

Briefing on National Curriculum Sex Education and the Children Schools and Families Bill

SPUC, February 2010

The Government has proposed to make “Sex and Relationships Education” (SRE) part of the National Curriculum for England – compelling all schools to teach it. This proposal is included in the Children Schools and Families Bill, promoted by the Secretary of State Ed Balls and the Department for Children Schools and Families (DCSF). The bill was introduced in November 2009 and is expected to come before the House of Lords in early March.

1 – Overview

What broadly is being proposed?

- b) The *Children Schools and Families bill* requires sex (and relationships) education for all children aged 5-16 is being proposed
- c) Early, explicit lessons for children in state primary schools will become mandatory
- d) Parents will lose the right to withdraw children over 15 from SRE lessons
- e) Precise details of what must be taught at each stage are not given in the Children Schools and Families bill: these will come later, in parliamentary regulations
- f) Religious schools have been told that they will be able to maintain their ethos, but Mr Balls has said they must teach children how to access abortion
- g) Clearly the intention is to require all state schools to promote abortion (etc) in this way

How does this relate to current practice?

- h) Access to abortion and other sexual health services is already provided in many schools (e.g. through school nurses) on a strictly confidential basis
- i) Schools are being told that they must ‘signpost’ abortion and other sexual health services as part of SRE
- j) Parents have no right to be informed of their young teenage children receiving sexual health procedures such as abortion, long-term birth control implants, morning after pill, STD/HIV tests and treatment
- k) If schools fail to comply with this approach, they could be down-graded, losing “healthy school” status¹ or Ofsted² rating

What difference does SRE make?

- l) The evidence suggests that SRE does nothing to counter the sexualisation of teenagers.
- m) The government’s claims for sex education are not supported by the evidence they cite.

¹ *National Healthy Schools Status*, Department of Health, 2005, page 6:

“To become a Healthy School, ... [s]chools must demonstrate they have met the criteria in each of the following:

1. Personal, social and health education, including sex and relationship education...”

² Ofsted – The Office for Standards in Education: the body responsible for inspecting schools and upholding educational standards nationally.

2 - How is SRE being advanced?

- a) The Children Schools and Families Bill, currently before Parliament, seeks to include SRE as part of Personal, Social, Health and Economic (PSHE) education, within the national curriculum for England - mandatory for all state schools.
- b) SRE guidance, issued by the Department for Children, Schools and Families (DCSF), sets out what the government believes children from the age of 5-16 should be taught about sex and relationships.
- c) A clause has been added to the CSF bill saying that schools may teach SRE “in a way that reflects the schools religious character”: however, the effect of this clause is doubtful, since the Secretary of State has declared that religious schools must still teach children how to obtain birth control and abortions.
- d) A raft of interventions are being used in schools to promote links between SRE and sexual health services, including abortion:
 - the Healthy Schools initiative
 - Ofsted inspections
 - School-based drop-in clinics
 - Local Teenage Pregnancy Co-ordinators in each education authority
 - School nurses
 - leaflets, posters, websites advertising sexual health services
 - Connexions personal advisers offering to discuss their relationships, sexuality, etc., with teenagers

These initiatives are all universal or very widespread. In addition some schools use pupil questionnaires, pupil visits to STD clinics and other activities to link SRE with abortion and sexual health services.

3 - Are faith schools exempt?

- a) No – both Anglican and Roman Catholic educational bodies have endorsed and *welcomed* moves to make sex and relationships education mandatory.
- b) An amendment to the Children Schools and Families bill (tabled on 12 February) promoted by the Catholic Education Service is claimed to create an exemption, but it simply states that faith schools may decide *how* to teach issues like abortion, contraception and homosexuality. They will still be obliged to teach them and help children access ‘services’.
- c) The St Thomas More School in Bedford is noted by the DCSF as an example of good practice, (DCSF statement, “Response to comments by the Accord Coalition about the Children, Schools and Families Bill”, 18 February 2010):

“The school has developed a very successful balance of providing students with accurate information within the faith ethos of the school. For example, sex within marriage is promoted as the ideal of the Catholic faith, but the school explicitly recognises the reality that some young people may choose to be sexually active and, if that is the case, they need the knowledge and confidence to make an informed choice to protect themselves from pregnancy and STIs.

“The school nurse provides students with clear accurate information about the full range of contraception and STIs and details of local services. Chlamydia screening is also offered to students in Years 11 to 13. Pregnancy options, including abortion, are also discussed in a non-judgemental way with the RE syllabus requiring students to understand the spectrum of views in favour of and against abortion. By combining the pastoral and RE teaching, the essential knowledge component of SRE is provided to students but within the context of relationships and the school's values.”

