



# Relationships and Sex Education

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Teaching about relationships and sex in UK schools often focuses on the biology of reproduction. Stakeholders have called for teaching to cover a broader range of issues, such as healthy relationships and the risks posed by using digital technology. This POSTnote reviews evidence on the potential outcomes of relationships and sex education in schools and how to maximise its effectiveness.

## Background

Teaching about relationships and sex can cover a variety of topics such as reproduction, physical changes through puberty, and how to manage emotions. It can be taught as a stand-alone subject or as part of other subjects, including Sex and Relationship Education (SRE), Personal, Social, Health and Economic education (PSHE), and Biology.<sup>1</sup> It can be delivered by trained teachers or external specialists from the third sector, including charities.<sup>1,2</sup> There are many terms used for education about relationships and/or sex. This POSTnote uses the term Relationships and Sex Education (RSE) for any teaching in this area.

International organisations suggest that effective RSE can contribute to improvements in public health by reducing sexually transmitted infections and unplanned pregnancies, promote healthier relationships by teaching young people how to identify abusive behaviour, and equip young people with knowledge about their rights in relationships.<sup>3-7</sup>

The Children and Social Work Act 2017 placed a duty on the Secretary of State to make Relationships Education in primary schools and RSE in secondary schools statutory in the near future.<sup>8,9</sup> The Act also provides the power to make PSHE mandatory.<sup>8</sup> The Department for Education (DfE) launched a call for evidence on future RSE content and on

## Overview

- Relationships and Sex Education (RSE) can increase knowledge about sexual risk and may reduce teenage pregnancies.
- There are few high-quality studies on how RSE affects prevalence of sexually transmitted infections (STIs). However, available evidence suggests that RSE does not reduce STI rates among young people.
- RSE can increase young people's knowledge about, and change attitudes towards, sexual abuse and partner violence.
- RSE's role in improving awareness of the risks of sharing nude images and using pornography has not yet been evaluated.
- RSE is most effective when it is taught by trained professionals in regular sessions, is embedded into school policy and involves the input of young people and their families

whether to make PSHE mandatory.<sup>10</sup> DfE will use the resulting evidence and wider stakeholder engagement to shape draft regulations and guidance for public consultation before debate in Parliament.

This POSTnote describes current RSE teaching across the UK and reviews evidence around its potential to deliver various outcomes. It then presents principles that evidence suggests RSE should follow to achieve these outcomes.

## Current RSE Teaching

As education is a devolved issue, RSE teaching differs around the UK (Box 1) as well as across the school sector. Private schools and state-funded schools that are independent of local authorities (including academies and free schools) currently do not have to teach RSE. Across all schools, parents have the right to withdraw their child from all sex education except the content covered in science.<sup>11-14</sup>

In 2013, Ofsted reported that education on sex and relationships required improvement in 42% of primary and 38% of secondary schools inspected in England.<sup>1</sup> It noted that important topics, such as domestic violence, were omitted from many school curricula. The Inspectorate for Education and Training in Wales (Estyn) found that RSE was not allocated enough time in the school curriculum.<sup>15</sup>

**Box 1. Current RSE Teaching in the Four UK Nations**

- **England:** Currently only local authority secondary schools (around a third of secondary schools) are required to offer Sex and Relationship Education (SRE). These schools follow the National Curriculum, which states that schools must provide sex education from age 11 years onwards.<sup>16</sup> PSHE is only compulsory in independent schools.<sup>9</sup> Neither SRE nor PSHE are mandatory in academies.<sup>9</sup> However, SRE may be offered and there is statutory Government guidance from 2000 for any school teaching it.<sup>17</sup>
- **Wales:** SRE is a compulsory part of the secondary curriculum for local authority schools.<sup>18</sup> Primary schools are required to teach aspects of SRE that are contained within curriculum subjects, such as science, and have discretion to provide a broader SRE programme. The Welsh Government published guidance in 2010 containing statutory principles for SRE teaching and non-statutory suggestions of content.<sup>12</sup>
- **Scotland:** The Curriculum for Excellence in Scotland sets out expectations for primary and secondary schools rather than mandating the exact content of subjects.<sup>19</sup> The Health and Wellbeing strand includes the subject Relationships, Sexual Health and Parenthood Education (RSHP). There is statutory guidance on general principles for teaching RSHP.<sup>13</sup>
- **Northern Ireland:** The Northern Ireland Curriculum includes the subject Relationships and Sexuality Education. In 2015 the Department of Education published non-statutory guidance on the subject.<sup>14</sup> The guidance does not suggest lesson content but proposes general principles. Schools are required to develop their own policy for addressing RSE in lessons, in line with the school's ethos and in consultation with parents and pupils.<sup>14</sup>

