



Sex and Relationships Education (SRE)

January 2011

“Sex and relationships education is learning about sex, sexuality, emotions, relationships, sexual health and ourselves. The term ‘sex and relationships education’...represents learning about sex and relationships in all settings including home, care, community, youth, secure, school and other educational settings”¹. FPA believes that it is vitally important to educate people about sex and relationships, to ensure that they have all the information and advice they need to explore, develop and express their own sexuality safely.

1. FPA believes that SRE is a lifelong learning process based on the acquisition of knowledge and skills and the development of positive values and attitudes.
2. FPA acknowledges that education about sex and relationships originates from a variety of sources, both informal and formal. FPA believes that the responsibility for the sex and relationships education of children and young people should be shared between parents and professionals, including teachers, youth workers, and health professionals.
3. FPA recognises that children learn about sexuality and relationships from a very early age. We believe that SRE should be compulsory within the National Curriculum in both primary and secondary schools.
4. FPA believes that school-based SRE policy and practice should be developed using evidence of effectiveness from the UK and elsewhere as its foundation.
5. FPA believes that SRE should help to equip young people to enjoy sex and relationships that are based on qualities such as mutual respect, trust, negotiation and enjoyment.
6. FPA believes that SRE should value all people equally, whether they are gay or lesbian, bisexual, heterosexual or transgendered. Understanding of and support for other people’s sexual orientation should be actively promoted.
7. FPA believes that SRE should recognise and appreciate the value and diversity of families that exist and should not value one family structure as superior to another.
8. FPA believes that school-based SRE should meet the needs of boys as well as girls, young people from minority ethnic groups, young gay men and lesbians, and young people with physical impairments or learning disabilities. Those involved in the delivery of SRE must recognise that children and young people learn in a variety of ways. Teaching methods and resources should meet this range of needs.
9. FPA believes that school-based SRE should be developed with the needs and rights of children and young people, rather than the concerns of adults, at its centre. All children and young people have the right to comprehensive SRE. Schools should ensure that they work closely with parents to develop an inclusive and appropriate SRE policy and programme for all pupils.
10. FPA believes that all those involved professionally in the delivery of SRE should be required to have initial and in-service training in the subject.

Sex and sexuality have an impact on people for all of their lives. Children and young people learn about sex and relationships from both formal and informal sources. These include family, friends, the media, school and other educational settings, youth clubs, and from health professionals. These sources vary in their accuracy and many young people fail to obtain the information that they need about sex, relationships, contraception and sexually transmitted infections (STIs). Much of the content of what young people learn about sex and relationships does not currently meet their needs, and instead promotes gender and sexual stereotypes. FPA believes that SRE should be a compulsory part of the curriculum at all key stages for children and young people throughout the UK.

There is broad support from both parents and young people for formal school-based SRE: in a 2005 survey, 86 per cent of all adults agreed that every young person should receive SRE in school as a compulsory part of the National Curriculum², and a survey conducted for the Department for Children, Schools and Families in October 2009 found that 81 per cent of parents agreed that all children and young people should attend mandatory sex and relationships education lessons³. High quality SRE does not make young people more likely to have sex. In fact, it can lead to them starting to have sex later, especially when linked to confidential advice services⁴. High quality school based SRE has also been found to contribute to meeting government public health priorities, such as achieving a reduction in teenage pregnancy rates and the prevalence of STIs⁵.

SRE should begin well before the onset of puberty and the changes it brings. Talking about sex and relationships should be normalised from the beginning of a child's education. Research has shown that SRE which aims to prevent unwanted teenage pregnancy or STIs should be initiated early, before patterns of sexual behaviour are established⁶. The content of SRE should place the needs of children and young people firmly at its centre. The Children Act 1989 requires children's views to be taken into account in the light of their age and understanding. The UN Convention on the Rights of the Child states that the views of children must be heard in all matters relating to them, and that children have a right to information.

However, SRE provision by schools is variable in content and quality. Young people report that the information they receive is too little, too late and that it is too biological⁷. They say that they want to learn more about emotions and relationships. Effective SRE should achieve a balance between acquisition of:

- **Attitudes** – appreciation of difference; tolerance; openness about sex.
- **Skills** – negotiation; communication; assertiveness; care for self and others; personal skills; managing emotions and relationships; problem-solving skills; decision-making skills.
- **Knowledge** – puberty; the mechanics of sex including biological aspects; fertility and reproduction; contraception and STIs; information about sexual orientation and sexuality.

SRE programmes should be developed in a context of the society within which children and young people live. SRE must be inclusive and relevant and

should meet the educational and emotional needs of *all* pupils. An emphasis on qualities within relationships such as respect, honesty, trust, and self-esteem avoids stigmatising or promoting any one form of relationship or sexual orientation. Teachers and governors must work in partnership with parents and carers to communicate positively about the content of SRE, and the rationale for and benefits of it in equipping children for adult life.

The role of SRE is also crucial in reframing sexuality in a positive light. SRE should both explore and challenge conventional notions of masculinity and femininity. It should equip young people with the knowledge, skills and attitudes both to feel happy and supported in their sexual identity, and to support and respect the sexual identity of others. It should make explicit links between negotiating safer sex and engaging in positive, affirming sexual behaviour. Those involved in the delivery of SRE will need to demonstrate a commitment to the creation of a safe environment which encourages open discussion of both the pleasures and the pitfalls of sexual expression and behaviour.

Research shows that to be most effective in meeting public health objectives and to ensure young people's interest and involvement, SRE needs to employ teaching methods designed to involve participants and enable them to personalise the information⁸. Teachers do not always feel confident either in employing these methods or with the content of sex and relationships education, and training is required which will enable them to deliver young people's entitlement to SRE. We believe that SRE should be part of core Initial Teacher Training programmes for all teachers throughout the UK. There should also be an increased focus on improving the quality of specialist SRE training in the UK and increasing the numbers of teachers and school nurses who receive this training.

References

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- ² Brook, *Poll reveals massive public support for key sexual health priorities in 2006* (London: Brook, 10 January 2006)
- ³ Populus, *Sex Education Poll (October 2009)* (London: Populus, 2009)
- ⁴ Swann C et al, *Teenage Pregnancy and Parenthood: a Review of Reviews, Evidence Briefing* (London: HDA, 2003)
- ⁵ Department for Education and Skills, *Teenage Pregnancy Next Steps: Guidance for Local Authorities and Primary Care Trusts on Effective Delivery of Local Strategies* (London: DfES, 2006)
- ⁶ Health Development Agency, *Teenage Pregnancy: an update on key characteristics of effective intervention* (London: HDA, 2001)
- ⁷ UK Youth Parliament, *Sex and Relationships Education: Are You Getting It?* (London: UK Youth Parliament, 2007)
- ⁸ Kirby D, *Emerging answers 2007: research findings on programs to reduce teen pregnancy and sexually transmitted diseases* (Washington DC: National Campaign to Prevent Teen and Unplanned Pregnancy, 2007)