



Sex Education Forum submission to the Cross-Party Inquiry into Unwanted Pregnancy

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The Sex Education Forum is the national authority on sex and relationships education (SRE). It is a unique collaboration of organisations and practitioners with representatives from a range of sectors such as education, health, and faith organisations.

The Sex Education Forum has a strong consensus amongst its members that all children and young people are entitled to quality SRE to give them the knowledge and skills to make choices about their sexual and reproductive health throughout their lives.

We warmly welcome the Inquiry and have restricted our comments to our areas of expertise and will be focusing on the importance of SRE in preventing unwanted teenage pregnancy.

What is your view on the issue of unwanted pregnancy in the UK?

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

National and international research shows that good quality SRE has a protective function as young people who have good SRE are more likely to choose to have sex for the first time later. Kirby (2007) examined 48 SRE programmes and found that 40 per cent of these had a significant impact in three aspects of behaviour; delaying the initiation of sex; reducing the number of sexual partners; and increasing condom or contraceptive use. Young people who have taken part in a good quality SRE programme are more likely to use condoms and contraception if they do have sex (Kirby 2007).¹

There has never been a consistently applied policy on SRE in England that has ensured all children and young people get a basic level of education about sex, relationships, the law and safety from sexual abuse. Currently the quality and extent of SRE provision in English schools varies greatly. Many teachers have no training on SRE; in one research study, 1 in 10 teachers

¹ Kirby, D (2007) Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases.

did not know that Chlamydia is an STI². The UK has the highest rate of teenage conception in Western Europe³. Some European countries have mandatory sex education and in many cases this is taught within the biology curriculum. There is also a lot of variety in what is provided within individual countries. For example, in Holland the biological aspects of sex education are mandatory, but the wider aspects (including relationships) are not; there is inconsistency in what young people are taught and concerns that risk-taking behaviour among young people is increasing (Parker and others 2009).

Currently 34 per cent of young people rate their SRE as bad or very bad (SEF 2008).⁴ Ofsted have repeatedly expressed concern about the patchiness of SRE provision and its poor quality, particularly where teachers have not received training and SRE is not given space in the timetable (Ofsted 2007 and 2010)⁵⁶.

The evidence is that there are rising abortion rates in some age groups, rising repeat abortions and high teenage pregnancy rates

- Are there underlying reasons for this, and if so, what are they?

- How (if at all) would you and your organisation respond to these?

- What (if any) role is there for the Government in handling the issues?

England's under 18 pregnancy rate is currently at its lowest level for over 20 years, but it is still unacceptably high. The challenge for local areas is to maintain the current downward trend in teenage pregnancy during major reorganisation of the NHS, the removal of teenage pregnancy targets and at a time of reduced public spending⁷.

The new coalition government outlined their commitment to SRE in the Schools White Paper 'The Importance of Teaching' published in November 2010. The Paper states that children need high-quality sex and relationships education so they can make wise and informed choices and the government promises to work with teachers, parents, faith groups and campaign groups to improve SRE.

However, members tell us that the current laws regarding PSHE and SRE are confusing. It is compulsory for all maintained schools to teach some parts of sex education i.e. the biological aspects of puberty, reproduction and the spread of viruses. HIV and sexually transmitted infections must be taught in secondary school. These topics are statutory parts of the National Curriculum Science which must be taught to all pupils of primary and secondary age.

Current government guidance⁸ on SRE recommends that opportunities to learn about relationships, sexuality, consent, delay, risks, after sex, and pregnancy choices are provided by

² Westwood and Mullan (2007) Knowledge and attitudes of secondary school teachers regarding sexual health education in England.

³ UNICEF (2007) Child poverty in perspective: an overview of child well-being in rich countries.

⁴ Sex Education Forum (2008) Key findings; Young People's survey on sex and relationships education.

⁵ Ofsted (2007) Time for change? Personal, social and health education.

⁶ Ofsted (2010) Personal, social health and economic education in schools.

⁷ TPIAG (2010) Final Report: Teenage Pregnancy: Past successes –future challenges.

⁸ Department for Education and Employment (2000) Sex and Relationships Education Guidance.

PSHE education, but this is not a statutory requirement. Currently, primary schools are not required to teach any aspect of SRE beyond what is included in the science curriculum.