**Outcomes of RSE Teaching in Schools**

This POSTnote will consider four main outcomes related to the subject content proposed in the DfE call for evidence: improving public health, addressing inequalities, promoting healthy relationships, and improving awareness of the risks posed by using digital technology. This section reviews evidence about the effectiveness of RSE in achieving these outcomes. Many studies on RSE are international and there are relatively few that focus just on the UK.<sup>20</sup> As RSE programmes historically focussed on public health outcomes (such as reducing unplanned teenage pregnancy), more evidence is available on the effect of RSE on these outcomes than on others (such as reducing partner violence).<sup>21-23</sup> RSE has been proposed as a way to achieve other objectives, such as increasing awareness of female genital mutilation (FGM) and forced marriage.<sup>24-26</sup> However, this POSTnote will consider only the four broad outcomes outlined above.

**Improving Public Health***Reducing Teenage Pregnancy Rates*

Since 1999 the number of teenage pregnancies in the UK has declined and is now at the lowest level since records began in 1969.<sup>27,28</sup> However, the UK continues to have one of the highest rates of teenage pregnancy in Europe.<sup>29</sup> It is difficult to isolate the effect of RSE on teenage pregnancy rates as studies often examine multiple interventions at the same time.<sup>30,31</sup> Other factors, such as rising educational attainment among girls, may also account, at least partially, for declining levels of teenage pregnancy.<sup>27,32,33</sup>

A 2009 review of initiatives that attempted to change knowledge and behaviours in different policy areas (for

example, smoking prevention) suggests that increasing people's knowledge about risks can influence their behaviour.<sup>34</sup> Multiple studies have found that RSE can increase young people's knowledge about sexual risks (such as getting pregnant).<sup>20,35-37</sup> There is also evidence that RSE can lead to increased use of contraceptives<sup>36,38,39</sup> and reduced numbers of sexual partners.<sup>36,39,40</sup> RSE may also delay the point at which people first have sex<sup>36,39</sup> and decrease rates of teenage pregnancy.<sup>26,38</sup>

*Reducing Rates of Sexually Transmitted Infections (STIs)*

Young people aged 15–24 years have the highest number of STI diagnoses of any age group.<sup>41</sup> A 2017 report from Public Health England states that statutory high-quality RSE may equip young people with information and skills to improve their sexual health.<sup>41</sup> A survey of over 3,000 people aged 17–24 years in the UK found that people who said their main source of information about sex was school (rather than parents or peers, for example) were less likely to report having been diagnosed with an STI or having had unsafe sex in the past year.<sup>42</sup> Despite this, reviews report that RSE interventions do not reduce STI prevalence among young people.<sup>26,43,44</sup> However, according to UNESCO, there are few high-quality studies in this area.<sup>23</sup>

**Addressing Inequalities**

The 2010 Equality Act obliges schools (as public bodies) to work to eliminate discrimination and advance equal opportunities.<sup>45</sup> The prevalence of sexual abuse and negative sexual health outcomes (such as STI incidence or unplanned teenage pregnancy) is disproportionately higher in some groups. RSE has been suggested as a means for addressing these inequalities.<sup>37</sup> There is limited research in this area and the effectiveness of RSE on addressing inequalities has not yet been fully evaluated.<sup>23</sup>

