorials. As the teacher interviewed here said: 'Some people feel they teach a subject and **have** to be a group tutor as well.' Whilst not wishing to criticise colleagues, and acknowledging the many demands on their time, one teacher remarked that sometimes you 'cannot find time more easily for HIV/AIDS than you can for National Records of Achievement'. On a related point, it was said that without a clear structure to the system of delivery there was 'no way of telling if all classes are receiving what they should' and that there should be a 'carousel with staff concentrating on the topics they are comfortable with and best at delivering'. The

young people's concerns about the *ad hoc* nature of delivery, when it was dependent on individual tutors, confirmed this unease.

'That's part of teaching PSHE – honesty is the key.'

Staff may be reluctant to tackle certain areas as tutors (being comfortable discussing bullying, for example, but not sex education) and inevitably, it was said, some were better at delivering this type of material than others. As one teacher explained, tutorial periods were 'a short part of their day and you can't expect them to give it [the material to be covered] priority'. This teacher did acknowledge, however, that tutors will always have **some** role because of their regular contact and awareness of pupils' development. One teacher's explanation summed up many of the concerns in that he felt what was needed was a small team of teachers building up expertise in the delivery of sex education, but that **all** staff needed some support so that (a) they don't compromise themselves and (b) they don't damage the kids'. The need for a confident approach from staff was highlighted by the teacher who emphasised the need to respond appropriately in that students 'may be at risk and may be vulnerable'. These same students may appear to be 'winding you up' in sex education sessions but you have to be able to manage that situation.

There were only two schools where respondents spoke of the need for a whole school approach (although the need for an overview was implicit in those schools undertaking an audit as part of the development of the sex education programme). The overall message was that teachers had to be comfortable about teaching this aspect of the curriculum, and in most instances the preferred way forward was to develop sex education as a specialism, rather than as part of a tutorial responsibility. While there were conflicting factors in most teachers' analysis of the best option (given that tutors offer regularity of contact), it was generally felt that specialist teaching was the route to take.

Two responses, each from only one school, illustrated different approaches to the management of delivery, of interest for the light they shed on the issues under consideration. One was the school where it was said that not having specific PSE was 'ideal' in that sex education was dealt with in science, religious education or by the school nurse, and delivery as a separate topic resulted in 'drawing too much attention, making it too high-profile'. In another school there were plans to continue with PSHE as a timetabled subject, but to have it delivered by tutors. The aim of this was to give status to the subject, which 'has not been seen as important by some staff as well as students'. In this school one person had recently been given responsibility (and an incentive allowance) for developing this work, as a sign of management's commitment to developing PSE. Interestingly here, the approach was one of involving **all** staff in order to encourage commitment and ownership – in contrast to the more common approach of developing expertise in **some** staff.

Do outside agencies contribute to the sex education programme?



The teachers were also asked whether there was any contact with outside agencies in relation to their sex education provision, and 32 schools (half) were said to have such support. These agencies included the family planning service and a commercial sanitary products company. In 23 of these schools such contact included the school nurse service. (There were 14 schools with a non-teaching member of staff with health-related responsibilities, sometimes called matron.) There was very little reference to support for staff; most were 'one-off' sessions for young people. It was clear from some comments that outside support was not considered a priority, because well-established school staff were delivering a programme that they felt was appropriate. There were, however, a few references to having access to well-stocked resource centres in the area that had anatomical models and up-to-date materials for loan. One teacher recalled how his request for information on HIV/AIDS had resulted in a box full of resources.

'We don't have anyone in at all, no INSET, we need to consider the issue more carefully before we think about training or outsiders for pupils.'

Some teachers' comments suggested why there might be this limited outside support. When staff were themselves unclear about the way forward, and were formulating plans, it was difficult to identify what support was required. Where they **did** identify needs, these were couched (almost exclusively) in terms of staff needs for support in delivery. As stated, it was their confidence for this task that was the issue. One teacher said that they needed an INSET day with 'an outsider who will boost the confidence of the staff' because 'morale and confidence are the weaknesses'. Another teacher recalled how staff now felt 'much happier' after a member of the school nurse service had spoken to them about contraception and teenage pregnancies.

Who should deliver sex education?

An overall impression from these comments about outside support, which links with the discussion of whether sex education was taught by specialists or not, is that many staff were unclear about their role, and anxious about becoming involved in difficult situations – an anxiety fuelled by uncertainties about the information contained in Circular 5/94 (GB. DFE, 1994). As one teacher explained, they would like ‘support to say what we **should** be doing. How to respond to questions – we know how things can get out of hand – think of the reports in the press – teachers worry and pull back.’ An explicit acknowledgement of staffs’ rights and responsibilities (which, as will be discussed, were not detailed in policy statements) would have been welcomed by many staff. In one school, where anxieties were said to be high amongst staff, a visit from an experienced health professional had helped to dispel some concerns about the guidance in Circular 5/94.

With regard to outside agencies providing sex education for young people, the limited contact that existed was partly a product of the time available and partly of concerns about how effective contact with unknown adults was in this context (concerns that may be compared usefully with the responses from young people themselves, reported later). As one teacher explained, ‘it doesn’t matter how good an outsider is, pupils will find it hard to open up to them’. However, the challenge for school staff in negotiating different roles with young people was clear from one teacher’s observation that they had to be both disciplinarians and confidantes (expecting students to open up on intimate issues). The fact that this can be achieved by some staff (according to the students’ views reported later) is both a tribute to these teachers’ skills and an acknowledgement of what a delicate balance they have to strike.

More specifically, two Catholic schools and one with a variety of ethnic minority students on roll said that it was difficult to ensure that outsiders would take a line that complemented what the schools were doing. In this last school an outside speaker had started from the premise that you provide young people with information to make informed choices, rather than tell them certain activities are wrong, and the interviewee said that to take that line in that situation had been ill-judged, resulting in a reluctance to have outside support in again.

Another concern raised about support from outside was that it could be seen as an abdication of responsibilities for the sex education programme. It had to be part of a structured programme that had a focus and clear progression. This was just one dimension of a recurring theme, namely that the sex education programme needed to be well-developed, effectively taught and comprehensive across each year group. Linking with this, outsiders’ sessions had to be of a high standard (particularly as they did not know the students). One teacher referred to a school nurse whose work on contraception had been repetitive and had been discontinued, and young people themselves (as explained later) said that being asked to **draw** contraceptives by an outside speaker had been of little value.

What are the strengths and gaps in the sex education provision?

While many schools were clearly in the process of developing their policy and practice and answered this question in very general terms, reflecting the need for an overhaul, some points of interest did emerge. Where a major strength was identified this tended to be the quality of staff delivering the course and the strength of the relationship they had with the young people concerned. Conversely, where the situation was not so favourable, the main gaps that emerged were staff morale and confidence.

More specific strengths identified were the weekly meetings held between science and PSE teachers to ensure coherence, and senior staff involvement that gave sex education status. Particular gaps highlighted were the need for an audit and a coordinated approach to sex education, the need for continual updating (HIV/AIDS were mentioned specifically), the range of moral views and values held by staff and the lack of training opportunities.

What needs to be developed?

Linking in with the information about strengths and weaknesses, again some staff spoke in general terms about wanting to review the content and delivery in a major way. Where specific ways forward were identified, these covered training (mainly on HIV/AIDS and teaching **methods**). The point about needing to keep up to date was forcibly expressed here. Videos were said to date very quickly, and young people were quick to point out when material was not up to the minute and lost credibility. More information about recommended materials would be welcome – there was said to be a great deal to sift through.

Again, the need for a unified approach, building up liaison with colleagues, was explored. Two particular points, made by individual members of staff, were thought-provoking. One felt that the CASCADE mode of training where staff who have attended courses pass on what they covered to colleagues was inappropriate, because these topics were too controversial and it was too intimate and personal to take on that role. Another considered that all this course development and decision-making about content could be simplified and strengthened if there were common ground covered in all schools and if this more standard package were shared and discussed. While there needed to be flexibility, he felt that there was considerable ‘reinventing the wheel’ when there were key core topics that could be standardised.

Students in several schools were said to fill in assessment sheets at the end of blocks of sex education, in the same way they would be expected to do for other subjects. Their comments would then be incorporated into curriculum reviews as in other areas. More specifically, there was one school where student feedback had resulted

in sex education being covered a year earlier and another where sixth-formers had made useful contributions to the coverage of same-sex relationships and how to deal with certain situations you could find yourselves in.

‘A constant update for schools on HIV/AIDS would be valuable.’

When asked what was required to facilitate the development of sex education in their school, teachers focused on the need to keep up to date and to have ready access to appropriate materials. The most frequently mentioned topic for updating was HIV/AIDS. In situations where there was a considerable amount of development work required, the response was that a complete overhaul was needed. More specifically, there were comments about the need for ‘new, motivated PSE teachers’, guidance for teachers about what to do in certain situations, more input from outside speakers, ideas about innovative ways to put material across to young people, expert advice on policy development and the establishment of a working party of staff to share the load of identifying resources and going on courses. There were some calls for more school nurse involvement and one for resources that were relevant for young people with physical disabilities.

What about staff development?

‘You need courses to exchange ideas and offer mutual support [for PSHE staff]. You also need general courses to give information on what they [teachers] are or are not allowed to do and say. They need the legislation properly explained to them by people who really understand it.’

There were very few interviewees who said that staff development time for sex education was not required; what was more common was for teachers to acknowledge that this area was not a priority in their school and was unlikely to be given time on in-service training days, given the competing demands of topics such as the National Curriculum. There was unlikely to be a large budget available for this work. One teacher reported having £900 available, which meant six days’ training to be divided among the 15 staff involved. In some of the schools where sex education needed a lot of development time, it was said that the staff were not yet at a stage where they could benefit from this input. However, while there was awareness of what staff development could realistically be expected, there was considerable support for making it available, for both PSHE staff and their less directly involved colleagues.

