

Family Education Trust submission to the

DEPARTMENT FOR CHILDREN, SCHOOLS AND FAMILIES REVIEW OF SEX AND RELATIONSHIP EDUCATION DELIVERY IN SCHOOLS

For over thirty years, Family Education Trust has been conducting research into the causes and consequences of family breakdown. By means of its publications, videos and conferences, and through its media profile, the Trust seeks to stimulate informed public debate on matters affecting the family and the welfare of children and young people, based on reputable research findings.

Family Education Trust is a registered charity and has no religious or political affiliations.

General Observations

In making this submission to the Sex and Relationship Education (SRE) review group, we wish to make several general observations about SRE before addressing the specific points covered by the review.

1. The lack of a rigorous evidence base for SRE

The past three decades have witnessed a substantial increase in the provision of SRE in both primary and secondary schools. However, surprisingly little research has been conducted to evaluate the success of the various SRE programmes. There is therefore a lack of reliable evidence on which to base SRE policy. One recent examination of an ‘enhanced sex education programme’ found that while the programme increased young people’s knowledge it had no discernable effect on sexual activity or risk taking sexual activity.¹

Written answers to parliamentary questions indicate that the Department for Children Schools and Families has not commissioned or evaluated research on the impact of SRE on the attitudes and lifestyle choices of young people;² neither has it made any assessment of the effectiveness of SRE.³ It therefore remains unclear precisely what the Department would regard as ‘good SRE’ and what it would consider constitutes ‘best practice’.

2. The importance of respecting parental wishes and their religious and philosophical convictions

The legal responsibility to ensure that children receive an efficient education rests with their parents. Section 7 of the Education Act 1996 states:

The parent of every child of compulsory school age shall cause him to receive efficient full-time education suitable:

- (a) to his age, ability and aptitude, and
- (b) to any special educational needs he may have,

either by regular attendance at school or otherwise.

In Section 9, the 1996 Act goes on to stress that children should be educated in accordance with the wishes of their parents:

¹ Henderson M, Impact of a theoretically based sex education programme (SHARE) delivered by teachers on NHS registered conceptions and terminations: final results of cluster randomised trial, *BMJ*, Nov 2006.

² HC Hansard, 19 February 2008, col 511W.

³ HC Hansard, 25 March 2008, col 109W.

In exercising or performing all their respective powers and duties under the Education Acts, the Secretary of State, local education authorities and the funding authorities shall have regard to the general principle that pupils are to be educated in accordance with the wishes of their parents, so far as that is compatible with the provision of efficient instruction and training and the avoidance of unreasonable public expenditure.

These provisions are in harmony with Article 2 of Protocol No 1 of the European Convention on Human Rights with its requirement that:

In the exercise of any functions which it assumes in relation to education and to teaching, the State shall respect the right of parents to ensure such education and teaching in conformity with their own religions and philosophical convictions.

The current DCSF guidance on Sex and Relationship Education reflects these legal provisions with its strong emphasis on consultation and partnership with parents in the development and review of policies that reflect parents' wishes. The guidance states that it is:

essential that governing bodies involve parents in developing and reviewing their policy. This will ensure that they reflect parents' wishes and the culture of the community the school serves.⁴

It refers to 'the obligation on schools to involve parents in the determination of their sex and relationship education policy,'⁵ and states that:

Governors and head teachers should discuss with parents and take on board concerns raised, both on materials which are offered to schools and on sensitive material to be used in the classroom.⁶

The guidance also recognises that:

Parents are the key people in:

- teaching their children about sex and relationships;
- maintaining the culture and ethos of the family;
- helping their children cope with the emotional and physical aspects of growing up; and
- preparing them for the challenges and responsibilities that sexual maturity brings.⁷

It is vital that these principles are kept at the heart of any review of SRE.