- **People with Special Educational Needs (SEN)** are at greater risk of sexual exploitation and online sexual harassment.<sup>46,47</sup> Teaching RSE to people with SEN can increase knowledge about sexual abuse and improve skills, such as refusing sexual activity.<sup>48</sup> However, when participants are put in real-life situations, studies find that they do not consistently use these skills.<sup>48</sup>
- **People from socioeconomically deprived groups** experience higher rates of teenage pregnancy and child sexual abuse, especially children in care.<sup>27,49-53</sup> One review found that interventions that tackle social disadvantage, such as providing academic support or family counselling, can significantly reduce pregnancy rates.<sup>31</sup>
- **People who identify as lesbian, gay, bisexual or trans (LGBT)**<sup>54</sup> have been shown to be at greater risk of sexual violence,<sup>55,56</sup> physical violence,<sup>57</sup> poor mental health,<sup>58</sup> teenage pregnancy,<sup>59</sup> and STI incidence.<sup>3,60</sup> Surveys indicate that current RSE teaching tends to neglect discussion about LGBT sexual and gender identities.<sup>61-64</sup> RSE that is inclusive of LGBT identities may change sexual behaviour; one study found that LGBT young people who receive inclusive RSE teaching report fewer sexual partners than those without inclusive teaching.<sup>65</sup>

## Healthier Relationships

### *Reducing Levels of Sexual Abuse*

Young people with less knowledge about relationships or sex may be prone to victimisation as they may not understand that the abuse happening to them is wrong.<sup>6</sup> A 2015 study by the Children's Commissioner found that over a quarter of adult survivors of child sexual abuse did not realise that they were being abused at the time.<sup>66</sup> A survey of English schools by the Children's Commissioner found that over a third of teachers thought that children did not know enough about sexual abuse.<sup>67</sup>

Many international organisations suggest that a rights-based approach, where young people are taught about their rights in relation to their body, could reduce child sexual abuse.<sup>3,6,23</sup> However, there are few evaluations of RSE programmes addressing child sexual abuse. Two reviews found that RSE can help children to recognise inappropriate behaviour, improve knowledge of self-protection, increase protective behaviours (such as rejecting inappropriate requests from strangers), and increase disclosure of sexual abuse.<sup>68,69</sup>

### *Reducing Levels of Intimate Partner Violence*

Partner abuse affects people of all genders and sexualities.<sup>70</sup> However, women and girls are at particular risk of violence from male partners and attitudes about gender inequality influence violent behaviour.<sup>71</sup> Teaching girls to protect themselves from sexual violence has been shown to be ineffective in reducing abuse but a school-wide approach that makes violent behaviours unacceptable may reduce unhealthy relationship attitudes (see 'Whole School Approach').<sup>72</sup> Evidence indicates that programmes that explicitly address gender inequality (by confronting beliefs that support male authority over women, for example) are more effective in reducing partner violence and changing sexual behaviour, such as increasing condom use.<sup>23,73-76</sup>

Evidence suggests that there is a lack of knowledge among young people about abusive relationships and consent.<sup>77</sup> For example, a 2015 European survey of 4,500 young people aged 14–17 years found that in England 41% of girls and 14% of boys had experienced some form of sexual violence from partners.<sup>78</sup> Of the boys in England that were surveyed, 22% had pressured girls into unwanted sexual behaviour.<sup>78</sup> Some RSE programmes address abuse and consent. However, it is not consistently covered in schools.<sup>79</sup> A number of RSE programmes that address abuse have been evaluated (Box 2). Two reviews report evidence that such programmes are more effective at changing knowledge or attitudes rather than behaviour.<sup>26,80</sup>

## Improving Digital Awareness

Challenges relating to the use of digital technology include cyberbullying, sharing nude photos, and negative influences of online pornography.<sup>81</sup> Several organisations have suggested that RSE should teach young people how to stay safe online and counter negative influences of pornography on attitudes towards relationships, sex, and consent.<sup>77,82-84</sup>

