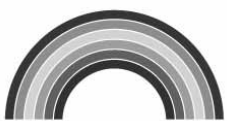


Sex and Relationships Education Guidance

Consultation Response Form

**The closing date for this consultation is:
19 April 2010**

Your comments must reach us by that date.



department for
children, schools and families

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Please tick if you want us to keep your response confidential.

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The closing date for this consultation is:
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Please select the category which best describes you.

<input type="checkbox"/> Teacher	<input type="checkbox"/> Governor	<input type="checkbox"/> Young Person
<input type="checkbox"/> Local Authority/PCT	<input type="checkbox"/> Parent or carer	<input type="checkbox"/> Pupil Referral Unit
<input type="checkbox"/> Health Professional/Organisation	<input checked="" type="checkbox"/> Voluntary Sector Organisation/Charity	<input type="checkbox"/> School (Please state whether Primary, Secondary or Special)
<input type="checkbox"/> Other (Please state)		

General Observations

The timing of the release of this draft guidance is very strange. It appears to presuppose that the Children, Schools and Families Bill will be approved by Parliament and refers at several points to legislation that would not in any case take effect until a year after it is intended that the guidance should become effective. At many points the draft reads more like a policy document in which the government is advancing an argument rather than a guidance document. It would have been more straightforward and less confusing to have awaited the outcome of the Children, Schools and Families Bill before drafting fresh guidance.

Q1) Does the introduction clearly set out the importance of SRE?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Sure
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No.

The limitations of SRE

In seeking to set out the importance of SRE, the draft guidance makes claims that are beyond the power of schools to deliver. No matter how well-trained the staff and how well-resourced the school, it is beyond the power of any educational institution 'to ensure that children grow up able to enjoy the positive benefits of loving, rewarding and responsible relationships, to be

informed, comfortable with the changes during puberty, sexually healthy and emotionally safe’.

The guidance needs to be more realistic in terms of what is achievable and more modest in the claims it makes for SRE.

The uncomfortable truth is that the past three decades have witnessed a substantial increase in the provision of SRE in both primary and secondary schools and it has never been easier for teenagers to obtain contraception without their parents knowing, yet the UK still has the highest rate of teenage conceptions in Western Europe, and sexually transmitted infection rates have continued to rise. An 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.¹ There is no evidence that starting sex education in primary school would produce results that secondary school sex education has failed to deliver.

Written answers to parliamentary questions indicate that the DCSF 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

Surprisingly little research has been conducted to evaluate the success of sex education programmes. As the government’s own review group noted in its report:

[T]here is a dearth of good quality international evidence on SRE. A literature review of the international evidence that does exist confirms that it is difficult to be precise about the impact of SRE, for a number of reasons. Firstly, there is not always clarity about what the objectives of SRE are. For example, do we judge the success of SRE in terms of reduced unplanned pregnancies and STIs, or through improvements in the quality of sexual and other relationships that young people experience? Second, there is such significant variation in the delivery of SRE that it makes comparisons between programmes difficult.⁴

An editorial in the *British Medical Journal* noted that:

Most studies on sex education programmes in schools examine intermediate outcomes only, such as pupil satisfaction or reported condom use. This often facilitates premature false claims of success, whereas more robust outcome measures such as rates of terminations, unplanned conceptions and STIs show no benefit.⁵

¹ M Henderson, ‘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*, 2007, 334:133.

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

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

⁴ Review of Sex and Relationship Education (SRE) in Schools: A report by the External Steering Group, October 2008, para 22.

⁵ T Stammers, ‘Sexual health in adolescents: “Saved sex” and parental involvement are key to improving outcomes’, *BMJ*, 2007, 334:103-4.

A safe place?

The draft guidance asserts that:

Schools provide a safe place for children and young people to make sense of the information they have picked up from the media and also playground myths

This is not necessarily the case. For most children the family provides a safer environment in which to learn about sex and relationships, not necessarily by means of formal instruction, but by means of observing healthy family relationships and imbibing positive attitudes. Within a school classroom setting, there is a very real danger that children and young people will be introduced to concepts and behaviours that are alien to their experience and could be disturbing to them.

Accountability to parents

We would like to see a much stronger emphasis on the accountability of schools to parents both in formulating policies on sex and relationships education and in classroom delivery. Section 1.2 of the draft lists a large number of professionals for whom the guidance is relevant, but no reference is made to parents. Yet the guidance is of relevance to parents no less than to any professional, given that parents bear the legal duty of ensuring that their children receive efficient full-time education suitable to their age, ability and aptitude, and to any special educational needs they may have.⁶

‘Safe and responsible choices’

According to the draft guidance a major goal of SRE is to help children and young people ‘to develop the skills they need to make safe and responsible choices’.

However, the guidance provided by this draft does not support this laudable goal. The only truly safe and responsible choice in relation to sexual conduct is to confine it to a lifelong, mutually faithful relationship between one man and one woman, normally signified by marriage. Outside this context, sexual intimacy always carries risks and is neither safe nor responsible.

Given the failure of the draft guidance to stress the importance of promoting faithful lifelong marriage as the primary means of ensuring optimal sexual health, it is not clear what ‘safe and responsible choices’ the document has in mind.