In view of the importance of respecting parents' wishes, we were disappointed not to see a stronger representation of parental concerns on the review group. While there was a very definite emphasis on consultation with young people, and three members of Youth Parliament were selected to serve on the steering group, there seemed to be less concern to take account of the views of parents, who bear the legal responsibility for the education of their children. When we raised this concern with Ministers, we were advised that the review group included 'a practitioner with extensive experience of working with parents to help them talk to their children about sex and relationship issues' – a reference to the manager of the *fpa*'s 'Speakeasy' programme.⁸ However, in the light of the *fpa*'s view that it is 'paternalistic' to hold that parents are best placed to judge what is in the best interests of their children, we derive little comfort from assurances that the views of parents are being represented to the steering group by an officer of the *fpa*.⁹

⁴ DfEE, Sex and Relationship Education Guidance, July 2000, Ref 0116/2000, para 1.2.

⁵ *ibid.*, para 1.5.

⁶ *ibid.*, para 1.8.

⁷ *ibid.*, para 5.3.

⁸ Letter from Lord Adonis, 2 April 2008.

⁹ Carter H, 'Mother no longer knows best, High Court told', *Guardian*, 11 November 2005, <http://www.guardian.co.uk/society/2005/nov/11/health.medicineandhealth1>

3. The evidence from the Netherlands

Advocates for the expansion of sex education frequently hold up the Netherlands as a model. They attribute the comparatively low Dutch teenage pregnancy rates to earlier and more explicit sex education. However, there is no mandatory curriculum or uniform approach to SRE in the Netherlands and in practice delivery varies considerably from school to school, just as it does in the UK. There is no evidence to suggest that low teenage conception rates in the Netherlands are attributable to SRE in Dutch schools.¹⁰

A more convincing explanation for the lower rates of teenage pregnancy is to be found in the far more traditional patterns of family life found in the Netherlands. Compared with the UK, the Netherlands has a far lower proportion of lone-parent families, out-of-wedlock births, divorces, and mothers in full-time employment. It also provides teenage mothers with lower welfare benefits, and a stigma continues to be attached to teenage pregnancy.¹¹

4. Contraceptive services for young people may be doing more harm than good

Growing numbers of schools are introducing on-site sexual health services.¹² However, a paper by Professor David Paton from Nottingham University Business School published in the *Sex Education* journal found that the expansion of family planning services to young people under the age of consent is not showing any association with reduced conception rates.¹³

Other economists have suggested that the availability of contraception and emergency hormonal birth control ‘weakens a woman’s bargaining power’ and leads to an increase in rates of sexual activity.¹⁴ For many girls the fear of pregnancy serves as a restraint to sexual activity. For some this restraint is overcome by contraceptive provision, while others, conscious of the fact that a large proportion of teenage pregnancies occur as a result of contraceptive failure, are reluctant to take the risk. In this context, the ready availability of emergency hormonal birth control further reduces the perceived risk of pregnancy and removes one of the major restraints to underage sexual activity.

The fact that increased family planning services for young people are not reducing teenage conception rates and may be contributing to a rise in teenage sexually transmitted infection (STI) rates suggests that the provision of contraception and emergency hormonal birth control may be adversely affecting the sexual behaviour of a significant number of young people.

While Professor Paton surrounds his findings in relation to STIs with several caveats, he urges policy makers to consider the possibility that the introduction of a measure aimed at a specific outcome might carry with it unintended consequences that negate its effectiveness and do more harm than good. He writes:

In the case in question, there is at least some evidence that some measures aimed at reducing adolescent pregnancy rates induced changes in teenage behaviour that were large enough not only to negate the intended impact on pregnancy rates, but also to have a possible adverse impact on another important area of adolescent sexual health—STIs.¹⁵

¹⁰ Van Loon J, *Deconstructing the Dutch Utopia*, Family Education Trust, 2003.

<http://www.famyouth.org.uk/pdfs/DDU.pdf>

¹¹ *ibid.*

¹² Emmerson L, National mapping of on-site sexual health services in education settings, Sex Education Forum, June 2008.

¹³ Paton D, ‘Random behaviour or rational choice? Family planning, teenage pregnancy and sexually transmitted infections’, *Sex Education*, Vol 6, No 3, August 2006.