Rather than specific topics they would like to see covered in staff development work, these teachers concentrated on the value of support for those already committed to sex education work and of developing the confidence of those less comfortable with the area. Again, the aim was to respond effectively to young people's needs, and the point was made that any member of staff could be approached by a young person in confidence and that this 'privileged' position with its 'huge sense of responsibility' needed to be handled appropriately. The only specific topic mentioned for staff development was, again, HIV/AIDS, although there were comments about welcoming advice on how to present material to children lower down the school, as this became school policy, and about the need to clarify precisely what PSHE teaching is. There were several statements to the effect that high standards would be expected of any training provided – it would need to justify taking time from an already crowded training agenda for schools.

Issues in delivery

Are same-sex relationships covered?

All the teachers taking part in this research were asked whether same-sex relationships were covered. Of the 65 interviewees, 24 said that they were, 23 that they were not and 17 that such issues would be covered only if students raised them in discussion. (There was uncertainty in the one school where the member of staff responsible for sex education was on long-term sick leave.)

Are students withdrawn from sex education?

Teachers were also asked about the extent to which young people did not attend sex education sessions at their parents' request. It was said in 55 schools that the withdrawal of students was not an issue; in four that there were concerns about parents becoming more aware of their rights to withdraw and choosing to do so; and in the remaining six schools some students were withdrawn from this provision. In all of these six it was only a handful of individuals who did not attend and these were young people who were Jehovah's Witnesses or Plymouth Brethren (with the exception of two schools where it was some Muslim children who were withdrawn).

What came through very forcibly from the teachers' comments was their aim of having full attendance for sex education. Where this was the case it was sometimes reported as a measure of success – an affirmation of the trust parents had in the school's practice. Teachers saw their role as being to explain and discuss the school's approach with any parents who were uneasy, to ensure that children were allowed to attend. It was felt by staff that students had an entitlement to all parts of the curriculum and it was with regret that any withdrawals were reported.

Are there mixed or single-sex classes?

With regard to the position on mixed or single-sex provision, it was reported that all sessions were mixed in 41 schools and that there were some single-sex sessions in a further nine. (The question was clearly not relevant to the ten single-sex schools, although the comments from boys in one such school about wanting to team up with girls from a neighbouring equivalent school, reported later, were of interest.) The remaining five schools did not currently have single-sex sessions but were seriously considering them as part of the development of their sex education policies.

Is information about sexual health services provided?

Staff were also asked directly whether information about sexual health services was made available to young people in school and 21 said that it was readily provided, as appropriate, 15 said that details were not provided and nine that such information would be made available if young people asked for it. A further 18 schools distributed leaflets with such information when they were relevant to topics being covered. In the remaining two, respondents were unsure to what extent such information was provided. Some respondents indicated their unease with the legislative position. As one teacher, in a school where information about sexual health services was **not** provided suggested: 'After all, we are not allowed to any more under the new laws are we?' The complexity of the situation was highlighted by the teacher who felt that information **should** be available and that while adults may talk in theory about the need for safe sex for young people, taking steps to facilitate this is 'too much for most of them'.

Do students' ethnic origins influence the sex education provision?

Staff were also asked directly about the ethnic backgrounds of the young people in school and to comment on the implications, if any, of these on their planning and delivery of the sex education input. What was striking was what little impact the backgrounds students were drawn from had. Only one school (with a 60 per cent ethnic minority population) was said to have sought advice on how sexual matters should be addressed in a multicultural setting. Here, there were concerns about finding culturally relevant materials and in-service support and about having outside speakers who could be relied upon to contribute appropriately. In some other schools it was said that it was hoped that all staff were aware of different cultures and beliefs and that such work was done within the school's ethos of trying to encourage understanding and tolerance. A handful of teachers said that differences arising from the different cultural experiences of young people should be addressed in the school's programme and a few, in schools where diversity of beliefs was not an issue, said that they **should** still reflect this richness in their approach.

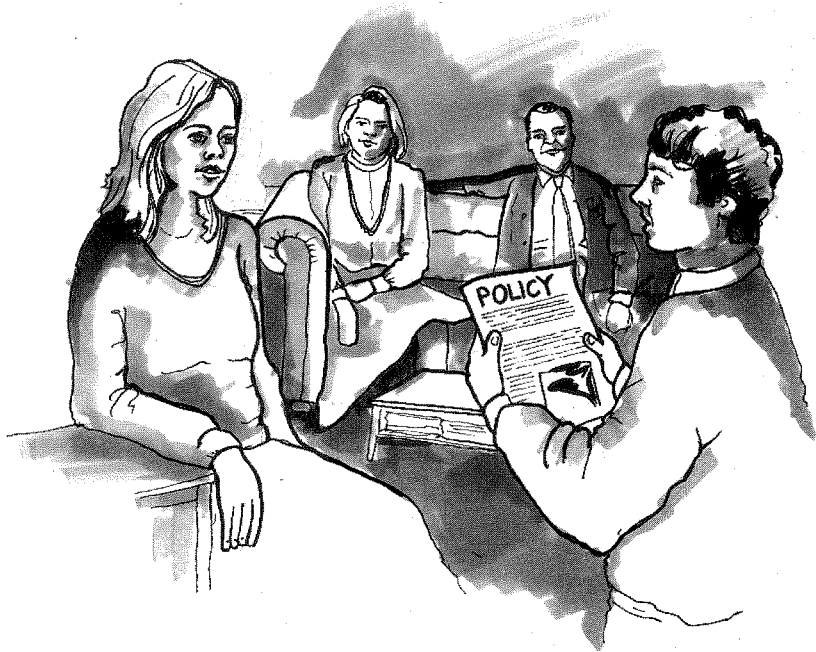


3. SEX EDUCATION POLICIES IN SCHOOL

Do schools have policies?

Overall, 43 (nearly two-thirds) of the schools were said to be in the process of developing an up-to-date policy, in line with Circular 5/94 (G.B. DFE, 1994), ten said that they were not revising their policy and the remaining 12 had completed a revised document. This meant that the majority of schools were either updating, or had already completed a new written statement of intent. However, the policies collected (which included several of those in draft form) highlighted the range of documents produced. They varied considerably in their scope and comprehensiveness and in the extent to which they made explicit how to respond to different situations. One of the policies is included as Appendix B, because it covers details of how staff in that school are expected to respond, as well as principles and aims.

Who took part in the policy development?



Clearly, many of the policies were still in the process of development, but respondents were asked who had been involved or consulted to date. The standard response was of a fairly broad group of people, typically the respondent (who by definition had a key role in the provision of sex education), the headteacher (or a deputy), science staff, possibly a teacher with some specialist background or interest, and governors. The most comprehensive approach was taken in one special school where the draft report had gone to **all** staff (teaching and non-teaching), the school nurse and governors. There had been a training day for staff on it and feedback from the parents of the 16-19-year-old students.

It was less common for only one or two people to have drawn up the document, although this may have been necessary for expediency. In one school a hastily devised policy had been ‘rubber-stamped’ by governors on the understanding that they would make an input next time to this area that was said to need **constant** revision. One teacher was concerned because his relevant background meant that colleagues saw him as ‘the expert’ and there was an assumption that he would take the lead in producing what he felt should be a whole-school approach.

There were a handful of responses to the effect that parents **would** be consulted as the policy progressed, although only one case of specific plans (whereby approximately 35 parents were to be invited to comment on the draft document after the fourth of six meetings already booked). While there were several references to parental representation in the form of parent governors, there were only two examples of parents beyond that having been involved – this being either through the Parent–Teacher Association or individual parents who had expressed an interest. Again, there were some comments on the need to keep a low profile and not to raise anxiety in parents unnecessarily. There was no liaison with the primary schools these schools drew their students from, in relation to sex education. One respondent said that they **would** be making such contact, another that it would be extremely helpful to do so as there was concern about not knowing what had been covered and a third pointed out that there were 23 such schools to consider.

Is this policy development different from that for other policies?

Those interviewed were asked how the process of developing the sex education policy compared with that for other documents. Almost half of them (31) felt that this development had distinctive features, most notably that the number and range of people involved was greater than would normally be the case. Committee representation was often cross-curricular and there were more governors (especially parent governors) involved in some instances. While not wishing to overstate the scale of this involvement, it does indicate the significance many schools attached to the development of a sex education policy. As one teacher explained, you would not normally provide so much detail on subject delivery to governors – a distinction that he saw as reflecting the ‘sensitivities’ that exist towards sex education in this country.

In a handful of schools the policy development was said to be less rigorous and comprehensive than usual. This may have been to keep it a low-key issue or because it was felt that a policy needed to appear fairly rapidly.

How is the policy publicised?

School handbooks/prospectuses were made available to the research team by all but eight of the institutions visited. Of the 57 booklets received, reference to the school's sex education policy was made in 45. Of these 45, 13 explained that parents had the right to withdraw their children from these lessons. Clearly, many schools had addressed the issue of providing a statement to parents. However, the statements varied considerably in their scope.

- At the most basic level, one handbook contained the sentence that 'health and social education is integrated in the curriculum of the school and taught at appropriate ages'.
- A more typical contribution was that 'sex education is taught mainly through the PSE programme, although some elements are covered in science and religious education classes. Pupils are encouraged to see sex in the content of a stable relationship. If parents have any queries they should contact the PSE coordinator or appropriate House Head. The school policy is available on request.'

When asked who received, or would receive when completed, a copy of the school's policy document on sex education, a variety of responses emerged. In some establishments teachers were convinced that **all** staff would receive a copy (this applied most commonly to special schools), although there was some uncertainty about whether this meant non-teaching colleagues. More commonly there was an identified hierarchy of who would have a copy – notably the headteacher, deputies, senior staff and governors, sometimes with a statement to the fact that a copy was available in the staff room or school office. There were several references to the policy's inclusion in a staff handbook, although again it was not clear the extent to which this was available to **all** staff. What also emerged was a desire to get the balance right, so that colleagues were kept informed and yet were not overwhelmed by seemingly endless documentation. Several respondents reflected that access to information was an issue that needed addressing – sharpened in one case by interest in the Investors in People staff development initiative.