‘Talking openly’ about sex

The draft guidance asserts that:

It is important that children start to build up the vocabulary and confidence to talk openly and positively about emotions, relationships and their bodies. Learning the words to describe feelings and emotions, the correct terms for parts of the body and developing “health literacy” is vital for children to stay safe and seek help if they feel at risk or are being harmed.

⁶ Education Act 1996, s7.

We are not persuaded that this is the case. Introducing sex education at an early age runs the risk of breaking down children's natural sense of reserve. Far from being a hindrance, children's natural inhibitions and sense of modesty in talking about sexual matters are healthy and provide a necessary safeguard against both sexual abuse and casual attitudes towards sexual intimacy later on.

Anecdotal evidence

The draft guidance refers to 'anecdotal evidence where parents acknowledge their gratitude to SRE in school because their child had had the confidence and language to tell when they have been approached inappropriately rather than after abuse has taken place'.

However, there is arguably even more anecdotal evidence of parents being concerned about their children being introduced to sexual themes in an inappropriate way and at an inappropriate stage in their development. There is also anecdotal evidence of primary school pupils simulating sex after viewing cartoon depictions of intercourse in school sex education lessons.

In the experience of many families, far from equipping children and young people 'with the values, skills and knowledge to understand and deal appropriately with...social and cultural pressures', SRE in schools has merely added to these pressures.

Values clarification

We are concerned at the evident commitment to relativism in the draft guidance demonstrated in positive references are made to the need for pupils to 'clarify and strengthen their own values' and to 'identify and reflect on their own values'. The term 'values clarification' means that there is no such thing as objective right and wrong, but that pupils must decide what is right 'for them'.

For example, in the Sex Education Forum toolkit for consulting young people of SRE, 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'.⁷ 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. However, there is a fundamental conflict between the relativistic approach of values clarification and the stated aim of the guidance to help young people to make safe and healthy choices. 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.

Ignorance of contraception is not the problem

The draft guidance asserts that 'it is vital that all young people have information about contraception' because the fact that approximately half of

⁷ Sex Education Forum, *Are you getting it right? A toolkit for consulting young people on sex and relationships education*, February 2008.

teenage conceptions end in abortion indicates that they were unwanted or unintended. The implication is that a high proportion of teenage pregnancies arise from ignorance of contraception. However, the evidence does not support this hypothesis.

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.'⁸

Alongside condom advocacy, recent years have seen the vigorous promotion of emergency hormonal birth control (the 'morning-after pill') 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.⁹

Consultation with pupils

There is a strong emphasis throughout the draft guidance on consultation with pupils. In fact, while the 2000 guidance emphasised the need for consultation with parents and sensitivity to parental wishes, the present draft gives more attention to consulting pupils. Indeed, at several points, pupils are placed before parents. For example, 'Pupils and parents must be consulted in developing the SRE policy and the policy must be available for pupils and parents to see.'

Two thirds (67 per cent) of respondents to the government's public consultation on PSHE education in 2009 disagreed with the proposition that 'A school's governing body should consult pupils, at secondary level, when developing its sex and relationship education policy', and less than a third supported it.¹⁰ The draft should be amended to reflect the results of the public consultation.

The idea that children and young people should have an influence in determining the character of the sex education they receive may sound very reasonable at first glance, but there is a subtle undermining of parental responsibility lurking just below the surface. Parents remain the primary educators and protectors of their children and retain the legal duty for their education. In view of the responsibilities they bear in relation to their children,

⁸ D Churchill, J Allen, M Pringle, J Hippisley Cox, D Ebdon, M Macpherson et al. 'Consultation patterns and provisions of contraception in general practice before teenage pregnancy', *BMJ*, 2000; 321: 486-489.

⁹ A Glasier, 'Emergency Contraception', *BMJ*, 333:560-561.

¹⁰ Qualifications and Curriculum Development Agency, *Personal, social, health and economic education, Curriculum reform consultation report to the DCSF*, September 2009.

it is only right that schools should give careful attention and due weight to the views and concerns of parents in this sensitive curriculum area.

Whereas guidance has hitherto placed a strong emphasis on the need for schools to consult with parents and to be sensitive to parental wishes, children are increasingly being treated as autonomous individuals divorced from the supervision of their parents. We are in danger of losing sight of the fact that what children say they want is not necessarily the same as what they need, and it is therefore a serious abdication of adult responsibility to allow the sex education curriculum to be shaped by the views of young people themselves.

Q2) Does Section 2 clearly describe SRE? If not, what do you think is missing?

<input type="checkbox"/> Yes	X No	<input type="checkbox"/> Not Sure
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No.

'Informed choices'

The draft guidance makes several references to equipping children and young people to make 'informed decisions and life choices'. However, this is an inadequate and unworthy goal because it allows for young people under the age of consent to make the 'informed choice' of engaging in unlawful intercourse just as much as it allows them to make an 'informed choice' to wait. In its advocacy of 'informed choices' the guidance is setting its sights far too low. It is not 'informed choices' we should be aiming for, but wise, moral and lawful choices, and there is certainly no evidence that the contraceptive-based sex education prevalent in the UK achieves that.

Accessing health services

The document asserts that: 'SRE should enable young people to develop skills and confidence to access professional advice and appropriate health services'. We are not sure, however, that young people need any different 'skills' to access health services in relation to matters of sexual and reproductive health than they do in relation to any other health concern. Young people are already fully aware of the fact that they may consult their GP with regard to any health concern and that the GP will refer them to a specialist where appropriate.