¹⁴ Akerlof G A, Yellen J L, Katz M L, ‘An analysis of out-of-wedlock childbearing in the United States’, *Quarterly Journal of Economics*, 111(2) (1996), 277-317, cited by Paton D, *ibid.*

¹⁵ Paton D, *op. cit.*

In a separate study published in *Health Economics*, Professor Paton and Dr Sourafel Girma focussed on the impact of over-the-counter provision of emergency hormonal birth control on teenage conceptions, but again found no evidence that it was contributing to lower teenage pregnancy rates.¹⁶ While recent years have seen a rapid increase in the numbers of primary care trusts offering free provision of the emergency pill to girls under the age of 16, areas with patient group directions permitting pharmacy supply to underage girls have not seen greater reductions in conception rates than areas without such provision.

The evidence is mounting that the confidence placed in targeted family planning services for young people combined with promotion of emergency hormonal birth control to make a positive and significant impact on teenage conception rates and unwanted pregnancies has been misplaced. Rather than promoting the sexual health of young people, the perceived reduction in risk afforded by contraception and the emergency pill appears to be providing some adolescents with an incentive to become sexually active. When considering the role of schools in referring young people to specialist advice and support, it is of vital importance to consider the impact of such services on the behaviour of young people themselves.

5. The limitations of the 'safe sex' message

Many strategies to improve sexual health are failing because they are promoting contraceptive use by young people as the mark of sexual responsibility without making it clear that every form of contraception has its limitations. While condoms offer some protection against certain STIs, they do not prevent the transmission of all STIs. Research shows that condoms are 85-95 per cent effective in preventing HIV transmission, but they are much less effective in providing protection against other infections, particularly common ones such as herpes and HPV. The Family Education Trust factsheet, *The Condom Controversy: Safe Sex or Russian Roulette* offers a fuller discussion of the effectiveness of condoms,¹⁷ and our health education leaflets, *Sexual Spin* and *HPV and You* provide a useful source of information for teachers and healthcare practitioners.¹⁸

SRE programmes that promote condom use may inadvertently increase the incidence of STIs because the false sense of security given by condoms may lead to more young people becoming sexually active or engaging in high risk sex.¹⁹

6. Ignorance is not the problem

Research evidence does not support the common claim that teenage pregnancy rates in the UK are high because young people lack reliable information about contraception and are unable to access it with sufficient ease. A study published in the *British Medical Journal* found that 93 per cent of teenagers who became pregnant had seen a health professional at least once during the previous year and 71 per cent had discussed contraception. The researchers concluded that,

Teenagers who become pregnant have higher consultation rates than their age matched peers, and most of the difference is owing to consultation for contraception.²⁰

¹⁶ Girma S, Paton D, 'Matching estimates of the impact of over-the-counter emergency birth control on teenage pregnancy', *Health Economics* 15, 2006, 1021-1032.

¹⁷ Stammers T, *The Condom Controversy: Safe Sex or Russian Roulette*, Family Education Trust 2002.
<http://www.famyouth.org.uk/pdfs/CondomControversy.pdf>

¹⁸ *Sexual Spin: Sorting fact from fiction about sexually transmitted infections*, Family Education Trust 2005; *HPV and You*, Family Education Trust 2007.

¹⁹ Richens J, Imrie J, Copes A, Condoms and seat belts: the parallels and the lessons, *Lancet* 2000; 355:400-403.

²⁰ Churchill D, Allen J, Pringle M, Hippisley Cox J, Ebdon D, Macpherson M et al. Consultation patterns and provisions of contraception in general practice before teenage pregnancy, *BMJ* 2000; 321: 486-489.

Alongside condom advocacy, recent years have seen the vigorous promotion of emergency hormonal birth control as a back-up for contraceptive failure or ‘unprotected sex’. It was initially believed that the emergency pill would reduce teenage pregnancy and abortion rates. However, an editorial in the *British Medical Journal* cited ten studies worldwide showing that its widespread availability has made no appreciable difference to pregnancy or abortion rates.²¹

If sex education is to show proper respect for young people, it must emphasise that sexual intimacy always has consequences and that no form of contraception can offer guaranteed protection from pregnancy or STIs. Teenagers need to be taught that procreation is one of the primary functions of sexual intercourse and for this reason, sex must be set in the context of a faithful, lifelong relationship (i.e. marriage), which provides the most stable environment in which to raise children.²² Sex education should therefore seek to reinforce the message that young people who are not ready for the responsibilities that come with parenthood should not be engaging in sexual activity.