Are policies of value?

The principle of having a written policy on sex education was, almost unanimously, applauded. The dissent was from a few teachers who felt that it gave too much publicity to a topic that was so controversial that debate should be minimised, and from the one who was irritated by having to put on paper what she had been teaching for years.

For most respondents, however, the policy was a useful starting point and a variety of benefits from having one were identified. The point

about raising the profile and status of sex education was raised here, as was that about needing to ensure cohesion and consistency. As one teacher explained, without a policy there could be ‘individual interpretation and all sorts of problems could develop’. A policy was said to be good to ‘focus the mind’, although it should not be too prescriptive. There were some ambitious aims for these documents. One teacher explained that a policy was ‘very valuable, as it lays the foundations for the school’s aims and objectives. It shows the direction the school is going in and the teaching styles. It clarifies the confidentiality issue and what to do with children in certain circumstances.’ As explained, the sex education policies made available to the research team varied considerably in their content and in the extent to which they did more than outline what was to be covered and what the school’s overall philosophy was. Appendix B, while not typical and while not presented as a model, has been included because of the way in which these issues outlined above **have** been addressed.

Are parents informed about sex education in schools?

In addition to the statements provided in school prospectuses, just over half (34) of those interviewed said that there were additional forms of communication to parents. In most cases this was a letter which referred to the provision of sex education in the school and informed parents of their right to withdraw their children. There were three instances (two were special schools) where all parents were sent copies of sex education policies. There were three schools where evening meetings had been held to discuss sex education – one a special school where this well-attended meeting and the document discussed were subsequently used as the basis for the PSHE programme; another a comprehensive school where approximately 40 parents (35 families) had been involved; and the third a special school where parents had been able to take part in the workshop discussions that their children would then be having in school. In addition, one school had invited parents to ‘pop in’ to see the relevant resources, although only two had taken up the offer.

There were three references to sex education having been mentioned (but not taken up as an issue) at Annual Parents’ Meetings, two to it being referred to at the meetings for the parents of new students, prior to their starting school, and one to it being an issue at half-termly meetings held specifically for Asian parents. There were a handful of comments about information being conveyed in newsletters. There were a few statements of intention to inform and an acknowledgement that written communication or meetings might be initiated.

'We thought long and hard about the letter that goes out to parents telling them they can withdraw and we want to keep it as low-key as possible.'

There was an undercurrent in some of the comments made in response to this question about the need to keep sex education in perspective and not to make too much of an issue of what was, in fact, just another part of the curriculum. This approach links in with teachers' aim of full entitlement – they did not want to over-promote sex education and raise any anxieties that could lead to young people not being allowed to take part.

These concerns about how best to meet young people's needs for information were illustrated forcefully by one respondent who was keen not to stir up a 'hornets' nest' and another who wished to 'let sleeping dogs lie'. The limited scale and scope of information for parents was due to many factors, in situations where there were many competing demands on time and resources. However, the ambivalence about the merits of even attempting to provide information is of interest. As one interviewee explained, the difficulty was that you have to 'keep within the law and yet need to see sex education as a normal part of education. Parents should accept it as a normal part of what the school does. We used to send a letter to parents (about sex education) but we had some ill-informed comments back. The letter needs to contain other information as well so the sex education is diluted and seen as just part of what is done in school.'

4. TEACHERS' VIEWS ON THE SEX EDUCATION REQUIREMENTS FOR SCHOOLS

What do teachers think about the legislation on sex education?

The right to withdraw

Staff were asked for their views on recent legislation (the key features of which have already been identified) and to state any concerns they might have. While there were a few comments to the effect that it was helpful to have sex education acknowledged as a legitimate topic for schools to cover, three central themes emerged with widespread support. The first was grave concern about parents' right to withdraw their children from the sex education input. This was felt to be an anomaly in that if you say every young person has a right to receive sex education, but that every parent has a right to withdraw them, then whose rights take precedence? A few teachers identified a conflict between the facility for withdrawal and the Children Act (GB., 1989). The general view was that young people should have access to information and could then decide what they wanted to do on the basis of what they knew. As one teacher explained: 'It is not anybody's job to refuse them that'.

Separating emotions from 'facts'

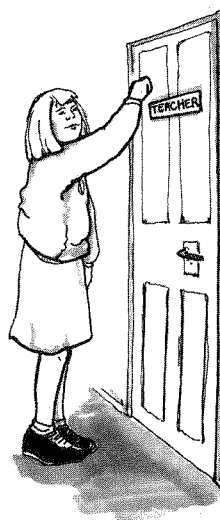
The second major theme to emerge was the inadvisability of separating the emotional aspects of sex education from the science input. Teachers were concerned about this because it created an artificial divide that could be counter-productive. One teacher expressed frustration in that there was a commitment to reducing teenage pregnancies⁵ and yet school staff were being restricted in what they could deliver. She felt that covering basic information in biology, but not the emotional side was compartmentalising in an unhelpful way – a form of delivery that was reminiscent of the sex education she had in the 1950s and was therefore 'retrograde'. She felt that even the most basic factual information needed to be set in the context of relationships.

The practicalities of delivering courses in this way were questioned. One teacher worried about fragmentation and queried whether you were supposed to ask someone to wait until PSE if they brought up an 'emotions' question in biology! As well as the implications for students, there were concerns about how to construct a coherent course when there was this divide. As another teacher explained, to

⁵ One goal of the Government's *The Health of the Nation* document (GB. Parliament. House of Commons, 1991) is to reduce the number of such pregnancies.

talk about reproduction fully you **had** to talk about contraception. She felt it was inappropriate to stop the science teaching that had been established, thereby losing that expertise. Her comment that teachers 'feel the burden; if someone gets pregnant you feel you have let them down', illustrated the background to teachers' concerns about delivery. They had professional responsibility for these young people and took a broad view of that role and its implications.

Dealing with young people's concerns



'You can't turn them [young people] away.'

The third strand concerned teachers' confusion about 'advice' and 'information' and their flexibility in speaking with young people. There were a range of views on what they could or would be doing on this. Where teachers felt that they had to tell young people not to talk to them about certain matters, but to go elsewhere, this was felt to be unsatisfactory. While some teachers made the point that they were not counsellors and **should** be referring on in this way, others felt that nothing was replacing what they used to do (prior to Circular 5/94) and that young people were therefore **more** at risk. Again, staff were anxious about failing young people in this respect. There were situations where they felt students would not seek help if they knew it would not be confidential and the legislation was said by one teacher to 'imagine an ideal situation where pupils can confide in and talk to their parents. In fact that ideal is very rare and we don't want to be the ones tested in law for challenging it.'

5. YOUNG PEOPLE'S VIEWS ON SEX EDUCATION IN SCHOOLS

What was covered in sex education in school?

Young people in all the discussion groups could recall **some** sex education, although the amounts seemed to vary considerably. In all but one school, they were adamant that not enough time had been allocated to this part of the curriculum. Here, it was said they had covered 'the basics' and had revisited topics, as appropriate. In general, the topics said by students to have been covered were sexually transmitted diseases, contraception, menstruation and HIV/AIDS. Pupils in all groups were convinced that schools were the appropriate forum for these discussions and were happy for timetabled slots to be allocated to this subject area. Even in the school where there was said to be sufficient sex education, it was acknowledged that HIV/AIDS need very careful continuing consideration.

What was missing?

What was said to be lacking were discussions of relationships and feelings and a real debate about controversial issues, such as abortion. Students felt that tutor groups of more than 20 did not lend themselves to fruitful discussion. After the extensive publicity on HIV/AIDS and the need for safe sex, reference was made to the value of talking about living with the virus rather than just how not to catch it. It was strikingly obvious how little sex education some of these young people received as they approached the end of their statutory schooling, and how eager most of them were to be well-informed.

Where would young people go for advice?

Seeking advice on sexual matters or about a perceived problem was problematic. On the whole parents would not have been consulted and while there may have been a few teachers in any school who would have been trusted, the issue of confidentiality loomed large. These young people were very concerned that, even if they went to a trusted member of staff, their 'confessions' might affect the way they were seen in school and might become more widely known. They spoke of their school persona as something that needed to be upheld and they did not want to be judged negatively by anything they may have

revealed. A youth worker in a club attached to one school was highly commended. She was described as accessible, discreet, well-informed and caring. Counselling or support on school sites was problematic, again because of confidentiality in that peers would know which students were receiving support and would draw their own (sometimes exaggerated) conclusions.

How had staff delivered the sex education?

It was consistently emphasised how important it was that the staff delivering sex education were comfortable with this work, and the young people stressed how much that varied among the staff they had had contact with. They were aware of some tutors' discomfort and felt that leaving sex education to individual members of staff, in a loosely structured way, was too hit and miss. This was strikingly obvious in the school where the discussion group comprised young people from all the tutor groups in Year 11, as they were able to compare notes during the session and became aware how much variation there was in delivery. In all but one school, particular individuals were referred to who could be trusted and whose delivery was confident and lively. The teacher who said that in the sex education sessions he stopped being the teacher and acted as a friend communicated the point well and the young people involved found this approach very helpful. Several staff were spoken of very warmly and with real appreciation of their strengths in this area and of their accessibility.

Were outside speakers useful?

The response to the outside presenters was generally good and these young people would have liked more. The only bone of contention was the sessions on sanitary products, run by a commercial company, where boys were occupied elsewhere. Knowing that outsiders were not embarrassed about the issues and were very experienced in this type of delivery was valued. The fact that you would not see them again was said to make asking questions easier. They did not see you in another role and hence would not make judgements about you. Having teachers present, even trusted ones, was said to limit the discussion and question time. Outside speakers needed to be good, and there was some merriment about the school nurse who had asked them to draw contraceptives!