Marriage and 'loving and stable relationships'

The draft guidance states that 'the value of family life, marriage and of loving and stable relationships in bringing up children' is one of the 'clear values that underpin SRE'. This seems to equate marriage with 'loving and stable

relationships' outside marriage in a way that is not supported by the research evidence.

Research demonstrates that married families provide a far more stable environment for the raising of children than unmarried families, even after other factors such as age, income, education and race have been taken into account. During the first three years of a child's life, unmarried parents are 5.5 times more likely to break up than married parents. Among unmarried parents who describe themselves as 'cohabiting', as opposed to 'closely involved' or 'just friends', the risk of family breakdown is 3.5 times greater. Across every income group, cohabiting couples are at least twice as likely to split up compared to married couples.¹¹

Given the damaging effects of family breakdown, it is not only inaccurate but also grossly irresponsible to give young people the impression that unmarried relationships are associated with the same level of commitment and stability as marriage.

The Children's Society report, *A Good Childhood*, noted some striking findings from the Millennium Cohort Study showing that the damaging impact of parental separation on a child can be seen as early as the age of three. The report observed that:

When their parents separate, children experience feelings of confusion, sadness and betrayal... From over 90 studies we know that, on average, 50 per cent more children with separated parents have problems than those whose parents have not separated. This is true of a wide range of outcomes: academic achievement, self-esteem, popularity with other children, behavioural difficulties, anxiety and depression.¹²

Research has consistently demonstrated that spouses who cohabit before marriage have higher rates of marital separation and divorce compared to those who did not cohabit.¹³ Rather than proceeding on the false premise that there is no significant difference between marriage and 'loving and stable relationships' that do not entail a lifelong commitment, SRE should make young people aware of the markedly different outcomes for married couples compared with cohabiters.

'Acceptance of diversity'

It is not clear what the guidance means when it includes 'acceptance of diversity' among the values that underpin SRE. It is one thing to recognise as a fact of life that people experience different types of sexual desire, but quite another matter to accept all types of sexual desire and expression as equally valid and worthy of public approval and support. Everyone draws the line

¹¹ Harry Benson, *The conflation of marriage and cohabitation in government statistics – a denial of difference rendered untenable by an analysis of outcomes*, Bristol Community Family Trust, September 2006.

¹² Richard Layard and Judith Dunn, *A Good Childhood: Searching for Values in a Competitive Age*, Penguin 2009.

¹³ Catherine Cohan and Stacey Kleinbaum, "Toward a Greater Understanding of the Cohabitation Effect: Premarital Cohabitation and Marital Communication," *Journal of Marriage and Family* 64 (2002): 180-192.

somewhere when it comes to the approval of different types of sexual expression.

In view of the ambiguous nature of the term 'acceptance of diversity', we suggest it should be removed from the list of underpinning values. It is certainly not a 'clear value' as suggested by the draft. If it is to remain, the final guidance should make it clear that 'acceptance of diversity' does not mean that pupils are expected to accept all forms of sexual expression as normal, natural and morally acceptable.

'Respect and consent'

The draft guidance suggests that secondary school pupils should learn 'the importance of respect and consent in intimate relationships'. Once again, we would argue that this is inadequate. While respect and consent are important in intimate relationships, so too is lifelong commitment and fidelity. If we want to help prepare young people for a lifelong marriage that will provide a solid foundation for a stable family life in which their own children will flourish, we need to go beyond emphasising respect and consent.

Mutual consent is not incompatible with promiscuity and with infidelity which lies at the root of a high proportion of family breakdown, and an adulterer may show some form of respect for his new sexual partner, while failing to respect the spouse to whom he made his wedding vows. The absence of any reference to marriage and mutual faithfulness is a serious omission that requires attention.

Resisting pressure

The draft guidance suggests that SRE should teach pupils 'how to resist unwelcome pressures to be sexually active'. Again, this does not go far enough. Young people do not only need to resist unwelcome pressures to become sexually active, but welcome pressures too. There will be occasions where young people come under pressure from someone to whom they are sexually attracted and they positively welcome the attention they receive. However, the law demands that such pressure, welcome though it may be, must be resisted if the young person is below the age of 16, and health considerations demand that the approach be resisted until the couple enter a lifelong mutually faithful union.

It is not sufficient to teach pupils 'the positive benefits of loving, rewarding and responsible relationships'. The guidance should unashamedly stress the need to encourage young people to exercise self-restraint and recognise the physical, emotional and social benefits of confining sexual intimacy to marriage. As it stands, the guidance gives the impression that it is perfectly acceptable for a young person to have a series of sexual relationships which he or she may find personally fulfilling, but which brings in its wake considerable emotional trauma and, in some cases, physical disease, for the previous partners left behind.

‘Pregnancy and the choices available’

The draft guidance refers to teaching children about ‘pregnancy and the choices available’. It is not clear what is meant by ‘the choices available’. While it may refer to birth options (e.g. home birth or hospital birth, natural birth or caesarian etc), we fear that the intention may be that abortion should be presented as a legitimate choice. We note with concern that the document envisages that pupils at Key Stage 3 will consider the question, ‘What choices does a woman have if she gets pregnant, including keeping the baby, abortion and adoption?’ The question implies that abortion is available on demand when in reality the law specifies that it is an option only within carefully defined circumstances.