Implications for SRE delivery

1. Parents should be involved in the formulation of the SRE policy in all schools

Parents have a key role to play in encouraging children to adopt positive attitudes towards sex and marriage, yet their role is often overlooked and even undermined by sex educators. One study found that parental discussions of sex with their teenagers led to more conservative attitudes about underage sex:

Adolescents who reported discussing a greater number of sex-based topics with mothers were less likely to have initiated intercourse and more likely to express ‘conservative’ attitudes in regard to teens having sex than teens who reported fewer discussions.²³

The study also found that when the majority of conversations about sex were held with peers, this led to more liberal attitudes. Since school-based sex education will inevitably provoke discussions among peers, care must be taken to ensure that it does not undermine the input of parents at home, which is far more likely to reduce the incidence of underage sex.

The Children’s Minister, Beverley Hughes, has recognised that parents have a unique and vital contribution to make in reducing teenage pregnancy rates,²⁴ and so it is important that school-based programmes are formulated in consultation with parents, in line with the present guidance. Schools should also be sensitive to the wishes of parents who choose to exercise their legal right to withdraw their children from SRE classes.

2. SRE should be given within a clear moral context

Any SRE programme that fails to place sexual intimacy within a clear moral context will inevitably run the risk of encouraging underage sex. This is particularly true if a primary focus of the teaching is on the provision and use of contraception. Advice on how to engage ‘safely’ in an activity, coupled with provision to facilitate it, conveys the message that the activity itself is acceptable. One study found that 45.5 per cent of boys admitted that when they first received sex

²¹ Glasier A, Emergency Contraception, *BMJ*, 333:560–561.

²² Morgan P, *Marriage-Lite*, Institute for the Study of Civil Society 2000; O’Neill R, *Experiments in Living: The Fatherless Family*, Civitas 2002; Benson H, *The Conflation of Marriage and Cohabitation in Government Statistics*, Bristol Community Family Trust, 2006.

²³ DiLorio C, Kelley M, Hockenberry-Eaton M, Communication about sexual issues: mothers, fathers and friends. *J Adolesc Health* 1999; 24:181-189.

²⁴ Beverley Hughes, quoted in *The Guardian*, 26 May 2005 and *ePolitix.com*, 27 May 2005.

education, they felt the need to experiment. Considering that the majority of boys surveyed (77 per cent) had received sex education by the age of 12, this is a particularly disturbing finding.²⁵

It is important that pupils are given clear messages about the negative consequences of underage sex and the benefits of saving sex. Sexual intimacy should be seen not in terms of personal gratification, but as an adult expression of love and commitment between lifelong partners in marriage. Placing sexual activity within this framework will not only encourage teenagers to refrain from sex and resist peer pressure, but it will also satisfy the legal requirement placed on schools to provide sex education ‘in such a manner as to encourage... pupils to have due regard to moral considerations and the value of family life.’²⁶

For a high proportion of teenagers, sex has been devalued to the extent that it is not seen as something to value or even as an expression of love within a relationship. Encouraging teenagers to save sex and to treat it with respect will help young people to value it in a culture that has cheapened it. A survey carried out by the Family Education Trust of 2,000 young people aged 13-15 found that of those who were sexually active, about two-thirds said that their first sexual relationship had not been the result of conscious decision making. For 30 per cent ‘it just happened’; 19 per cent were drunk; 6 per cent were talked into it by their partner; 3 per cent cited peer pressure; and 4 per cent (all girls) said they had no choice.²⁷

In health terms, saving sex for marriage has considerable benefits as there are no risks of contracting STIs and a committed relationship places possible pregnancy in the best context. Teenagers who are given a solid frame of values within which to understand sexual activity are far more likely have a responsible attitude towards sex and are more likely to value sex and as a result not be pressured into anything they do not want to do.

We are concerned that the Sex Education Forum’s toolkit does not set SRE within a clear moral framework, but rather encourages the view that there are no rights and wrongs when it comes to sexual relationships. The activity on a ‘moral and values framework’ makes it clear that the purpose is ‘not to agree the rights and wrongs’ of various statements, ‘but rather to discover the range of opinions on the subject’. The intention appears to be to steer children away from a belief in moral absolutes and to encourage them to think that everything is relative.²⁸

There is a fundamental conflict between the relativistic approach favoured by the Forum and its stated aim of helping young people to make safe and healthy choices. In reality, the only truly safe and healthy choice is to follow a clear moral code that keeps sexual intimacy within the context of a faithful and lifelong marriage.