What approach was taken by staff?

It was said by students across schools that no dogmatic moral line was taken on the sex education work and that a balanced approach was taken, with the exception of some areas of the curriculum where a value base was categorically stated. Even if a video seemed to take a firm stand, the discussions afterwards were said to be more open. Having said this, it is important to recognise that the more controversial topics and the more complex ones, such as relationships, were not widely covered.

Should parents be able to withdraw young people from sex education?

The most uniform, and vociferous, response to the topics for discussion was reserved for a question about whether parents should be able to request the withdrawal of their children from sex education in schools. The answer was a resounding 'No'. It was explained that young people have a right to this information and would be severely disadvantaged by only hearing it second-hand. The point was made that sexual issues were evident everywhere in modern-day Britain and those who were not informed would be confused. They would not be unaware of sex because they missed the lessons! To pick up bits of information from peers after the classes was seen as dangerous. It was said that the sort of parents who would withdraw children would be the sort who would not talk about it at home so the children would be particularly vulnerable.

Should sessions be mixed or single-sex?

It was clear that both young men and young women felt that all topics should be covered with both sexes. Young men wanted to know about menstruation, for example. On the whole they all wanted mixed classes because they would allow for a more balanced discussion and would ensure comprehensive coverage of issues that of themselves were 'single-sex'. The only note of dissent here was that there may be merit in girls discussing some of the more intimate details of menstruation (which they would be experiencing already) only with girls, prior to a mixed discussion. Boys in the single-sex school suggested teaming up with the nearby girls' school for the sex education input, as they felt that the balance would enrich their understanding. At the moment, the talk was inevitably one-sided.

Where do young people gain their information about sexual matters from?

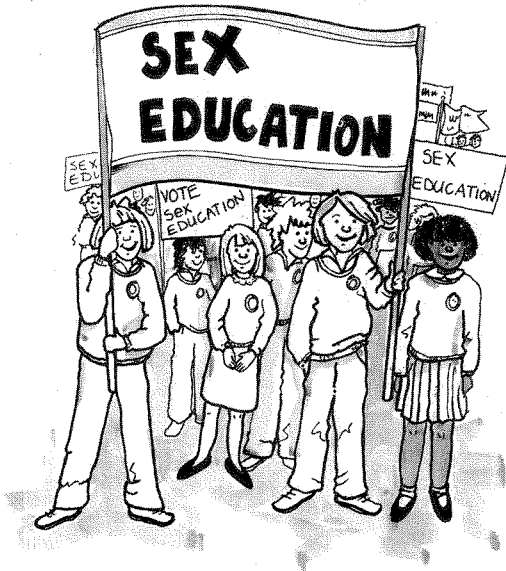


Information, other than that gleaned at school, was amassed from siblings (particularly older ones of the same sex), friends and magazines. The problem pages of the latter were said to be particularly valuable in that they addressed concerns that were common to teenagers. Some young men openly admitted reading and digesting their sisters' copies. The lack of a similar written source for young men was noted. With few exceptions (generally a reference to one parent of the same sex), these young people did not see their parents as a source of information and discussion about sexual matters. Embarrassment on both sides, particularly the parents', was said to inhibit such exchanges.

Does information encourage sexual activity?

Again, there was a resounding 'No' to the question about whether being given information was likely to make young people more sexually active. It was said that if people were going to engage in these activities they would do so anyway and it was better for them to know about the risks and their responsibility to protect themselves and others. It was not felt that young people would experiment because they had been made aware of certain facts in school – indeed the point was made that the opposite was true, if the mystique of sex was removed by frank, well-informed lessons.

Points for discussion and further research highlighted by these preliminary meetings with young people



Young people felt that:

- It was appropriate for sex education to take place in school.
 - Not enough time was allocated to these matters and they wanted more discussion of relationships and controversial issues.
 - Only certain teachers, those who felt comfortable with the area, should teach sex education.
 - There should be a standardisation of delivery, with set material being covered in each year.
-
- They needed to be well-informed so that they could keep themselves and others safe – such information, they felt, would not increase levels of sexual activity and experimentation and may, in fact, decrease them. (There was much reliance on friends, magazines and older siblings for information and advice.)
 - All were entitled to sex education and felt strongly that parents should not have a right to withdraw them from this vital part of the curriculum.
- Outside speakers were helpful and the fact they did not know you in school was seen as a bonus.
- Both sexes wanted to know about matters relating to young men and women and to discuss them in mixed groups, in a balanced way, although there was felt to be some scope for separate sessions on more intimate matters for girls.
 - They were anxious that the image they presented in school was not tarnished by any intimate conversations they might have with staff. Even staff picked out for their sensitivity were still part of the school and that information could be fed into the system and influence other people's perceptions. On-site counselling and support suffered from the same reservations. The accessible but detached youth worker was presented as the ideal.
 - Outside speakers working alongside teachers may have a valuable training effect, but the limitation the teachers' presence imposes should be recognised.

6. SUMMARY OF RESEARCH FINDINGS

- ◆ Sex education was taught in most schools to the year groups they had, with rather more emphasis being placed on work in Year 10 and rather less in Years 12 and 13.
- ◆ In two-thirds of schools PSHE (or PSE) was a specific curriculum area.
- ◆ Nearly half of the schools were judged to be developing their sex education provision steadily, one-quarter had well-established provision and slightly more needed to develop their provision as a priority.
- ◆ In just over one-third of schools sex education was taught by specialist staff; in the same proportion by tutors; in a few by a mixture of both; and in the rest by all staff, as appropriate.
- ◆ It was said to be vital for those teaching sex education to feel comfortable with the work and it was professional **confidence** rather than **competence** that was at issue.
- ◆ Half of the schools had outside speakers contributing to their programme.
- ◆ Very high standards were expected of outside speakers, whether they were taking up valuable staff time or discussing complex issues with the students. They had to be well-informed, focused and responsive to the needs of their audience.
- ◆ Young people welcomed outside speakers if they were well-informed and provided interesting sessions. They did not necessarily feel inhibited when discussing these issues with 'outsiders'.
- ◆ Staff were clear about the need for a unified approach that was based on an audit of what was provided, and that minimised repetition and inconsistencies for students.
- ◆ The strengths of the sex education provision were said to be the quality of staff delivering the course and the strength of the relationship they had with the young people concerned. (Conversely, where the situation was not so favourable the main gaps that emerged were staff morale and confidence.)

- ◆ The need for sex education to be given a status in the curriculum that acknowledged its value was emphasised by those interviewed.
- ◆ Staff development in sex education was not a priority in many schools, although it was acknowledged that **all** staff could benefit from some input and that those delivering it needed information and support.
- ◆ Many staff were unclear about their role and responsibilities, and anxious about becoming involved in difficult situations.
- ◆ There was very little mention of feedback from young people about the sex education they had received, although some schools asked them to record their satisfaction with what was provided, and a few students had made suggestions for change.
- ◆ Same-sex relationships were covered in slightly more than one-third of schools and they were not covered in the same proportion. For the remainder, they were discussed only in response to students' questions.
- ◆ While there were uncertainties about giving information about sexual health services, it was provided, to some degree, in almost two-thirds of schools. The students gained their information about sexual matters from a variety of sources and were adamant that being provided with information was not likely to encourage sexual activity.
- ◆ Very little account was taken of young people's ethnic backgrounds when developing sex education programmes.
- ◆ The statements in the school handbooks about sex education were usually informative but brief.
- ◆ There were concerns that many more young people could be withdrawn from sex education if parents dwelt at length on what was taught. Having said this, schools were keen to explain their practice to any parents who expressed unease and hoped to be able to dispel any anxieties.
- ◆ Some young people received very little sex education in schools and while it is (as discussed) very difficult to quantify precisely what was covered (both in the allotted time and in other subjects), there were clearly schools with minimal provision. Three half-hour sessions in each of Years 8 to 11, for example, did not allow for a comprehensive coverage.

- ◆ Two-thirds of schools were in the process of developing a policy on sex education.
- ◆ A relatively broad group of school staff (and governors) were involved in policy development.
- ◆ On the whole, provision in special schools was more fluid, in that rather than having set topics for certain age groups, staff were aware of what they wanted to cover and adapted that to their pupils' needs.
- ◆ There was relatively little communication about sex education with parents in many schools and (with the exception of parent governors) very little involvement in policy formation.
- ◆ Students were only withdrawn from sex education lessons in a handful of schools, although there were concerns that this could increase. Teachers were adamant that their aim was full attendance. The students said a resounding 'No' when asked whether parents should be able to withdraw their children from sex education in schools.
- ◆ Teachers were concerned about the division Circular 5/94 introduced between the 'factual' and 'emotional' aspects of sex education. They felt that this was an artificial split that created difficulties in course delivery.
- ◆ Teachers were unclear about the boundaries in terms of giving 'advice' and were anxious to meet young people's needs as required.
- ◆ The small number of young people interviewed felt school was an appropriate source of information about sexual matters, but stressed the need for teachers who felt comfortable with delivering this material. They wanted more discussion of emotions and of controversial topics.
- ◆ Young people were apprehensive about discussing sexual matters with members of school staff because this might affect the way they were viewed in school. Access to a youth worker in a club attached to the school was highly rated because she was seen as detached.
- ◆ Single-sex sessions were being considered, or practised, in some schools and young people felt that while both sexes should cover all topics, single-sex discussions may sometimes be helpful.

7. PUTTING THE FINDINGS INTO PRACTICE

Deborah Mbofana, Janet Fee, Chrissie Roche, Cyndy Townsend

This research will form the basis of support that the many agencies in Berkshire with a remit for sex education can offer. The findings will be disseminated by a study day for those involved in sex education in schools, repeated three times across the County, in autumn 1995. These days will be used to disseminate the findings, discuss the implications for school practice and provide information about the agencies who can support schools in their role as sex educators. Some of the key points that we feel arise from the research, and their implications for practice, are outlined below, followed by details of some professionals working in the field of sex education. All those listed welcome contact with individuals developing sexual health policies and practice.