The guidance should be more explicit on this point and if abortion is to be referred to at all in this connection, the current legal framework should be clearly and accurately explained.

SRE in primary schools

The draft guidance asserts that ‘SRE should start in primary schools’. However, there is a lack of any supporting evidence to demonstrate positive outcomes for SRE at primary school level and it does not command widespread public support.

The sex education lobby has sought to allay parental concerns primary school SRE by saying that at key stage 1 (ages 5-7), it would amount to little more than teaching children the names for parts of the body. However, given that all parents talk to their children about their bodies when they wash and dress them from their earliest days and are well able to decide whether to use the proper biological terms or other names for their private parts, there is no compelling reason to make such teaching mandatory. It is unconvincing, to say the least, to advance the view that young people are placed at risk of teenage pregnancy and sexually transmitted infections for want of knowing the proper names for two or three parts of their anatomy from the age of five.

It is equally spurious to defend compulsory sex education on the basis that young children need to learn that their relationship with their parents is different from their relationship with their grandparents, which in turn is different from their relationship to their siblings, their friends, their neighbours and their teachers. Children already learn about different types of relationships in the context of everyday life. There is no need to formalise and professionalise such things by adding them to an already overloaded curriculum.

Introducing sex education at an early age runs the risk of breaking down children’s natural sense of reserve. Far from being a hindrance, children’s natural inhibitions and sense of modesty in talking about sexual matters are healthy and provide a necessary safeguard against both sexual abuse and casual attitudes towards sexual intimacy later on.

In line with current legislation, the guidance should recognise that primary school governing bodies have discretion as to whether or not SRE is

provided. It should not be assumed that primary schools will provide SRE and no pressure should be placed upon them to do so.

SEAL

The section on Social and Emotional Aspects of Learning (SEAL) reads more as an advertisement rather than as guidance and does not sit comfortably with a document of this nature. Given the controversial nature of SEAL¹⁴ and the lack of any rigorous evaluation of the programme, we would suggest that this section be deleted.

The effects of SRE

It is simply not true to claim that: 'The evidence is conclusive that SRE does not increase rates of sexual activity or sexual experimentation in young people.' In this connection, we would refer to the section headed 'Facing up to the limitations of SRE' in response to Question 1.

Any SRE programme that fails to place sexual intimacy within a clear and objective 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 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.¹⁵

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'.¹⁶

The guidance confidently asserts that there is good international evidence that 'comprehensive programmes of SRE, covering a broad range of topics including factual information about contraception, sexual health services and sexuality and where the programme is coordinated with young people friendly confidential advisory service, have a positive impact on young people's sexual behaviour'. However, a number of studies have found serious shortcomings in

¹⁴ See, for example, Carol Craig, *The potential dangers of a systematic, explicit approach to teaching social and emotional skills (SEAL)*; Kathryn Ecclestone and Dennis Hayes, *The Dangerous Rise of Therapeutic Education*, Routledge 2009.

¹⁵ Royal Forest of Dean College with Gloucestershire Community Health Council, *Sex Education & Family Planning Services Survey Results*, March 2000.

¹⁶ Education Act 1996, s403(1).

government-funded 'comprehensive' SRE programmes¹⁷ and in some cases they have proved counterproductive.¹⁸

There is no warrant for the sweeping claim of the draft guidance that programmes with a focus on abstinence do not have a positive impact on the sexual behaviour of young people.¹⁹

Public support

In support of its claim that 'there is a broad consensus and support for SRE in schools', the draft guidance cites figures from a public opinion poll conducted on behalf of the government with leading questions when it became evident that the official public consultation did not support the government's plans.

In spite of a concerted campaign on the part of the sex education lobby, less than a third (32 per cent) of respondents to the public consultation supported statutory PSHE (including SRE), with 68 per cent opposed. The overwhelming majority (94 per cent) of those opposed to statutory PSHE/SRE 'strongly' disagreed with it being given statutory status.

It is questionable whether such statistics have a place in a guidance document, but if the department wishes to give some form of semblance of public support, it should honestly acknowledge the strong consultation response against its proposals.

The 'responsibility' of parents who withdraw their children from SRE

The draft guidance repeatedly asserts that parents who exercise their legal right to withdraw their children from SRE 'have a responsibility to provide alternative SRE'. However, the basis of this 'responsibility' is nowhere made clear. The draft guidance also suggests that the school's SRE policy should set out 'how the school will support [such parents] in fulfilling their responsibility to provide SRE at home' and that schools 'should discuss the alternative arrangements that parents are making to provide SRE themselves'.

¹⁷ See, for example, M Henderson, D Wight, G M Raab, C Abraham, A Parkes, S Scott, G Hart, 'Impact of a theoretically based sex education programme (SHARE) delivered by teachers on NHS registered conceptions and terminations: final results of cluster randomised trial', *British Medical Journal*, 21 November 2006.

¹⁸ See, for example, M Wiggins, C Bonell, M Sawtell, H Austerberry, H Burchett, E Allen, V Strange, Health outcomes of youth development programme in England: prospective matched comparison study, *BMJ* 2009;339:b2534 doi:10.1136/bmj.b2534.