### **Box 2. RSE Programmes Addressing Intimate Partner Violence**

A number of RSE programmes addressing intimate partner violence have been evaluated and found to be effective. Such evaluations often rely upon people reporting incidents of abuse. This can lead to underreporting of abuse as people may be unwilling to report abusive behaviours that they have experienced or perpetrated after being told that these behaviours are socially undesirable.<sup>85</sup>

**Tender's Healthy Relationships:** The UK arts charity Tender works to reduce intimate partner violence in young people's relationships. Its Healthy Relationships programme, delivered by third sector specialists, has been run in 250 schools and comprises ten hours of workshops using activities, games, and drama to inform young people about relationship abuse. Two independent evaluations found that young people who received the programme reported an increase in their knowledge about abuse and in their self-assessed ability to deal with abusive situations.<sup>86,87</sup>

**Fourth R:** This Canadian programme is a curriculum of 21 lessons delivered by a trained teacher. Teaching about intimate partner violence is integrated with lessons about healthy relationships and sexual health. The programme develops relationship skills to promote safer decision-making and has been implemented in over 2,000 schools. Independent evaluations found that:

- young people who had received the programme reported lower levels of partner violence compared to those who did not,<sup>75</sup>
- condom use was higher among young men who had completed the programme,<sup>75</sup>
- effects were present 2.5 years after the end of the programme.<sup>75</sup>

**Safe Dates:** The USA-based Safe Dates programme is a curriculum of ten 45-minute lessons taught by trained teachers. It also includes a student-produced theatre performance and a poster competition based on the curriculum content. Independent evaluations found that:

- young people who took part were less likely to report perpetrating, or being victims of, partner violence (physical and sexual) compared with those who did not take part,<sup>88</sup>
- the programme reduced other forms of self-reported violent behaviour, such as weapon carrying,<sup>89</sup>
- effects were present four years after the end of the programme.<sup>88</sup>

### *Raising Awareness about Risks of Sharing Nude Images*

A 2017 survey of 2,000 girls found that 25% of respondents aged 18–21 years saw sending nude photos as a normal part of a relationship and 16% felt pressured to send them.<sup>90</sup> Nude photos may be used in 'revenge porn' (publishing a photo online to humiliate the subject, now an offence under the Criminal Justice and Courts Act 2015)<sup>91</sup> or 'sextortion' (threatening to post a photo to blackmail the subject).<sup>92</sup> RSE's role in raising awareness of the risks of sharing nude images has not yet been evaluated.

### *Raising Awareness of Effects of Using Pornography*

A 2017 survey of 1,000 young people found that 28% of those aged 11–12 years and 65% of those aged 15–16 years had seen online pornography.<sup>93</sup> The same survey found that 42% of 15–16 year olds wanted to emulate practices seen in pornography.<sup>93</sup> A review by the Children's Commissioner found that pornography use was linked to unrealistic attitudes about sex.<sup>94</sup> Frequent exposure to pornography has also been linked to increased perpetration of sexual harassment and risky sexual behaviour, such as not using condoms.<sup>95-98</sup> RSE's role in countering these effects has not yet been evaluated.

## Principles of Effective RSE

Evidence for effective RSE comes from evaluations of successful programmes alongside reflections from teaching staff and young people.<sup>99</sup> Stakeholders (including Ofsted and UNESCO) have suggested a number of principles for effective RSE teaching.<sup>1,23,99</sup> Eight of the most commonly cited are presented below.