- d) During the debate on the CSF bill on 11 January, Ed Balls, the Secretary of State, was asked about whether the wishes of parents and the ethos and culture of faith schools would be respected in SRE lessons. He said:

“I can give ... an absolute assurance ... it is essential that it is taught in line with the ethos, including the faith, of the school. That is clear in the legislation: it is clear that parents as well as school governors will have a say in how the subject is taught, while there is also a parental opt-out, which will apply to pupils until they are 15. I can thus give the hon. Gentleman the complete assurance that the school will be in charge of how to teach SRE, but the fact of teaching it will be in law and guaranteed to all children.”³

- e) Mr Balls is evidently expressing a contradiction here. He is saying that a school whose ethos opposes abortion, will be allowed to decide *how* to teach children where to get the morning-after pill (for instance), but it cannot refuse to teach it. Mr. Balls has also said that schools must teach the importance of civil partnerships (between homosexuals), and reportedly agreed with Liberal Democrat leader, Nick Clegg, who wants schools to teach that homosexuality is "normal and harmless". The Tory leader David Cameron has repudiated his previous support for a ban on the promotion of homosexuality in schools.
- f) In announcing the CSF bill, Mr Balls said that all schools must teach all the elements of SRE but they could do so within the ethos of the school.

‘Mr Balls said: “It is open to faith schools to teach what they believe, according to the tenets of their faith, that pupils should not have sexual relationships outside of marriage.” Faith schools would not be allowed to refuse to teach contraception on the ground that they do not believe in sex before marriage, he added. “You can teach the promotion of marriage, you can teach that you shouldn’t have sex outside of marriage — what you can’t do is deny young people information about contraception outside of marriage.”’⁴

The rationale of Mr Balls’ comments about contraception apply equally to abortion of course. It is corrupting to teach children how to do wrong, even if one points out that a particular action or life-style is wrongful.

- g) The Catholic Education Service (CES), an official arm of the Catholic Bishops Conference of England and Wales, helped to draw up a *Review of SRE in Schools*⁵ on which the latest SRE guidance is based, and which called for SRE to be made a statutory requirement under the national curriculum.
- h) The governors of a faith school have a legal right and duty to uphold its ethos, but Mr Balls and his department, while paying lip-service to this with one breath are demanding with the next that schools promote anti-life, anti-family practices. With national religious bodies

³ Hansard, House of Commons, 11 January 2010, col 426

⁴ Times, 6 November 2009, *Religious groups challenge new rules on pre-consent lessons*, accessed at <http://www.timesonline.co.uk/tol/news/politics/article6905554.ece>

⁵ The External Steering Group’s *Review of SRE in Schools*, (commissioned by DCSF), 2008

failing to defend schools, schools will find it very difficult to uphold the right to life against such an onslaught. Agencies which seek to use schools to promote access to abortion and sexual health services for children are actively seeking to enlist faith schools to cooperate through numerous initiatives. Schools are put under pressure by diverse bodies including:

- The DCSF (Department for Children Schools and Families)
- Primary Care Trusts
- Local Education Authorities (LEAs)
- LEA-based Teenage Pregnancy Co-ordinators

4 – What are the aims of the campaign for compulsory SRE?

A note about the term “sex and relationships education” (SRE)

This phrase was introduced to replace “sex education”.

- It suggests, misleadingly, that only innocuous ‘relationship’ issues would be covered with children in the infant years – such as the relationships within a typical family, and not explicit information about sexual matters.
- It extends the scope of sex education beyond marital sex, particularly to discuss ‘stable’ relationships, same-sex relationships and civil partnerships.

Education experts claim...

... that SRE will help children to cope with puberty and with the highly sexualised media (advertising, magazines, entertainment, etc) that young people face today.

In practice ...

Ofsted regard one of the main purposes of SRE as reducing teenage pregnancy.

When they produced a report⁶ on sex and relationships education they described the ‘context’ for SRE in the following terms (in summary):

- Reducing teenage pregnancy is an important purpose of SRE
- Half of the under-16s who have sex don’t use contraception on the first occasion
- Teenage pregnancy is high among disadvantaged children
- Teenage pregnancy is more likely to lead to abortion or other serious medical and social disadvantages for both baby and mother than pregnancy after the teenage years.

Sex education proponents claim...

... that increased knowledge and awareness of birth control methods including abortifacients, can help to reduce teenage pregnancies.

In practice ...

... SRE programmes already promote explicit information about contraception, the morning-after pill and abortion services in many state schools. The idea of confining sexual relations to marriage is acknowledged, but principally as a religious or cultural notion. The benefits for personal health, family stability and social inclusion are seldom highlighted.

... Youngsters are also told that they should wait to have sex “until they are ready” or “until they are sure its what they want to do.”

These approaches have not shown any significant effect in reducing teenage pregnancies.⁷

⁶ Ofsted, *Sex and Relationships*, HMI 433, 2002. Ofsted was responding to a suggestion by the Social Exclusion Unit.

⁷

The government claims...

... that safeguarding young children (from child abuse) is one of the reasons for introducing mandatory SRE.

But in practice...

... governments and institutions in general have a poor record of safeguarding the rights and welfare of children in their care over the decades. It would be far better to engage children's parents in helping to guard them against abuse. Parents could be offered suggestions on how to prompt their children to inform them of any abusive incidents or untoward suggestions.

What other motives are there for promoting SRE?

We suggest that there are other underlying motives for statutory sex education.