¹⁹ A helpful overview is provided in Robert Rector, *The Effectiveness of Abstinence Education Programs in Reducing Sexual Activity Among Youth*, The Heritage Foundation, April 2002, <http://www.heritage.org/Research/Reports/2002/04/The-Effectiveness-of-Abstinence-Education-Programs> A recent study published in the journal *Archives of Pediatrics and Adolescent Medicine*, has also shown positive outcomes for an abstinence-only approach: John B. Jemmott, Loretta S. Jemmott, Geoffrey T. Fong, 'Efficacy of a Theory-Based Abstinence-Only Intervention Over 24 Months: A Randomized Controlled Trial With Young Adolescents', *Arch Pediatr Adolesc Med.* 2010; 164(2):152-159.

We are not aware of any legal duty that parents possess to provide SRE to their children and it is not the place of guidance to attempt to impose any such duty upon them. The suggestion that schools should be supporting parents in the fulfilment of this non-existent 'duty' fails to take account of the fact that in the majority of cases the very reason why parents withdraw their children from school SRE classes is that they do not agree with the school's approach to the subject. Under such circumstances, the school is the last place from which parents will welcome support.

The draft guidance appears to presuppose that young people require some degree of formal instruction in SRE, whether at school or at home. It does not appear to recognise the fact that some parents do not consider this an area for formal instruction, but a matter of learning primarily by means of observing healthy family relationships and imbibing positive attitudes within the home.

The draft guidance expresses horror that 'many children and young people grow up without ever having had a conversation with their parents about sex and relationships'. We are not convinced that this is necessarily a bad thing. According to the government-funded leaflet, *Talking to your teenager about sex and relationships*, it is never too early for parents to start talking to their children about sex and relationships, and talking openly to teenagers makes them feel under less pressure to have sex.²⁰ However, it is not as simple as that.

While some studies have shown that conversations with parents tend to encourage more conservative attitudes, when compared to discussions with peers which often lead to more liberal attitudes,²¹ other studies have shown that young people who report having more conversations of a sexual nature with their parents are more likely to become sexually active at an early age.²²

The evidence indicates that there is no benefit to be gained from engaging in conversations about sex *per se*; what really matters is how it is done. If parents have a casual, blasé approach to sexual issues and allow television programmes and music with high levels of sexual content to be viewed and played in the home, their children are likely to view sexual intimacy as something cheap and to act accordingly. However, if parents speak about sexual matters with modesty and restraint and exercise control over sexual content in the media, then their children will see sexual intimacy as something valuable and worthy of respect.

The section of the draft guidance headed 'Practical strategies for supporting parents and carers in their responsibility for SRE' betrays a lack of respect for

²⁰ NHS and Parentline Plus, *Talking to your teenager about sex and relationships*.

²¹ C DiLorio, M Kelley, M Hockenberry-Eaton, 'Communication about sexual issues: mothers, fathers and friends', *J Adolesc Health* 1999; 24:181-189.

²² M Bersamin, M Todd, D A Fisher, D L Hill, J W Grube, S Walker, 'Parenting Practices and Adolescent Sexual Behavior: A Longitudinal Study', *Journal of Marriage and Family* 70 (February 2008): 97-112.

parents and for family privacy. It has more to do with ‘imposing’ on parents than genuinely supporting them and should be deleted from the draft.

‘Balancing rights’

In its assertion that: ‘Schools will need to balance the rights of the parents and the rights of their pupils,’ the draft guidance appears to assume that the rights of parents and of pupils are in conflict. We reject that assumption. Parents and their children constitute a family unit – they are on the same side, not in opposition to each other. The notion of needing to ‘balance the rights’ of parents and children is a mechanism increasingly being used by government departments to impose their own agendas on children and to undermine parents.

The family is not a group of autonomous individuals who happen to live under the same roof. Rather it is the basic unit of society, forged by bonds of love and committed to the welfare of all its members. The vast majority of parents are concerned to promote the best interests of their children and will seek to educate them with that goal in view. It is therefore inappropriate to think in terms of balancing the ‘rights of parents’ and ‘rights of children’ as if there were a conflict between them. Since parents have responsibilities for their children that are shared by no one else, it is important that their authority is recognised and that the state does not attempt to undermine it by intruding in an area where it has no responsibility.

Q3) Is Section 3 helpful in setting out the range of processes that need to be in place and the roles that different partners have in planning and teaching good SRE?

<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Not Sure
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No.

Factually accurate and evidence-based

We fully agree that SRE should be factually accurate and evidence-based, but would observe that there is strong resistance from some of the major advocates of sex education in relation to advising pupils about the transmission of sexually transmitted infections and the limitations of condoms. While the method failure rate for condoms as a means of contraception is three per cent, the user failure rate is much higher at around 14 per cent.²³ This means that, even among condoms users, one in seven women will still become pregnant each year.

²³ H Fu, L Darroch et al Contraceptive failure rates: New estimates from the National Survey of Family Growth *Fam Plann Persp* 1999, 31, 56-63.