Clearer guidance Sex education policies need to contain guidance on some of the complex issues that teachers may have to confront. This is of more value than statements of intent.

Demands on teachers are considerable. Many of them thought carefully before one-to-one discussion with young people, aiming to keep it as broad as possible and, if students asked questions, they answered carefully, without being too personal. School policy documents on sex education are there to provide a framework for staff to work in, an outline for other interested parties to understand what the schools are undertaking. **There is therefore a need to extend some of the current documents.**

This highlights a need for support agencies to develop an outline for policies (as in Circular 5/94) that schools could then individualise.

Ensuring that staff have access to policy documents may need to be addressed if a whole-school consistency is sought. A clear statement of procedures to follow and the thinking behind the policy would be of value where staff feel they lack professional **confidence**.

The legislation has created considerable unease regarding: the discussion of same-sex relationships; providing young people with information about sexual health services; what constituted advice. This highlights a need for further guidance and information to be made available.

Further development work is needed

For a minority of schools, where there appeared to be limited awareness of the issues raised by Circular 5/94 and no plans to amend policy or provision accordingly, action needs to be taken.

There is a clear demand to keep up to date with new information and developments, with most concern on this point being expressed about HIV/AIDS. Schools and outside support agencies need to set up forums to enable this to occur.

Parent participation

The language in which information is provided for parents may limit their understanding and participation. References to 'integrated programmes', 'spiral curriculum models', 'self-concept' and 'revisiting themes' will inhibit the extent to which some parents will form a clear impression of what schools are seeking to achieve.

There is clearly a need to develop appropriate systems for communicating to parents about the sex education provision in schools, and several teachers expressed interest in holding meetings for them. With support from outside agencies this can be taken much further.

Parent withdrawal

Both school staff and young people were unanimous in their belief that parents should not be able to withdraw their children from sex education. This highlights a key issue for policy-makers to consider. How can the strategy for sex education and its developments be organised so that parents will feel comfortable and confident with what is happening?

Advice

The issues of advice and confidentiality need to be carefully considered. School staff expressed their feelings of responsibility for the young people they taught and were concerned that they might not be able to respond appropriately, in certain difficult circumstances, when there were limits on 'advice' and confidentiality.

Resourcing

The development of standard packages for the delivery of sex education needs to be considered. Despite differences between schools in how they would want to deliver sex education and the precise content, there is core information that could be packaged in such a way that staff would find it helpful.

There is potential in incorporating outside speakers into the sex education programme, although very high standards are required of them by both staff and students.

The key agencies⁶ plan to work together on a number of initiatives and general support for schools. We are all working towards the one goal of ensuring schools provide a planned programme of sex education that

- teachers feel confident about
- is relevant to young people
- is endorsed by parents and governors.

Sexual Health Service

The Garden Clinic for Sexual Health
Upton Hospital
Slough SL1 2BT 01753 635302
(Chrissie Roche, Joe Gladwin)

Centre for Nutrition And Health Promotion

83 Frances Road
Windsor SL4 3AW 01753 636730
(Deborah Mbofana)

West Berkshire Health Promotion & Education Centre

Prospect Park Hospital
Honey End Lane
Reading RG3 4EJ 01734 586161
(Janet Fee, Pat Knight)

Berkshire Local Education Authority

Easthampstead Park Education Centre
Wokingham
Berkshire RG1 3DF 01734 780686
(Norma Bird, Adrian King)

Berkshire Youth & Community Service

Shire Hall
Shinfield Park
Reading RG2 9XE 01734 233565
(Cyndy Townsend)

Florey Unit

G.U. Clinic
Royal Berkshire Hospital
London Road
Reading RG1 5AN 01734 877202

⁶ Berkshire Community Health NHS Trust
West Berkshire Priority Care Services NHS Trust
Berkshire Youth and Community Service
Berkshire Local Education Authority

REFERENCES

GREAT BRITAIN STATUES (1989). *The Children Act 1989 Chapter 41*. London: HMSO.

GREAT BRITAIN. PARLIAMENT. HOUSE OF COMMONS (1991). *The Health of the Nation – a Consultative Document for Health in England*. London: HMSO.

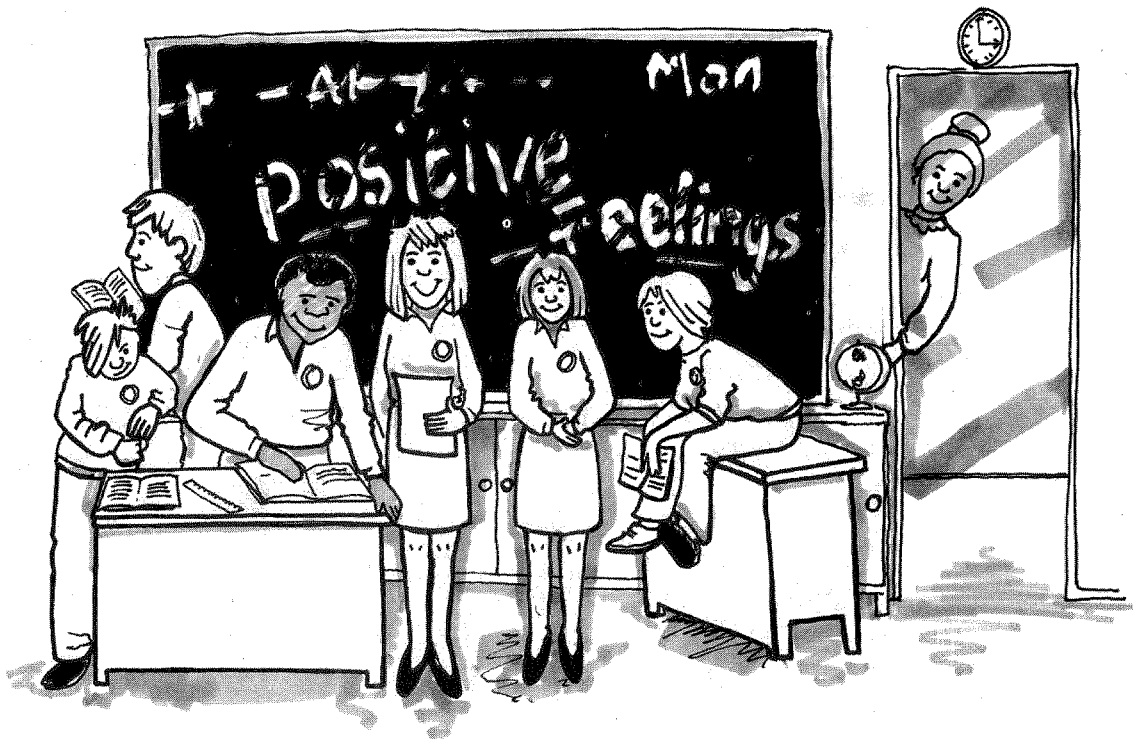
GREAT BRITAIN. DEPARTMENT FOR EDUCATION (1994). *Education Act 1993: Sex Education in Schools. Circular 5/94*. London: Department for Education.

HARRISON, J. (1991). 'Sex education policy statements – some issues for science teachers', *Education in Science*, November, 145, 6-7.

MASSEY, D. E. (1993). 'Challenging the schools', *Health Education Journal*, 52/3, Autumn, 184-5.

REISS, M. (1993). 'What are the aims of school sex education?', *Cambridge Journal of Education*, 23, 2, 125-36.

WENT, D. (1985). *Sex Education: Some Guidance for Teachers*. London: Bell and Hyman.



APPENDIX A

Quantified data presented in the text of the report

Overview of sex education provision

	Number of schools
Steadily developing	30
Well-established practice	16
Development needed as a priority	19
Total	65

Delivery of sex education

	Number of schools
Specialist staff	23
Tutors	23
Mixture of both	7
All staff	12
Total	65

Coverage of same sex-relationships

	Number of schools
Yes	24
No	23
If students raise	17
Uncertain	1
Total	65

Withdrawal from sex education

	Number of schools
No withdrawal	55
Withdrawal	6
Concerns about increase	4
Total	65

Mixed or single-sex classes

	Number of schools
Mixed	41
Some single-sex	9
Are considering single-sex	5
Not applicable	10
Total	65

Information about sexual health services

	Number of schools
Provided	21
Not provided	15
If students ask	9
Leaflets	18
Uncertain	2
Total	65

Policy developments

	Number of schools
Developing policy	43
Not recent revision	10
Completed revision	12
Total	65

APPENDIX B

One Berkshire secondary school's sex education policy

This policy has been included because it identifies the school's aims and approach and also outlines some of the circumstances that may arise and how staff should respond. It explains some of the legislative context and also details what the school will be covering. The policy is considered a useful starting point that other schools could draw upon as they develop their own statement and guidelines.

1. Introduction This policy is a full revision of the policy agreed in June 1992, and incorporates the following changes:

- (a) experience gained within the school since that date
- (b) revision of the content of the National Curriculum
- (c) revision of the curricular arrangements within the school
- (d) guidance provided by DFE Circular 5/94.

The revision was prepared by a working party of staff from the PSE and Science Departments, chaired by the Director of Studies. A nominated member of the Governing Body played a full part in the discussions, and presented it to the Governors' Meeting, at which it was approved.

It will be reviewed regularly as part of the ongoing curriculum review process within the school, and through the processes of the Governors' Curriculum Committee.

2. Aims and objectives The School's aims and objectives include:

2. To enable pupils to extend their range of knowledge, their capacity to learn and their self-awareness, in order that they can take their place in society as informed, independent, resourceful and responsible people throughout their lives.
3. To encourage pupils to consider the needs, opinions and rights of others.