We would also suggest that the toolkit is flawed in assuming that children have the maturity and discernment to know what they need in terms of SRE. What children say they want is not necessarily the same as what they need, and it is a serious abdication of adult responsibility to allow the curriculum to be shaped by the views of children, rather than by their parents.

3. SRE lessons should be honest with young people about the consequences of sex

The stark reality is that outside of a committed faithful relationship, there is no such thing as ‘safe sex’ or even ‘safer sex’. Pupils should be made aware that any sexual activity outside the context of a faithful, lifelong, monogamous relationship places them at risk of contracting an

²⁵ Royal Forest of Dean College with Gloucestershire Community Health Council, *Sex education & Family Planning Services Survey Results*, March 2000.

²⁶ Education Act 1996, s403(1).

²⁷ Hill C, *Sex under Sixteen?*, Family Education Trust, 2000.

²⁸ Sex Education Forum, *Are you getting it right? A toolkit for consulting young people on sex and relationships education*, February 2008

STI. They also need to recognise that sexual intercourse places them at risk of pregnancy. Sex education must make clear that only by saving sex for one faithful lifelong relationship can a person be protected from STIs. Sex education should honestly face up to the failure rates of contraception and stress that a pregnancy can occur even when contraception is used correctly. The point can never be made too strongly that the only way to be sure of avoiding pregnancy is to refrain from sexual activity. True sexual responsibility is marked not by using contraception, but by abstaining from sex outside of a lifelong and faithful relationship, most commonly signified by marriage.

4. SRE should teach the positive benefits of keeping sex within marriage

Given the health risks associated with underage sex and the high levels of regret associated with early sexual activity,²⁹ there is a strong case for giving serious consideration to an approach to sex education that actively discourages sexual experimentation and shows the positive benefits of reserving sex for a lifelong and faithful marriage where it serves as an expression of the total self-giving of a husband and wife to each other. Separating sex from marriage has not only led to high rates of teenage pregnancy, STIs and abortions, but it is also a major contributory factor in divorce and family breakdown and all the human misery and adverse social consequences that flow from it.

All too often teaching aimed at encouraging young people to refrain from sexual intimacy outside the marriage bond is portrayed in a negative way and dismissed as a matter of ‘just saying no’. In reality, however, there is much more to it than that; it involves helping young people to lay foundations that will lead to a more trusting marriage. Our leaflet, *Why Save Sex?* communicates the message in an attractive and positive way, and has been welcomed by schools and youth settings throughout the UK.

Responding to specific points

1. How best to improve the delivery of SRE in both primary and secondary schools

Schools should be encouraged to ensure that:

- parents are fully involved in the development of the school’s policy;
- the subject is taught within a clear moral context;
- the consequences of sexual activity are honestly faced; and that
- the positive benefits of saving sexual intimacy for marriage are presented.

2. How to ensure that young people are provided with good SRE irrespective of what school they attend

The best judges of what constitutes ‘good SRE’ are parents, since they want to protect their children from all the negative physical and emotional consequences of casual and premature sexual activity. It is therefore of vital importance that local schools remain free to develop policies in consultation with parents so that they reflect parents’ wishes and the culture of the community the school serves

In this context, we welcome assurances from Ministers that they have no plans to incorporate SRE within the National Curriculum and to impose nationally agreed standards.

²⁹ Wellings K, et al, Sexual Health in Britain: early heterosexual experience. *The Lancet*, 2001, vol.358:1834-1850.

3. How best to identify and share best practice on SRE delivery and provide practical support for teachers in the form of things like exemplar lesson plans

Before examples of ‘best practice’ can be identified and shared, a more rigorous evaluation of SRE will need to be undertaken. As noted above, when an evaluation was undertaken of the widely acclaimed ‘enhanced sex education programme’, SHARE, it was found that while the programme increased young people’s knowledge it had no discernable effect on sexual activity or risk taking sexual activity.³⁰

4. How schools can best utilise external professionals to support the delivery of SRE in the classroom

There are now many useful resources available that present SRE within a clear moral context; that honestly face up to the consequences of sexual activity; and present the positive benefits of saving sexual intimacy for marriage. Our own leaflet, *Why Save Sex?* is proving popular with many schools as a fresh, attractive, and thought-provoking resource. Other groups, such as the Challenge Team UK and Lovewise, give presentations in schools that are being well-received by parents, teachers and pupils alike.