When it comes to providing protection against sexually transmitted infections, the effectiveness of condoms is even more variable. While they are 85-95 per cent effective in preventing HIV transmission when used correctly every time, they provide much less protection against other infections, and little or no protection against some infections, including human papillomaviruses (HPV), which can lead to cervical cancer. However, there is strong resistance to telling young people about the limitations of condoms. There is also a widespread reluctance to telling young people that sexual intimacy is not an inherently risky activity and that vaginal intercourse between an uninfected man and woman in the context of a lifelong mutually faithful union carries no risk of infection at all.

In view of this, it would be helpful if the guidance were to specify that accurate and evidence-based SRE will include telling pupils about the limitations of condoms and the benefits of confining sexual intimacy to marriage.

Promote equality, inclusion and acceptance of diversity

According to the draft guidance, 'SRE should promote awareness, respect and understanding for the wide range of practices and beliefs relating to sex and relationships within our society.' As we observed in our response to Question 2, the overwhelming majority of people would be in agreement that there are some sexual practices that do not merit respect.

Where the line is drawn between what is acceptable and unacceptable, moral and immoral, worthy of respect and unworthy of respect will differ from person to person. In the absence of agreed boundaries, it is difficult to see how schools can be expected to promote 'respect' for the wide range of practices and beliefs relating to sex and relationships within our society. In addition, there are undoubtedly some sexual beliefs and practices that young people do not need to be aware of or to have an understanding of. It is therefore not clear what is being advocated in the desire to promote equality, inclusion and acceptance of diversity.

If one of the chief aims of SRE is to promote optimal sexual health, schools cannot present children and young people with a menu of equally legitimate sexual options. Not all sexual practices are equally healthy. Health promotion will necessarily involve drawing a clear distinction between healthy sex (sexual intimacy between a man and a woman in a faithful lifelong marriage) and other types of sexual activity which are inherently unsafe to a greater or lesser degree.

Promote strong and stable relationships

The draft guidance states that: 'There is strong evidence that children and young people thrive best when they grow up in strong and stable families.' As shown above, it would be more accurate to state that 'There is strong evidence that children and young people thrive best when their parents are married.' The guidance should not be shy of acknowledging the unique benefits associated with marriage.

Although the draft guidance speaks of ‘the importance of delaying parenthood until [young people] are ready - emotionally, educationally and economically – to provide the care and support their children will need’, it says nothing about the importance of delaying sexual intimacy until they are married and able to provide their children with the stability that comes from having parents who are committed to each other as well as to their children for life. This is an omission that needs to be addressed if we are to begin to reverse the rising tide of family breakdown with all its damaging social consequences.

Rights and responsibilities

This is a particularly unclear section of the draft guidance, largely because the term ‘rights’ is used in an arbitrary way and at various points the word ‘rights’ is used where it would be more appropriate to speak in terms of responsibilities. For example, the document refers to the *right* of children and young people to say no, when in reality they have a *responsibility* to decline the sexual advances of another person. If they are under the age of 16, they have a legal responsibility to say no, and at any age the responsibility to protect the sexual health of themselves and others bestows upon them the responsibility to say no to any form of sexual intimacy outside the context of a lifelong and mutually faithful relationship.

When the draft suggests that children and young people have a ‘right to confidential advice and support on sex and relationships’, it is using the language of rights to impose its own ideology. In reality, children have no such ‘right’ at all. Social commentator Lynette Burrows has noted how the language of children’s rights is being misused to advance a very adult agenda:

The assertion of children’s rights in their current form is both bogus and inconsistent... [W]e are not talking about genuine children’s rights at all. We are talking about the right of some adults - and certainly not ordinary parents - to decide what children shall and shall not be allowed to do. Children themselves are just the means by which they achieve their aims. Their effect, if not intentions, is to reduce us all to the level of dependent children, waiting to be told...what rights we have left with which to control our own lives and to make decisions for the welfare of our families.²⁴

The so-called ‘right’ of the child to confidential sexual advice and support undermines the responsibility of parents to guide and protect their children. The guidance should demonstrate a commitment to recognising the responsibilities that parents bear in relation to their children and not use the rhetoric of ‘rights’ as a mechanism to enable the agencies of the state to intrude where they have no responsibility. We therefore object to the suggestion that, ‘SRE is a good opportunity for school nurses to meet students to talk about how they can access individual confidential advice and support when needed’.

The reference to clarifying ‘rights relating to equalities’ is particularly obscure and requires clarification. As discussed above, everyone draws the line somewhere when it comes to discriminating between sexual beliefs and conduct that are acceptable and unacceptable. Not all ‘personal choices

²⁴ Lynette Burrows, *The Fight for the Family*, Family Education Trust 1999, p74.

relating to sex and relationships' are to be accepted without question. In a free society it is important to preserve the liberty of individuals and groups to publicly state their disapproval of certain sexual practices even if such disapproval sometimes causes offence to those who engage in such practices. SRE should not be used as a social engineering tool to promote the idea that all sexual choices are equally valid and morally acceptable.

Further confusion in relation to the use of the terms 'rights and responsibilities' is evident where the draft guidance suggests that SRE should support young people with the skills needed to 'fulfil their rights and responsibilities'. It is inaccurate to speak of the 'fulfilment of rights'.

Content

The draft guidance suggests that schools may wish to 'bracket SRE content under the five key concepts' of: personal identities, healthy lifestyles, risk, relationships and diversity. We would suggest that there are other concepts that are even more fundamental – concepts such as marriage, modesty, fidelity and self-restraint. These foundational matters do not feature strongly in the guidance and some of them do not appear at all.