4. To stimulate a growing awareness of moral values, so that pupils are able to accept full responsibility for their actions.
5. To offer equal opportunities for boys and girls, and to oppose all forms of racism, sexism and other harmful prejudices.
6. To provide pupils with the opportunity and support that enable them to fulfil their potential ... to provide pupils with the guidance and advice necessary to enable them to make informed, realistic and responsible decisions when they come to leave school.

It is the policy of the school that all pupils should be given sex education in which the facts are presented in an objective, balanced and sensitive manner, set within a clear framework of values, and an awareness of the law on sexual behaviour.

Pupils will be encouraged to appreciate the value of a stable family life, marriage and the responsibilities of parenthood; they will be helped to consider the importance of self-restraint, dignity, respect for themselves and others, acceptance of responsibility, sensitivity towards the needs and views of others, loyalty and fidelity; they will be enabled to recognise the physical, emotional, and moral implications, and risks, of certain types of sexual behaviour, and to accept that both sexes must behave sensibly on sexual matters.

3. Content headings

Year	Taught within science lessons as part of National Curriculum	Taught within science lessons Not part of National Curriculum	Taught within PSE lessons Not part of National Curriculum
7 (end of summer term)	Introduction to puberty Talk about changes during puberty Simple structure: male, female reproductive systems; menstrual cycle; fertilisation Birth and child development		
8			Bodily and emotional changes; aims to raise issue of bodily and especially emotional changes at puberty Boy-girl relationships; to raise issues involved in boy-girl relationships, without putting pressure on those who are not yet going out Risky behaviours; mentions briefly the dangers of casual sexual encounters No details of diseases
9 (end of summer term)	Revise: Puberty Structure of male, female reproductive systems Then: Sperm and egg production Fertilisation Genetics Birth of a baby Drugs and solvent abuse Smoking Alcohol	Contraception – all methods Sexually transmitted diseases inc. AIDS	Sexually transmitted diseases inc. AIDS Emotions and emotional changes; discuss feelings to do with puberty Boy-girl relationships; considers the factors involved in choosing a friend of the opposite sex
10 (end of autumn term)	When covering work on white blood cells, it is mentioned that white blood cells produce antibodies which destroy particular bacteria or viruses.		Boy-girl relationships; to understand the various needs in a relationship, the differing expectations Pregnancy and the needs of young babies; raises awareness of the needs of a developing child and the responsibilities of parenthood Sexual responsibility; Nurse will talk about contraceptive methods and their responsible use Sexually transmitted diseases; social aspect of STD, and the responsible behaviour which prevents their spread
11 (end of spring term)	Revise Year 9 work Then more detail on growth and development of an embryo		AIDS/HIV; to discuss the main channels of infection Child care and parenting: looks at the physical and psychological needs of young children and the demands on those who care for them

4. Organisation and Delivery

- (a) The Sex Education Programme is coordinated by the Director of Studies, working with the Curriculum Coordinator, the Head of Science, and the Head of PSE.
- (b) The content listed above under **science** will be taught by members of the Science Department, as part of the schemes of work for their classes. The Head of Science is responsible for ensuring that all members of the Department are properly supported in establishing appropriate methodology and the handling of controversial topics.
- (c) The content listed under **PSE** will be taught by tutors as part of the PSE programme to the appropriate year. The Head of PSE, together with the Heads of Upper and Lower School, are responsible for the proper in-service training of tutors, and the provision of support in dealing with controversial topics.
- (d) All science classes and tutor groups are mixed.
- (e) In Year 8 as part of their work in physical education, girls are given a talk by an outside speaker revising basic information on the menstrual cycle, and offering practical advice.
- (f) The programmes in both science and PSE are regularly reviewed as part of the school's routine curriculum monitoring processes.
- (g) Resources used will be as provided by and agreed with the Heads of the appropriate Departments, who will be responsible for ensuring that they conform to the school's policy.
- (h) The programmes will be so arranged as to enable parents to exercise their right to withdraw their children without prejudice to either their science National Curriculum entitlement, or other aspects of the PSE programme.

5. Withdrawing of pupils

Parents will be informed in the school's Prospectus of their right under Section 241 of the Education Act 1993 to withdraw their children from any or all parts of the Sex Education Programme, other than those elements required by the National Curriculum in science.

Each year, before any relevant topics are to be covered, a letter will be sent to parents informing them of the areas to be covered, and indicating, where appropriate, their right to withdraw their children.

The letter will also provide the name of a senior member of staff to whom enquiries for more information can be made. Pupils thus withdrawn will be provided with alternative useful work, to be done elsewhere in school. More generally senior staff are very happy to respond to individual or group requests (e.g. from the PTA) to provide more detailed information on content or delivery of the programme.

6. Specific issues

(a) Other lessons

It is inevitable that the teaching of apparently unrelated topics will sometimes lead to a discussion of aspects of sexual behaviour. It is expected that such discussions will be relatively limited and set within the context of the other subject.

All staff will be made aware of the school's policy on sex education, and guidance will be available from Heads of Department.

(b) Advice to pupils

The pastoral role of all staff is such that from time to time a pupil may approach an individual teacher for advice in some aspect of sexual behaviour.

In such circumstances:

- (i) The teacher should encourage the pupil to seek advice from his/her parents or, if appropriate, a qualified health service professional.
- (ii) Where there is a possibility that the pupil may be contemplating (or has embarked on) a course of conduct likely to place him/her at moral, or physical risk, or in breach of the law, the teacher has a responsibility to both ensure that the pupil is aware of this, and to inform the Headteacher.

In such circumstances the Headteacher will arrange for the parents to be informed (ideally by the pupil) if the child is under age and for counselling where appropriate.

(c) Child sexual abuse

Any teacher having any reason to believe that a pupil is, or may have been, sexually abused or is at risk of sexual abuse, is required to immediately inform the Headteacher who will then implement the Authority's Child Protection Procedures.

(d) Involvement of non-teaching staff

Some aspects of the programme may well benefit from the involvement of the School Nurse, or other health professionals.

Such involvement will be arranged by the appropriate Head of Department who will ensure that the visitors are aware of the school policy.

In other cases the School Welfare Assistants, or other non-Health Service professionals may be involved. In such cases the Head of Department will discuss this with the Director of Studies. The teacher will stay in the classroom, and remains responsible for the lesson.

The invaluable pastoral work done by the School's Welfare Assistants means that sections (b) and (c) of the section apply in all respects to them.

7. Dissemination of this policy

- (a) This policy statement (Sections 1 to 8 inclusive) has been provided **in full** to all science staff, and all tutors, as part of the schemes of work in these subjects.
- (b) In addition, Sections 2 and 6, appear as part of the staff handbook, available to all staff, including appropriate non-teaching staff.
- (c) The core policy statement in Section 2 appears in the school prospectus.
- (d) Parents are advised, in addition, that they may have a copy of the full policy statement (Sections 1 to 8).
- (e) More detailed schemes of work of relevant sections of the science and PSE programmes have been seen by the governor representative, and can be made available, on request, to any governor or parent who requests it.

8. Summary of the law on sexual behaviour

The following is a summary of the main sexual offences in England.

Unlawful sexual intercourse

It is an offence for a man to have sexual intercourse with a girl under the age of 16. The consent of the girl is immaterial.

Incest

It is an offence for a man to have sexual intercourse with a woman whom he knows to be his granddaughter, daughter, sister or mother. It is an offence for a woman of the age of 16 or over to permit a man whom she knows to be her grandfather, father, brother or son to have sexual intercourse with her by consent.

Rape

It is an offence for a man to rape a woman. A man commits rape if (i) he has unlawful sexual intercourse with a woman who at the time of the intercourse does not consent to it and (ii) at the time he knows that she does not consent to the intercourse or he is reckless as to whether she consents.

Indecent assault

A child under the age of 16 cannot in law give any consent which would prevent an act from being an indecent assault. Both boys and girls over 16 can give consent but, in the case of a girl, that consent can be vitiated in certain circumstances (i.e. when there is fraud as to the nature of the act). An assault need not be physical but may consist merely of conduct which causes the victim to apprehend immediate personal violence. The assault must be capable of being considered by right-minded persons as indecent.

Other indecent conduct

It is an offence if a person commits an act of gross indecency with or towards a child under the age of 14. This encompasses conduct of an indecent nature which falls short of assault.

It is an offence to commit buggery with a human being or an animal. This does not apply where two men over the age of 21 consensually commit buggery in private. The age of 21 will be reduced to 18 if and when the Criminal Justice Bill, currently before Parliament, is enacted.

Gross indecency between men is an offence unless the act is committed in private and both parties consent and have attained the age of 21 years. The age limit will change to 18 when the Criminal Justice Bill is enacted.

Legal capacity

Until recently there was an irrefutable presumption in law that a boy under the age of 14 is incapable of sexual intercourse. This presumption has now been abolished by Section 1 of the Sexual Offences Act 1993 and a boy under the age of 14 can therefore be convicted of rape, buggery or any offence involving sexual intercourse. Until recently it was necessary to prove in the case of a child aged between 10 and 14 that he knew that what he was doing was wrong. The Court of Appeal (Criminal Division) has recently held that this rule is no longer to be applied.

APPENDIX C

Positive practice in sex education

(some examples provided by the Sex Education Forum⁷)

The information collected from Berkshire secondary schools highlighted how the development of sex education policies and practices is progressing in the County. There is clearly much to be commended, although some staff felt that there was scope for enhancing this part of the curriculum. The Sex Education Forum has been collating examples of well-regarded practice, across the country, and some of these, as well as some guidelines, are included here to illustrate how some schools are tackling the complex and demanding task of delivering a coherent sex education programme. The paragraphs labelled A-L are examples of positive practice and M-P are guidelines prepared by Dilys Went, for the Sex Education Forum, of particular relevance to the issues raised by the work in Berkshire secondary schools.

A. Primary and special school policies, data collection

The Health Education Adviser assists in the process of:

Whole-school in-service training for teachers, non-teaching staff and governors, in discussing issues such as the nature of sex education, the content and organisation, and appropriate teaching methods.