The broader topic of sex and relationships education (SRE) is currently not compulsory but is contained within non statutory PSHEe within the National Curriculum and is strongly recommended within Government SRE Guidance (2000). School governors are in law expected to give 'due regard' to this guidance. Unless PSHE education becomes statutory, it remains optional.

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

Statutory PSHE education will give this subject parity of status with other subjects and improve its quality by:

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

Countries like the Netherlands, Denmark and Finland, which have widespread provision of sex education and good access to sexual health services, have seen a marked decrease in teenage pregnancy rates since the 1970's.⁹

Through our extensive experience, contact with professionals and informed by the evidence base the Sex Education Forum recommends the approach described below is used to deliver good quality SRE. The key features listed provide a summary only; see also the Sex Education Forum values and principles for SRE at www.sexeducationforum.org.uk/values

1. **SRE for all children and young people.** All children and young people must receive SRE, regardless of their gender, sexual orientation, disability, ethnicity, culture, age, religion or belief or other life experiences, particularly HIV status and pregnancy. Ensuring that SRE has a timetabled slot in school helps guarantee that no child or young person will miss out on vital information.
2. **Trained educators.** SRE needs to be taught by willing and competent teachers. Young people have said SRE is best when teachers are confident, unembarrassed and able to teach correct biological facts and also explore relationships issues. In a Sex Education Forum survey¹⁰ very few teachers (3 per cent) reported that SRE was covered adequately within their initial teacher training and teachers gave training high priority as a means of improving SRE.

⁹ Teenage Pregnancy Strategy Evaluation Research Team (2005) Teenage Pregnancy Strategy Evaluation. Final Report.

¹⁰ Sex Education Forum (2008) Key findings: Teacher's survey on sex and relationships education.

3. **An age-appropriate programme.** Evidence shows that SRE works best if it starts before a young person has their first experience of sex and if it responds to the needs of young people as they mature. SRE must start in primary school and be taught in an age-appropriate manner, starting with topics such as personal safety and friendships. Both primary and secondary school pupils, particularly girls, have said they need SRE to start earlier¹¹.
4. **Medically and factually correct information.** SRE can have an important role in busting unhelpful myths so it must be based on medically correct information about contraception, reproduction, abortion and sexual health. A range of views on sex and relationships can be discussed, including faith perspectives, but teachers must be clear when they are presenting facts and when they are presenting opinions or beliefs.
5. **Promoting core values.** Clear core values run through good quality SRE, including mutual respect, loving and happy relationships, rights to information, safety and health, equality (particularly on the basis of gender and sexual orientation) and responsibility for oneself and others. Good quality SRE can provide a safe space for children and young people to identify and reflect on their own values and those of others, including their peers. For practical examples of SRE in faith contexts, see www.sexeducationforum.org.uk/practice
6. **Developing skills.** Evidence shows that SRE is more effective if it develops children and young people's skills as well as knowledge. Participatory and interactive learning tasks need to be built into SRE so that skills such as communication, negotiation and listening can be practised and developed.
7. **Partnership with parents and carers.** Children and young people are clear that they want to talk to their parents and carers about sex and relationships. Many parents and carers feel they lack the skills, confidence and knowledge to talk to their children, and look to schools for support. Schools and parents need to work together to make sure children and young people get the information and support they need.

We strongly recommend the government publish new SRE Guidelines for schools as soon as possible, that outlines the approach described above, so that schools and professionals are clear about their obligations and are encouraged and supported to involve parents in the development of suitable SRE policies and programmes.

We urge the government to recognise the importance of Science in supporting the teaching about Sex and Relationships Education in the primary school when reviewing the programmes of study for Primary School Science (see SEF consultation response attached). The science programme of study for primary pupils carries a significant part of the biological aspects of sex and relationships education. It does not address relationships; these are currently part of the PSHE framework. We urge the government to bear this in mind in making recommendations about the future of PSHE in the primary school when the outcome of the PSHE Review is published.

What lessons can be learnt from previous attempts to tackle unwanted pregnancies?

¹¹ Ofsted (2010) Personal, social, health and economic education in schools.