Given that parents bear the ultimate responsibility for the care and nurture of their children, and that children themselves lack the experience and maturity to assess their needs, we do not accept the contention of the document that, 'It is important that children and young people are involved in assessing, reviewing and shaping SRE provision.' As noted above, in the public consultation, two-thirds of respondents disagreed with the proposition that 'A school's governing body should consult pupils, at secondary level, when developing its sex and relationship education policy.'

Since SRE is not currently part of the national curriculum, we question the appropriateness of suggesting 'questions to help pupils to explore SRE within the national curriculum'. In many cases, the questions go far beyond any natural understanding of the statutory programme of study for science. We are concerned that this approach will encourage schools to deliver SRE under the guise of national curriculum science and further limit the influence of parents over what is taught, possibly even denying them their right to withdraw their children from elements of SRE not covered by the national curriculum.

Many of the suggested questions have no place in the national curriculum. For example, it is unnecessary for schools to be required to formally teach 5-7 year-olds about the differences between girls and boys' bodies, the correct words for the sexual organs, where babies come from, and the difference between good touch and bad touch. It is similarly unnecessary and inappropriate to introduce 7-11 year-olds to contraception and homosexuality through questions such as, 'How does the sperm and egg meet during sexual intercourse and can conception be prevented?' and 'What is sexist bullying and homophobic bullying and what skills do I need to do something about it?'

We are also concerned that the guidance advocates teaching 11-14 year-olds about abortion, informing where they can obtain contraception and the morning-after pill, and encouraging them to consider questions such as 'What is sexual attraction and sexual orientation and how does it vary between people?' and 'What are the different ways of expressing sexual intimacy, and what are the associated risks of STIs and pregnancy?' All such issues need to be addressed within a clear and unambiguous moral framework, but since this is completely lacking in the draft guidance, it allows considerable scope for SRE to be used as a social engineering tool.

We reject the presuppositions inherent in many of the questions it is envisaged that 14-16 year-olds will consider. For reasons discussed above under 'rights and responsibilities', it is not appropriate to address the questions, 'What sexual and reproductive rights do I have as a young person (including rights relating to information, healthcare, confidentiality and the law)?' or 'What is the full range of services, help and information available to me including local contraception and sexual health services, counselling, pharmacists, GPs, drop-in services for young people, telephone help-lines and internet sites?'

Assessment methods

The draft guidance suggests assessing SRE by means of 'repeating a values continuum or a prioritisation activity after a period of time and noting changes'. However, this does not demonstrate anything. Just because a pupil has changed his or her attitude or stance in relation to sex and relationships is not necessarily either a good or a bad thing. As discussed above, the whole concept of values clarification is wedded to a relativistic view that does not attempt to teach moral absolutes. This makes assessment problematic; indeed, in the absence of an agreed moral code, it can be difficult to agree what will be considered a positive and beneficial outcome.

A paper published by the BMA Foundation for AIDS considered that:

Except in very large studies, it may be unrealistic to expect research to be able to show that school sex education has any directly measurable behavioural or health outcomes, in view of all the other factors which influence sexual health and lifestyles.

With regard to measuring the impact of sex education by 'self-reported age at first intercourse and numbers of partners', the paper stated that while such information would be useful in understanding sexual behaviour, there was 'not a consensus as to whether increasing ages at first intercourse or decreasing numbers of partners are always desirable outcomes'.²⁵

Dr Faith Spicer, the founder and director of the London Youth Advisory Centre (now the Brandon Centre) was among those who did not regard increasing levels of sexual activity among young people as an undesirable outcome.

²⁵ BMA Foundation for AIDS, Health Education Authority, Sex Education Forum, 'Using effectiveness research to guide the development of school sex education', BMA Foundation for AIDS, 1997.

Addressing a conference on 'The Consequences of Teenage Sexual Activity' organised by Brook, she stated:

The main task of sex education in the past was to inform the uninformed. Now, I think the main task is to help young people find out what they feel, how they feel and take responsibility for themselves. But it is also doing another very good task. It is breaking away from the idea that sex is dirty, taboo-ridden, bad, into seeing it as something good, valuable and life-enhancing, and that's why I think that sex education can, of course, increase sexual activity, but it isn't necessarily harmful if it does that.²⁶

The success or otherwise of SRE can only be assessed if the goals are clear and capable of measurement. The present draft guidance does not attempt to set out the aims of SRE in a manner that is capable of accurate assessment.

Involving children and young people in subject improvement

As noted above under 'consultation with pupils', it is simply not the case that 'The views of children and young people are key to assessing if SRE is meeting their needs.' This statement presupposes that children and young people possess the maturity to make an intelligent assessment of what their needs are. It does not allow for the possibility that there may be a difference between what children and young people think they need and what they really do need.

It is very disturbing to find so much weight given by the draft guidance to the views and opinion of children, and so little to their parents who bear the primary responsibility for their nurture and education.

The draft guidance refers favourably to the Sex Education Forum's toolkit, *Are you getting it right?* However, the toolkit is based on 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.

The toolkit seems oblivious to the fact that 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. 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. Separating sex from marriage has not only led to high rates of teenage pregnancy, sexually transmitted infections 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.