From this, a self-selected working group of staff, governors and parents write a draft policy.

A parents' consultation evening and workshop on sex education is arranged, including the viewing of teaching materials. This leads to amendments to the draft policy.

A whole-school consultation on the draft policy is organised.

The draft policy is amended and agreed by the governors.

An AGM agenda item ensures an ongoing review process for updating the policy.

A questionnaire has been circulated to all schools asking about the development of their sex education policy, how it is to be reviewed (particularly *re* parental involvement and concerns) and how it is to be implemented.

⁷ The Sex Education Forum are to publish a document on good practice in sex education and have supplied the examples presented here. They can be contacted at the National Children's Bureau, 8 Wakley Street, London EC1V 7QE. Telephone: 0171 843 6000

B. A sexual health team

In this area a Sexual Health Team has been established offering schools visits, advice, information and help for drugs and sex education. The team is coordinated by the Senior Health Education Adviser, from the Health Promotion Unit, and includes professionals from the LEAs, Family Planning Clinics, Genito-Urinary Clinics, School Nursing Service and key voluntary organisations. The team offers a package of help, including curriculum planning and policy development, and suggestions on how to negotiate a programme that is acceptable to parents.

The team can offer whole-day INSET courses for teaching and support staff, or Twilight INSET/staff meetings which can be used to follow up areas of interest from the whole-day session, or can be specifically used for writing a school policy for sex education. They can help with governor training, raising awareness of the governors' role in formulating and reviewing the sex education policy, or take part in parents' evenings, helping parents to express their views on the content of sex education policies and programmes.

C. Inner city county primary school

Responding to the needs of early developing girls, and after an initial meeting with parents, school governors, parents and the school nurse discussed what might constitute an appropriate sex education programme for the school.

The head teacher, class teacher and school nurse worked closely on the first steps of the programme for Year 5, which included body changes, physical development, menstruation and personal hygiene. A joint meeting of Year 5 girls and their mothers, led by the teacher and school nurse, gave rise to a lively session with much discussion on the nature and significance of pubertal changes. This was much appreciated by the families concerned.

A working party for writing an overall school policy was then set up, comprising the head teacher, governors, parent governor, and teaching staff.

The head teacher and a school governor attended a sex education course and reported back to the working party, which subsequently approved the aims of the proposed programme.

The school is being helped by the Health Education Officer.

The Curriculum Planning Team is exploring the possibility of integrating the sex education theme within a cross-curricular health strand, and with consideration of the PSE development plan for the school.

**D. Comprehensive school,
11- 16- year olds**

Sex education policy statement in the school brochure

Sex education is considered to be an important part of the school curriculum and covers the biological facts of reproduction but also emphasises the skills, attitudes and insights that young people need in order to form loving, caring and sage relationships. Knowledge is presented in the context of ethical and family issues to which it is related in order to avoid both exaggerated interest and unwarranted ignorance. It is also explored with reference to the age, social and emotional development and maturation of each pupil.

The biological aspect is delivered through the National Curriculum science programme and this is set in a social and ethical context through the personal and social education and religious education courses. In these courses sex education is not isolated but taught as an element of integrated programmes covering relationships, health, preparation for life, social and moral issues. Teaching for this is in tutor groups of approximately 20 pupils and is carried out by experienced staff. On occasion outside speakers, including the school nurse, may be used to complement particular lessons but this would normally be in addition to the presence of the regular teacher. The spiral curriculum model is used, based on the ages and stages of development of the pupils.

Course strands include:

1. exploration of feelings about love, sexuality and responsibility towards self and others;
2. legal, cultural and moral dimensions, including the value of stable relationships and family life;
3. the biological facts;
4. the development of the skills of decision-making, assertiveness and communication;
5. influences on attitude and behaviour changes in young people, particularly those which affect self-concept and self-esteem.

These themes are regularly revisited during the five years' education, which involves issues of dilemma and controversy such as family planning and contraception, abortion and sexually transmitted diseases (including HIV and AIDS). Each of these is considered with sensitivity and with the intention to inform and present a balanced view.

The school welcomes any opportunity to discuss with parents the sex education policy, and teaching and curriculum materials used by classes in this work are widely available for inspection by parents on request and with due notice.

Whilst experience has shown that the majority of parents are appreciative and value the work undertaken with their sons/daughters in this area of the curriculum, the right of a parent to withdraw their child from an element or elements of sex education work which is not a designated part of the National Curriculum will be respected by the governors. In such instances a parent is asked to write to the head teacher giving their reasons for such a request. In these particular cases it is always important that parents weigh the isolating effect of such an exclusion against their particular concerns or beliefs in relation to curriculum content or method. Teachers involved in teaching the programmes will always be willing to explain current practice and to discuss any concerns which parents may have.

E. Primary schools

One primary school invites all parents of pupils at key stage 1 or key stage 2 to a general health education evening when the parents can see their children's work in health education, including the sex education component. This puts the subject in a broad context, and enables parents to see the progression from topics such as 'All about babies' and 'How we care for young things', to 'Families growing up'. The resources used can be viewed by parents, and questions asked informally. The school nurse is involved, as parents often find it easier to talk to a health professional about any anxieties they may have concerning their child's development.

F. Secondary schools.

Parents and Young People Together

One approach here has been to invite parents to send in their questions on sex education/teenage issues in advance of a parents' evening. The 'Any Questions' panel has consisted of the school's Health Education Coordinator, the school nurse, the PSE Adviser, a local GP, together with the head teacher and a professional from the Family Planning Service.

Other schools have arranged joint meetings on sex education with parents and young people, enabling them to share concerns and discuss any perceived 'generation gap'. This helps parents to develop a realistic view of the activities and behaviour of their children's peer group.

G. Developing the role of parents as health educators

Being concerned at the 'high level of ignorance' about sexual matters identified in two surveys in their district, a Health Promotion Unit used their contacts with local agencies (such as Health Education AIDS Liaison, the HIV Unit, two Youth and Community Services, and through them, schools) to recruit parents of primary and secondary children on to courses designed to develop their health education skills in alcohol and sexual health.

Each course consisted of five sessions of about two hours, with up to 12 parents taking part. Details of the objectives and programmes for both primary and secondary parents are given in the project report. The facilitators found that parents very much wanted to be actively involved in the sex and drug education of their children, but in spite of their considerable knowledge, lacked the confidence and strategies to broach the subjects with their children. With even the transitory support of the project, parents reported being able to extend their conversations and initiatives with their children.

H. Research on confidentiality

A research team investigating the effective approaches to sex education, working in 15 schools with Year 9 pupils in mixed groups found it was very necessary to impose ground rules for discussion. These did not restrict laughing and joking and making people feel good by listening to them and accepting their views and questions with respect, but did explain that personal questions about sex were not appropriate or allowable. Although acknowledging the temptation by the participants to be anecdotal, they made it a rule *not* to discuss their own experiences, and actively discouraged pupils from mentioning their own, as they felt this would be a bad model, distracting, and would alarm other staff and pupils who would feel they too would be expected to discuss their personal history. Anecdotes were used by the team to enliven the discussion 'but these are always third person, bare-bones only cases which illustrate and make concrete particular situations and issues'.

I. Peer education

Year 11 girls are trained to help small groups of Year 7 girls, after teaching about puberty and menstruation in the Year 7 programme. They talk through the practicalities around periods and about how to organise and manage this within schools. They also act as 'buddies' to any Year 7 girls who feel uncertain or anxious about the situation.

J. Comprehensive school experience

During Year 10, 12 students received several hours' training from the Youth Action Team with regard to AIDS and HIV (under the supervision of a member of staff). Following the training, they delivered two one-hour sessions to two groups of approximately 20 students.

'This proved to be a successful venture. The students who had been trained had obviously understood the facts and had prepared their activities well. They delivered information confidently and effectively. The other students responded very well to this approach. They were interested and were willing to participate and ask questions. The interaction between the two groups of students was very successful and effective learning took place in a relaxed, interesting and informative manner.'

K. Co-educational multiracial community school, 11-18 years

Teacher support involves:

- Providing tutors with support staff to help plan and deliver the programme by
 1. inviting in experts for INSET workshops etc.
 2. involving school nurses or Health Education Officers in the delivery, in either a supporting or leading role, depending on the individual tutor's expertise, experience and/or confidence.
- Constant updating of core staff involved in the delivery of the programme, and in dissemination of information to other staff, by attendance at courses at the local teachers' centre etc.
- Teacher Days for lower school tutor teams who review the current programme and allay fears regarding sensitive issues.
- 'Cascading' from individuals attending courses to year group tutors and other year heads.
- Consultation between teams of tutors who meet to disseminate information and discuss the planning, content and delivery of the programme. The communication from experienced tutors who have already taken part in the PSE programme with those who have not provides an opportunity to pass on a 'chalk face' evaluation of what materials and methods it would be best to use, and gives reassurance and support.
- Sensitive issues are sometimes approached by the Equal Opportunities Group, who invite visitors to help them formulate

a policy and programme on such issues as the inclusion of all pupils, whatever their cultural background or sexual orientation.

At one meeting the group considered:

- new material – ‘Religion, Ethnicity and Sex Education’ – for discussing sexuality issues for a culturally diverse background
- legislation affecting teaching about sexual orientation (Clause 28 does not apply to schools; governors have the responsibility for deciding on/approving the programme)
- appropriate materials to use for such teaching
- the need for work on sexual orientation in the light of:
 - lesbian and gay students, parents, family members and staff
 - that they do not necessarily receive equality of opportunity
 - they are likely to suffer at best misunderstanding, at worst, harassment
 - that evidence suggests 50 per cent of gay and lesbian young people have identified their orientation by the age of 11 or 12, but spend a great deal of time in adolescence denying it and covering it up.

The group then discussed ways forward and a suitable action plan.