### Timeliness and Age Appropriateness

A key concern is the age at which information is provided to children and young people.<sup>99</sup> RSE has most impact when lessons come prior to young people experiencing situations in real life.<sup>1,4,100</sup> For example, it is easier to change young people's sexual behaviour before they have had sex.<sup>35,40</sup> Ofsted and UNESCO have called for age-appropriate teaching about puberty and sexual intercourse before a young person experiences them.<sup>1,4</sup>

### Frequency and Regularity

Successful RSE is embedded into regular curriculum (Box 2). Longer and more regular RSE programmes are more effective.<sup>50,101</sup> UNESCO recommends that RSE programmes should have a minimum of 12 annual sessions and continue over sequential years.<sup>23</sup> Students and teachers support a curriculum which revisits topics regularly throughout school stages.<sup>64,100</sup> Stakeholders suggest that if PSHE were also made statutory, RSE could be taught as a key component and may receive more curriculum time.<sup>26,102</sup>

### Delivery by Trained Professionals

RSE is more effective and cost-effective when delivered by trained adults rather than student peers.<sup>103-105</sup> However, many teachers have limited formal training in RSE (health and wellbeing typically forms less than 5% of overall teacher training course content) and may not be adequately informed.<sup>99,106</sup> Although teachers are essential to regular RSE lessons, surveys of students indicate that they also benefit from outside experts who are seen as impartial and non-judgemental.<sup>80,90,107</sup>

### Input of Young People

A rights-based approach to RSE advocates for young people having a say in what they are taught.<sup>99</sup> The charity Barnardo's suggests that involving young people in developing RSE programmes increases its perceived authenticity and credibility, potentially leading to better outcomes.<sup>50</sup> A survey by the sexual health charity Brook found that 47% of young people said that lessons do not cover what they need to know about sex and 72% want schools to listen to them about what should be taught.<sup>108</sup>

## LGBT Inclusivity

LGBT young people report feeling excluded from RSE when it only focusses on heterosexual relationships and restricted gender identities.<sup>64</sup> Making RSE more inclusive may promote healthier sexual behaviour among LGBT people.<sup>59</sup> However, Ofsted notes that teachers often lack training to teach about sexuality.<sup>1</sup> A Stonewall survey found that homophobic/transphobic language was pervasive in UK schools amongst students and staff, with 36% of secondary school teachers reporting hearing such language from other school staff.<sup>109</sup> The survey also indicated that teachers felt unprepared to tackle discrimination, with 55% of secondary school teachers reporting that they did not always challenge homophobic/transphobic language.<sup>109</sup>

### Links with Community Services

Successful RSE often has links with community or health services (such as sexual health clinics or charities providing advice to victims or perpetrators of abuse).<sup>101,110,111</sup> Stakeholders suggest that RSE should be combined with appropriate safeguarding measures because it may lead to increased disclosures about abuse.<sup>67,68,80,100,112</sup> Young people and teachers have expressed the need for a confidential space to talk about issues relating to RSE.<sup>80,100</sup> Schools have a legal responsibility for safeguarding and have guidance on making safeguarding reports.<sup>113</sup> However, the Children's Commissioner suggests that not all schools have a confidential place for disclosures or a designated person that students can go to if they have a concern.<sup>67</sup>

### Whole School Approach

Young people are influenced by what they believe is the typical behaviour of their peers (known as norms) and are more willing to engage in risky sexual behaviour if they believe that others are doing so.<sup>114</sup> RSE effectiveness can be undermined if young people are exposed to norms, such as homophobia or sexual harassment, in school.<sup>81,115</sup> A Whole School Approach, where RSE values (such as gender equality and being inclusive) are embedded into wider school policies or other curriculum subjects, has been suggested as a way to address harmful norms.<sup>23,80,99,100</sup>

### Family Involvement

Few evaluated RSE programmes have included families. However, involving families can increase RSE's effectiveness.<sup>23,68,99,116</sup> For example, a trial version of the Safe Dates programme (Box 2) included families through mailed booklets and telephone calls with a health educator.<sup>117</sup> It improved communication skills in families and also decreased young people's reported physical violence from intimate partners.<sup>117</sup> Stakeholders suggest that including families in the development of RSE and sharing lesson materials may increase RSE's effectiveness.<sup>23,99</sup>

## Endnotes

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