The toolkit is also fundamentally flawed in assuming that children have the maturity and discernment to know what they need in terms of sex and

²⁶ Faith Spicer, 'The Consequences of Teenage Sexual Activity' conference, 27 April 1981.

relationships education. 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. In our view, the toolkit is not fit for purpose and does not merit inclusion in the guidance.

The role of governors

Although this section refers to ‘communication’ with parents about SRE, it does not stress the importance of proper consultation with parents and the duty of the governing body to formulate its policy in a manner that is sensitive to parental wishes. As it stands, the communication envisaged could be interpreted to mean merely that the school is to tell parents what is going to happen. Once again the draft places a greater emphasis on the wishes of pupils than it does on the wishes of parents. While the document envisages regular consultation with children and young people about SRE to ensure that their views are taken into account, it says nothing about regular consultation with parents and ensuring that their views are taken account of. This emphasis needs to be reversed.

Q4) Is Section 4 helpful in describing how the whole-school should be involved in SRE?

<input type="checkbox"/> Yes	X No	<input type="checkbox"/> Not Sure
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No.

In its suggestion that a school’s approach to SRE is most effective when ‘pupils’ needs and views are taken into account when developing programmes and policies’, the draft guidance once again places a stronger emphasis on listening to pupils than it does on listening to parents. The document appears to have lost sight of the fact that schools exist to serve parents who bear the legal responsibility for their children’s education.

The draft also suggests that SRE is most effective when ‘it is supported by consistent messages from the family and community’. It is unclear what this means and how it can be achieved. Further clarification is required.

Q5) Is Section 5 helpful in describing what can be used for teaching SRE?

<input type="checkbox"/> Yes	X No	<input type="checkbox"/> Not Sure
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No.

The checklist for selecting teaching materials/resources reflects the relativistic approach of the whole draft guidance. It makes no reference to ensuring that resources promote modesty, self-restraint, marriage or fidelity, which in turn will contribute to stable family life and supportive communities. It is important that resources do not blur gender distinctives and adequately recognise gender differences.

As noted above, the Sex Education Forum is committed to a relativistic approach to SRE which it at odds with the objective of promoting optimal sexual health. We can therefore have no confidence in the Forum's selection of recommended teaching materials.

Q6) Are the messages in the guidance clear, workable, and good enough to be put into practice?

<input type="checkbox"/> Yes	X No	<input type="checkbox"/> Not Sure
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At over 26,000 words, the present draft guidance is over two-and-a-half times the length of the present sex and relationship education guidance. We would suggest that the draft is excessively long and needs to be far more succinct if it is to serve as a useful tool.

As indicated in response to the questions above, the draft guidance is unclear at a number of crucial points and needs to demonstrate a far stronger commitment to consultation with parents and sensitivity to parental concerns.

Q7) What do you think would be the best ways of getting these messages to young people and parents?

As discussed above, many of the messages contained in the guidance rest on unsound foundations and are not geared to preparing children and young people for a stable, faithful and lifelong marriage.

9 a) Is the appendix provided in the guidance useful?

No.

It places far too much emphasis on consultation with pupils and insufficient emphasis on the role of parents.

Q11) Case studies have been included. Are they enough or do we need to cover other areas?

Many of the case studies included illustrate the weaknesses of the draft guidance. We have selected four examples for particular comment:

(a) The case study featuring Trinity St Mary's Church of England Primary School in Wandsworth on page 23 states that the SRE programme 'emphasises the importance of all families, it embraces all types of family structures'. However, to present all types of family structure as equally important is not consistent with the commitment to providing accurate information, since the evidence clearly shows that marriage is associated with greater family stability and better outcomes for children against every indicator.

(b) The parents' leaflet produced by Craylands Primary School in Kent tells parents that the school will 'inform you about the best practice with regard to SRE'. This assumes that the school knows better than parents what children need to learn about sex and relationships, and that parents need to listen to the school rather than the school listen to parents. We suggest that this is the opposite of how things should be and that the school should be taking account of parents' views and concerns, as required by the current guidance.

(c) The aims of SRE set out in the policy of an unnamed primary school on page 24 refer to the objective to develop in children 'a respect for their own bodies and the importance of sexual activity as part of a committed, long-term and loving relationship'. We suggest that this aim is inadequate; it is not 'long-term' relationships we should be seeking for children, but 'lifelong' marriages. 'Long-term' is capable of a wide range of interpretations, from weeks to years. To a primary school pupil, a few weeks might be considered 'long-term', whereas lifelong is clear and unambiguous. A series of relationships – even 'long-term' relationships – carries with it sexual health risks and does not provide the stability that produces the best outcomes for children.

(d) On page 46, the draft guidance refers to school visits to sexual health services operated by the Camden and Islington Sexual Health Education Team. We are concerned that sending out the message that visiting a sexual health clinic is a normal part of adult life runs the risk of becoming a self-fulfilling prophecy. School children do not need organised visits to sexual health clinics any more than they need school trips to drug rehabilitation centres or alcoholics anonymous groups. Rather than normalising recreational sex and giving the impression that STIs are an inevitable consequence of living in the 21st century, health professionals should be encouraging them to take full responsibility for their sexual behaviour and emphasising the health and social benefits of confining sexual activity to a lifelong marriage between one man and one woman.