L. Building confidence: secondary girls' school

A Senior Medical Officer in Family Planning and a Senior Family Planning Nurse were invited to talk to ten lower sixth-form tutors who at that stage did not feel confident about initiating discussion or answering questions on sex education topics. The health professionals were able to reassure the teachers that expertise on medical matters was not the most important issue, rather it was how to work with young people to enable discussion and debate to take place in a way which would not reveal anyone's personal experiences. The health professionals were then invited to facilitate work with six groups of pupils, each with tutors present, using video as a trigger for discussion. Evaluation sheets were used with a sample of the girls and the results showed overwhelming support for the sessions. The staff gained in confidence and were helped to plan a term's programme which included personal responsibility, raising self-esteem, attitudes to being a female, family relationships, media stereotypes and HIV/AIDS, and finished with a forum of 'experts' including health professionals, who were able to 'field' particularly tricky questions which had arisen during the term.

M. Possible action plan for sex education policy development

- Set up a working party.
- Consider relevance to other whole-school policies, e.g. equal opportunities, school development plan, curriculum statement.
- Review existing practice in area of sex education, both formal and informal curriculum (sex education 'audit').
- Consult with teachers, parents, pupils and relevant local groups.
- Consider LEA guidelines on sex education.
- Consider other guidelines, such as
 - DFE Circular on *Sex Education in Schools*
 - *A Framework for School Sex Education* (Sex Education Forum)
 - *School Sex Education, Why What and How?* (FPA)
 - *NCC Curriculum Guidance 5, Health Education*
 - *NCC Curriculum Guidance 8, Citizenship*
 - *NCC Spiritual and Moral Development*. Discussion Paper, April 1993
 - national research on sexual behaviour and attitudes
 - DOH Guidance, *The Health of the Nation*
 - local research on adolescent sexual health.
- Clarify roles and responsibilities for sex education. Identify training needs

Adapted from *Developing and Reviewing a School Sex Education Policy: Pointers and Pitfalls*. Sex Education Forum.

N. Curriculum development

Why, What, When, Who and How?

Process summary

Appoint a Health Education/Sex Education Coordinator.

Form a Curriculum Development Group who:

- Link in with the school policy for sex education and DFE Circular 'Sex Education in Schools'. (In practice the development of the policy and curriculum often go hand in hand.)
- Decide how to assess children's present knowledge, understanding, views and attitudes – and hence *needs*.
- Refer to National Curriculum Council Guidance on Cross Curricular Themes, such as CG5 Health Education, CG8 Education for Citizenship, Spiritual and Moral Development discussion paper, Cross-Curricular Sex Education Project Pack, and Coordinator's Guide.

- Consider research reports on sexual health, and targets in the white paper *The Health of the Nation*.
- Seek comments and help from advisers, health professionals, project researchers, governors, parents, etc.
- Draw up a planning chart of aims, content, skills development, etc., for each year, and across all years.
- Decide curriculum slots (see Key issues 3).
- If necessary, undertake a curriculum audit to identify present practice (CG5 may be useful). (This is often already in existence as part of the School Development Plan.)
- Identify shortcomings and plan strategy to overcome them.
- Select/recruit staff to take part in the programme.
- Discuss effective teaching methods and approaches.
- Ascertain staff training needs. Arrange training.
- Review resources, identify needs, obtain, borrow, develop necessary items or people.
- Consider how the aims of the programme are to be evaluated.
- Explain the programme to all staff, governors, parents and pupils, and seek their active support.
- Amend as necessary.
- GO!
- Review programme regularly, evaluate, update, retrain, adapt, refresh. (Collapse?!)

O. Key issues 3

Curriculum Slots and Changing Legislation

From August 1994, the Education Act 1993 gives parents the right to withdraw their children from all or part of sex education *other than* that within the National Curriculum

When considering the overall programme, each school will therefore now have to take into account:

- Which part of the programme is *specifically* to be identified as 'sex education', rather than education about relationships, development of personal skill, family life education, social education, health education, tutor group work, etc.
- Which part of this 'sex education' will take place *within the National Curriculum*, for example in science, geography, English, etc. This part remains a *requirement* for all pupils at all levels.

- Which part of the 'sex education' is to be covered *outside* the National Curriculum.

In **primary schools**, school governors will continue to be able to decide what the content and organisation of this part of the curriculum will be.

In **secondary schools**, from August 1994 governors will be *required* to provide sex education, including education about HIV/AIDS and other STDs, for all pupils, but the latter will be removed from the science National Curriculum, so consideration must be given to another suitable curriculum slot or slots.

- How the specifically 'sex education' elements of the programme taught *outside* the National Curriculum are to be identified and explained or discussed with parents.
- What arrangements are to be made for parents to request that their children be withdrawn from some or all of these sessions.
- What arrangements are to be made for the children so withdrawn.

P. Confidentiality

There seems to be an increasing trend for radio, television and magazines to present items where individuals are encouraged to reveal their private lives, their joys and anguish, their despairs and triumphs in great detail. This may well be of help to those who are experiencing similar situations, and on the positive side there are now many more agencies, including health services, which can provide personal counselling and help, sometimes within a clinic environment. However, none of these approaches is at all appropriate in a classroom setting. It is therefore extremely important that all teaching is done in a way which protects the confidentiality of teachers, pupils and their families. All teachers and pupils should, for example, feel confident that they do not have to answer *any* personal questions, nor give *any* family details.

This can be achieved by

- (i) initially setting 'ground rules' for discussions, where this constraint is made very clear, and
- (ii) using a 'third person' approach, relating to fictional characters (though ones with which pupils can readily identify) in written scenarios, video or drama presentations and role play. Questions raised in this way should be put to pupils in the form 'If you were Mandy (or Peter), what would you feel, do, etc.', rather than the direct 'What would *you* feel, do, etc.', where the answer may reveal information about the pupil's personal situation which could subsequently be 'used' inappropriately by other pupils.

Pupils' individual feelings about particular issues can be elicited, but collected anonymously by the 'brainstorm' technique, or by collecting pooled answers from groups.

The whole issue of what is meant by confidentiality and trust can be discussed with pupils, and older children might find out about the professional guidelines on confidentiality in the legal, medical and teaching professions.

Young children in nursery and infant classes delightfully have no concept of what should be confidential information, and so need help in gradually building up this idea. At the same time, they have to be taught to be aware of under what circumstances they need to communicate they need help – even if 'sworn to secrecy'.

Asking questions can sometimes reveal a lot about the questioner, and to protect confidentiality and save embarrassment, many schools use the time honoured anonymous question box. This has the added advantage that staff can discuss the answers in advance, and decide on how much detail would be appropriate.

APPENDIX D

Bibliography of books for developing and implementing sex education

- (1) DIXON, H. and MULLINAR, G. (Eds) (1989). *Taught not Caught: Strategies for Sex Education*. Wisbech: Learning Development Aids.

Publisher:

Learning Development Aids
Duke Street
Wisbech
Cambs PE13 2AE
Tel: 01945 64331
Fax: 01945 587361

- (2) AGGLETON, P., HORSLEY, C., WARWICK, I. and WILTON, T. (1990). *AIDS – Working with Young People*. Horsham: AVERT
and *HIV, AIDS and Sex - Information for young people* leaflet (1994).

Publisher:

AVERT
11-13 Denne Parade
Horsham
West Sussex
RH12 1JD
Tel: 01403 210202
Fax: 01403 211001

- (3) ARMSTRONG, E. (1992). *Sexualities: an Advanced Training Resource*. London: Family Planning Association.

Publisher:

Family Planning Association (FPA)
27-35 Mortimer Street
London W1N 7RJ
Tel: 0171 636 7866 ext 227
Fax: 0171 436 3288

- (4) COHEN, J., WILSON, P.M. and KAY, J. (1994). *Taking Sex Seriously*. Liverpool: Healthwise.

Publisher:

Healthwise Resources and Publications
9 Slater Street
Liverpool L1 4BW
Tel: 0151 709 5505
Fax: 0151 708 9984

- (5) SZIROM, T. and DYSON, S. (1986). *Great Expectations*.

Publisher:

Learning Development Aids
Duke Street
Wisbech
Cambs PE13 2AE
Tel: 01945 64331
Fax: 01945 587361

General/cross phase

- (1) MASSEY, D.E. (1991). *School Sex Education: Why, What and How? A Guide for Teachers*. London: Family Planning Association.

Publisher:

Family Planning Association (FPA)
27-35 Mortimer Street
London W1N 7RJ
Tel: 0171 636 7866 ext 227
Fax: 0171 436 3288

- (2) PERIGO, B. (1993). *Sex Education – a Guide for Teachers and Governors*

Publisher:

Daniels Publishing Co.
38 Cambridge Place
Cambridge
CB2 1NS
Tel: 01223 467144
Fax: 01223 467145

(sent to all Berkshire secondary schools free of charge, September 1993)

- (3) SEX EDUCATION FORUM (1992). *A Framework for School Sex Education*.

Publisher

Sex Education Forum
National Children's Bureau
8 Wakley Street
London EC1V 7QE
Tel: 0171 843 6000
Fax: 0171 278 9512

- (4) THOMSON, R. (Ed) (1993). *Religion, Ethnicity and Sex Education: Exploring The Issues*.

Publisher:

Sex Education Forum (as above)

- (5) THOMSON, R. (1994). *Developing and Reviewing School Sex Education Policy: a Positive Strategy*. London: National Children's Bureau.

Publisher:

Sex Education Forum (as above)

nfer

Sex Education in Berkshire Secondary Schools

The aim of this study was to collect information about policies and practice in sex education in schools across Berkshire, that could be used to inform sexual health strategies in the County. Most maintained schools with pupils of secondary age took part in this research, which was completed as Circular 5/94 *Sex Education in Schools* was having an impact on practice. Information collected from staff (and from young people in a few schools) showed what a complex and demanding task developing a coherent, comprehensive sex education programme is. The findings presented here on current practice and plans for development should be of interest to all those involved in sex education provision in schools.

ISBN 0 7005 1402 3

£6