There has never been a consistently applied policy on SRE in England that has ensured all children and young people get a basic level of education about sex, relationships, the law and safety from sexual abuse. However, research carried out in England has found that areas which have achieved the greatest reductions in teenage conception rates in recent years have provided both good quality school SRE as well as accessible sexual health services for young people.¹²

The lack of education about reproduction and preparation for adult life has been identified by the UN Committee on the Rights of the Child (UNCRC) as a children's rights issue that needs urgent attention in the UK¹³. Currently children under the age of 16 are legally responsible for their sexual conduct without necessarily having received any education or advice about the laws relating to sex, consent and coercion.

There is good international evidence that SRE, particularly when linked to contraceptive services, can reduce teenage pregnancy, delay sexual activity and affect young peoples' knowledge and attitudes and help improve their sexual health.¹⁴

Are there any measures the Government should be implementing to reduce unwanted pregnancies?

The Sex Education Forum (SEF) continues to call for PSHE Education (PSHEe) to be made statutory. We continue to believe that for SRE to have the status it deserves, the status of PSHE Education must be on the same level as other subjects within the National Curriculum.

- Whilst we are aware that the government has stated that it is not prepared to make PSHE statutory as a subject, we strongly urge the government to **make it a compulsory obligation of schools to provide a curriculum which meets the core outcomes** as recommend in SEF's response to the PSHE Review in 2011 (see attached). Providing this core entitlement will enable schools to meet their statutory responsibilities to promote wellbeing and provide a broad and balanced curriculum.

SEF believes that schools need clear direction from the government about the status and scope of sex and relationship education in the context of PSHEe. Schools and teachers find the law concerned with what schools can and should teach confusing. This contributes to the patchy delivery and quality identified repeatedly in Ofsted reports.

- We urge the government to produce **updated clear national guidance on SRE** including a framework of core knowledge, skills and values appropriate for the different stages of schooling, schools will continue to have the flexibility, as now, to develop their own curricula to meet the needs of their pupils.

¹² DfES (2006) Teenage Pregnancy Next Steps: Guidance for Local Authorities and Primary Care Trusts on Effective Delivery of Local Strategies.

¹³ UNCRC (2008) 49th session, Consideration of reports submitted by states parties under Article 44 of the Convention, Concluding observations: United Kingdom and Northern Ireland.

¹⁴ Kirby (2008) 'The impact of abstinence and comprehensive sex and STD/HIV education programmes on adolescent sexual behaviour'.

- As sex education is to remain statutory, SEF recommends that it is extended beyond the biological aspects of sexual reproduction to include a greater emphasis on relationships. **‘Sex education’ should be changed to ‘sex and relationships education’ in legislation and there should be a duty on schools to provide SRE from Foundation Stage/Key Stage 1.** Finally in planning SRE programmes, schools should give due regard to the core SRE knowledge and awareness as set out in the suggested framework (attached).

The main objective of SEF’s work is to ensure that children and young people receive their entitlement to quality sex and relationships education. Our main beneficiaries are the SRE Sector i.e. professionals who deliver SRE in a variety of settings, which include:

- The Health Sector- schools nurses and health professionals,
- The Education sector- teachers and support staff,
- Voluntary Sector- external agencies which support SRE in schools and community settings e.g. Brook Advisory Service.
- Parents and Carers

- As the leading authority on SRE and the main provider of support to professionals to access and share information so that they are well informed and competent to commission, plan, deliver and evaluate SRE, we would **strongly advise the government to fund the support provided by the Sex Education Forum.** This would guarantee support for professionals in a time of transition, through a provision of an extremely popular ‘Online Resource Base’ which hosts a wealth of currently free resources and publications to support the development and delivery of quality SRE, a fortnightly email bulletin, whilst is particularly well received, providing our members with up-to-date research, policy information, new and resources, and a fortnightly ‘network exchange’ that provides our members with an opportunity to seek support and exchange ideas.

The main sector we want to continue to support in 2013 and beyond is the Education Sector- i.e. teachers and schools through our ‘Schools Support Programme’. By providing them with up to date resources, a support network, a voice and training opportunities we can have an impact on the quality of SRE that children and young people receive. We believe that all our work must reflect the needs and lives of children and young people, so that they have the information, skills and values they need to have safe, fulfilling and enjoyable relationships and to take responsibility for their sexual health and wellbeing.

Finally, good quality SRE is vital but, on its own, is not enough. Young people also need to be able to access sexual health and contraceptive services in places that are convenient to them and to be supported in their emotional development.