5. How the SRE provided by schools can reflect the views of/complement the role of parents

Schools need to be reminded of the current SRE guidance with its emphasis on consultation and partnership with parents in order to ensure that policies reflect parents’ wishes and the culture of the community the school serves. We are occasionally contacted by parents who are concerned that their child’s school is not taking on board their concerns about sensitive material being used in the classroom. In some cases, schools have claimed that the mere presence of parent-governors on the governing body satisfies their requirement to consult with parents.

6. The role of schools in referring young people to specialist advice and support

In view of the evidence that the confidential provision of contraception, emergency hormonal birth control and abortions may be proving counterproductive, we recommend that a serious review should be undertaken of confidential services to young people under the age of 16. Our own report, *Waking Up to the Morning-After Pill*, found no evidence for any association between confidential services and a reduction in conception and STI rates among young people.³¹

7. How to encourage head teachers, school senior management teams and governors to provide better leadership on this important aspect of the curriculum

Leadership is not enough by itself; head teachers, senior management teams and governors need to be in a position to give *informed* leadership. At present, many heads and governing bodies are not aware of the research referred to in this submission, and are not familiar with the resources which place SRE in a clear moral context and set out the positive benefits of keeping sexual intimacy within a lifelong, faithful monogamous marriage. It is also important that their leadership is informed by ongoing consultation with parents, as stated in the Department’s guidance.

³⁰ Henderson M, *op cit*.

³¹ Wells N, Hayward H, *Waking Up to the Morning-After Pill*, Family Education Trust 2007.

8. What is the right age to begin teaching SRE?

There is a sense in which all children receive SRE in their families from birth. In the home and in the wider community, all children learn about relationships simply by observing those around them. Without any formal instruction, and without any workbooks, videos or Powerpoint presentations, children learn how to relate to their parents, siblings, grandparents, aunts, uncles, and friends etc. Very often in this area, we can find ourselves overemphasising formal instruction in the classroom and underestimating the incidental learning that goes on all the time. We therefore reject the suggestion made by the *fpa* and Brook that children need formal SRE classes from the age of four in order to learn about different kinds of relationship (husband-wife, parent-child, brother-sister etc). These are matters that children learn about quite incidentally and do not require a formal curriculum. Likewise, all parents teach their children the names of the different parts of the body from infancy. Whether they choose to use proper names for the sexual organs from the outset or begin with 'pet names' can be safely left to the judgment of individual parents.

There is no 'right age' for the introduction of formal SRE. This is a matter to be decided by parents in line with their moral and religious views. Headteachers and governing bodies should be left to make their own decisions in consultation with parents, with parents retaining the right to withdraw their children if they are not comfortable with the approach adopted by the school in a given case. It would not be in line with the current legal framework and with the European Convention on Human Rights for the government to determine a 'right age' and then impose it on all children in every school.

9. What are the key messages and content that young people should receive at each key stage?

This again is a matter to be determined at a local level by head teachers and governing bodies in consultation with parents. However, whatever decision is reached, it is important that SRE is delivered within a clear moral context; that the physical and emotional consequences of sexual activity are honestly faced; and that the positive benefits of saving sexual intimacy for marriage are presented.

10. Should SRE be delivered in gender-specific or mixed groups, or a combination of the two?

This, too, is a matter to be determined at a local level by head teachers and governing bodies in consultation with parents. The current guidance helpfully stresses the importance of delivering SRE in a culturally appropriate manner and notes that:

for some children it is not culturally appropriate to address particular issues in a mixed group. Consulting pupils and their families will help to establish what is appropriate and acceptable for them. (para 1.25)

Schools need to guard against any danger that discussing sexual issues could break down the inhibitions of children and young people and make them more vulnerable. This may be a particular risk within a mixed-sex group.

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