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Research and analysis

Relationships and sex education

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[Contents](#)[Key points](#)[Overall evidence for the risks and benefits of teaching RSE topics to children](#)[Considerations for teaching RSE to different ages and specific groups](#)[Methods for communicating RSHE topics to children & the impact of different providers](#)[Attendees](#)[References](#)

Rapid projects support government departments to understand the scientific evidence underpinning a policy issue or area by convening academic, industry and government experts at a single roundtable. These summary meeting notes seek to provide accessible science advice for policymakers. They represent the combined views of roundtable participants at the time of the discussion and are not statements of government policy.

This roundtable took place in August 2023 to inform a policy consultation. Additional relevant evidence may have become available since.

“What is the evidence base on risks and benefits of teaching various RSE

topics to children?”

Meeting notes from roundtable chaired by Russell Viner, Chief Scientific Adviser for the Department for Education, convened by the Government Office for Science.

29 August 2023

Key points

- There is strong evidence for the social, emotional and physical benefits of comprehensive RSE, whereas no evidence of harms, such as negative behavioural and health outcomes, has been found.
- Evidence from surveys of young people of secondary school age report that they feel some RSHE topics are currently being taught too late or in too little depth to be fully effective and should be taught before young people encounter these issues in their lives.
- Not teaching topics early enough can lead to harms for young people. There is limited systematic research on what age it is most effective to teach specific topics at, but evidence suggests it needs to be responsive to young people’s contextual needs.
- Teaching methods that have been shown to be effective include those that engage with families and communities, are culturally relevant, interactive digital media-based, and lend themselves to skills-building rather than just information provision.

Overall evidence for the risks and benefits of teaching RSE topics to children

1. There is strong evidence for the benefits of ‘comprehensive sexuality education (CSE)’, as defined by the World Health Organisation (Mason-Jones et al., 2016; Mirzazadeh et al., 2018; Lameiras-Fernandez et al., 2021).

2. However, there is little research looking at the benefits and harms of specific topics.
3. Benefits are consistently articulated around young peoples' knowledge, attitudes and skills (Goldfarb & Lieberman, 2021; Lohan & Gomez for UNFPA, forthcoming) and in some cases in relation to biological outcomes such as decreasing HIV rates and unintended pregnancy (Haberland, 2015).
4. There is no evidence of specific harms associated with comprehensive RSE. Abstinence-only RSE may, however, cause harm and is ineffective in terms of behavioural and health outcomes compared to comprehensive RSE (Haberland & Rogow, 2015; Santelli et al., 2017). Abstinence-only education is not part of the curriculum in UK state schools.
5. There are benefits in teaching young people about mental health and social/emotional learning as part of developing the skills needed to deal with adverse life events, stress and potential suicidal behaviour (Wasserman et al., 2015; John, ongoing). The approaches trialled did not include explicit discussion of suicide or self-harm. Such explicit discussion could lead to a higher risk of harm in age groups where these behaviours are more common, but evidence of this causality is limited.
6. In assessing the risks and benefits of specific topics (e.g., self-harm), no evidence of harm is not the same as evidence of no harm. Benefits should always be balanced against the potential risks when considering policy or practices, especially where evidence is limited.

Considerations for teaching RSE to different ages and specific groups

7. Evidence from surveys of young people of secondary school age report that they feel some RSHE topics are currently being taught too late or in too little depth to be fully effective (NSPCC, 2023) and should be taught before young people encounter these issues in their lives (Hollis et al., 2022). This could mean, for example, teaching children about menstruation in Year 4 or 5. Similarly, there are topics related to development that are best taught before children reach puberty.
8. Survey data shows that 46% of 13–14-year-olds have experienced exposure to explicit online content at least once (Martellozzo et al., 2016). Teaching relevant

online safety topics before children reach this age, and revisiting throughout their schooling, would be more likely to equip them with the skills to keep themselves safer (Armstrong et al., 2017).

9. There is less research available looking at young children (under 7), though there is evidence that ‘scaffolding’ teaching techniques are effective. For example, teaching them about their bodies and health as well as appropriate behaviours provides an early foundation for learning developmentally appropriate content as they get older. Sexuality education is most effective when begun early and before sexual activity begins (Goldfarb, 2021).

10. Not teaching topics early enough can lead to harms for young people. However, there is limited evidence on the age at which it is most effective to teach specific topics.

11. RSE is more effective for all students if it is inclusive of, and relevant to, sexual minorities (Gegenfurtner and Gebhardt, 2017).

12. There is very limited evidence on providing RSE to pupils with more specialist needs (e.g., those with special educational needs and disabilities (SEND), or in non-mainstream education settings). As with other subjects, teaching will need to be adapted appropriately to the chronological age and developmental ability for learners with SEND. This may mean, for example, taking more time to cover the relevant content.

Methods for communicating RSHE topics to children & the impact of different providers

13. Systematic reviews show evidence for the effectiveness of the following approaches to teaching RSE (Lohan & Gomez for UNFPA, forthcoming):

- theory-based approaches, which define a desired outcome and then work backwards to determine the most effective methods;
- culturally relevant design;
- skills-building approaches as opposed to just giving information;
- interactive digital media-based interventions, and;

- a whole-schools approach to RSE by engaging families and communities.

14. There is emerging research showing that RSE which addresses inequalities, such as by specifically engaging with boys, can have positive outcomes (the JACK trial; Lohan et al., 2022).

15. Parental input in providing RSE for their children varies (26% of young people reported having no conversations with them), while schools are the most preferred source of RSE (Sex Education Forum, 2022; National Survey of Sexual Attitudes and Lifestyles 3, 2013).

16. Young people want trusted, expert adults to help them navigate RSE (Pound et al., 2017) and want to talk to their parents and carers about sex and relationships.

17. Many parents and carers feel they lack the skills, confidence and knowledge to have these conversations (Stone et al., 2013; 2017).

18. RSE is more effective when taught by willing, trained and responsive teachers or external expert providers (Pound and Campbell, 2017; McWhirter, 2008). A recent survey found that young people wanted a range of providers, including those separate to young peoples' day-to-day school experience (Sex Education Forum, 2023).

19. There is mixed evidence of the efficacy of peer-led approaches. Though some evaluations suggest an increase in young people's knowledge, this does not appear to lead to healthier behaviours (Stephenson et al., 2008; Goldstein, 2020).

Attendees

- Russell Viner (Chair, DfE CSA)
- Alison Hadley (University of Bedfordshire)
- Ann Hagell (Association for Young People's Health)
- Ann John (Swansea University)
- Elena Martellozzo (Middlesex University)
- Iram Siraj (University of Oxford)
- Jessica Ringrose (University College London)
- Jonny Hunt (University of Bedfordshire)

- Kirstin Mitchell (University of Glasgow)
- Maria Lohan (Queen's University Belfast)
- Michael Reiss (University College London)
- Pam Alldred (Nottingham Trent University)

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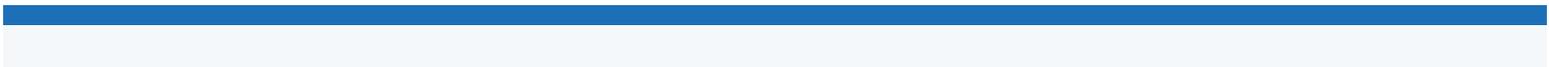
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