- Curtailing sexual health expenditure: some health officials may believe that SRE will promote healthier behaviours, thus cutting costs on STD/HIV services, pregnancy care and obstetric services, and abortions.
- Cutting expenditure on social support may also be an objective, by reducing the number of unmarried teenage girls who give birth.

There is very little evidence to suggest that SRE offers any hope of fulfilling these objectives. Neither research into sex education programmes (see section 7 below) nor evidence from teenage pregnancy statistics suggests that SRE saves the government money. We would suggest that explicit SRE approaches which fail to counter the sexualisation of teenager culture may make the public-finance situation worse.

Further motives for making SRE compulsory may include:

- Commercial reasons: Family planning organisations wish to promote their services for commercial reasons, as we have seen with recent demands for abortion providers to be permitted to advertise on TV (currently being reviewed as part of the code of practice for broadcast advertising)
- Ideological motives – to increase the acceptance of sexual relations among unmarried young people. Although this motive is not officially put forward by government bodies, it is advanced by the more blatant promoters of sex education, and it is reflected in the strenuous efforts by the departments for health and education to rubbish any approaches that focus on abstinence, rather than the use of contraceptives, for cutting teenage pregnancies.

Bias against promoting abstinence for teenagers

An illustration of the bias against promoting abstinence amongst government officials and policy advisers may be seen in the following example. During a research study into a sex education programme (referred to below in section 7(a)), researchers from the National Foundation for Educational Research interviewed representatives of several national bodies, including the Department of Health, the DfES (predecessor of the DCSF), Ofsted, the FPA and others. The researchers reported that two representatives of such national bodies “expressed concern that the programme might be advocating abstinence”, and one representative said that if the programme was “encouraging abstinence then it was not successfully meeting the aims of the [Teenage Pregnancy] Strategy.”⁸

⁸ Blenkinsop, NFER, 2004, §2.4, p.12, §2.5, p.15

5 – What are the detailed requirements of SRE likely to be?

The details of what must be taught at each stage are not given in the proposed legislation, but will be put forward in regulations, subject to Parliamentary approval, at a later date. Such regulations are not subject to the full scrutiny of primary legislation, but are simply brought before parliament where they may be debated and subject to a simple vote.

Clear indications of what the government and the SRE lobby want the regulations to include can be found in (a) existing DCSF guidance on SRE, (b) the demands of the government's preferred advisors, and (c) current accepted practice. We look at each of these briefly:

a) Existing DCSF guidance on SRE

The DCSF's official SRE guidance was revised (Jan 2010) and is currently under consultation. It is a 60-page document which says what the DCSF feels children are 'entitled' to know, and sets out a table of questions that pupils might be encouraged to explore. This table of questions includes, for Key Stage 1 (ages 5-6):

“What are the correct words for the external parts of our bodies?” (see note* below)

for Key Stage 2 (ages 7-11):

“How does (sic) the sperm and egg meet during sexual intercourse and can conception be prevented?”; note the introduction of birth control ideas to children still at primary school;

“What is sexist bullying and homophobic bullying?”;

and at Key Stage 3 (ages 12-14):

“What are the different ways of expressing sexual intimacy and what are the associated risks of STIs and pregnancy?”;

“What are the different types of contraception including emergency conception and how are these used?”;

“What choices does a woman have if she gets pregnant, including keeping the baby, abortion and adoption?”;

“What can I expect from contraception and sexual health services and where and when are these services available?”

*Note – while most young children will quite naturally ask about the terms for external genitalia at some point, presenting information in a classroom situation, to children of mixed gender and developmental stage, on the principle that “these children have right to know” is a gross presumption on the part of the government and a threat to the rights of parents to care for each child according to individual needs.

The overall pattern of these questions makes clear the approach: introduce early, explicit references to sexual organs to begin sexualising children before the age of seven: between seven and eleven, discuss sexual practices, including contraception, reference to homosexuality and detailed discussion of puberty to break down any reticence about sexual matters: twelve to fourteen-year-olds should learn that abortion is a “choice”, and how to use/where to get morning-after pills (“emergency contraception”) and abortion, as well as other “sexual health services.”

We would also note the approaches that are *not* raised. There is no reference in the DCSF's table of questions to the benefits of reserving sex for marriage. There is no explicit mention of the legal age of consent. There is no recognition of the importance of self-control. At

Key Stage 4 (15-16 year-olds), there is a mildly disparaging reference to pornography as a distortion of reality, but no reference to the danger of addiction to it or the exploitative nature of the porn industry.

b) The demands of the government's preferred advisors

A second indicator of what the specific statutory requirements for SRE might be can be gleaned from the approach of government-appointed SRE policy advisers.

The government has shown great consistency over a number of years in appointing people who want schools, rather than parents, to have a greater role in sex education. Bodies like the Teenage Pregnancy Independent Advisory Group and the External Steering Group on SRE strongly reflect this bias. These groups and the bodies represented on them have been in forefront of promoting:

Links between SRE and sexual health services

Promotion of confidential abortion/contraception/STD treatment (without parental knowledge)

“Diversity” (homosexual and sex-change) issues

c) Current practice

Existing SRE programmes in schools give a clear indication of the kind of the explicit sexual information and promotion of abortion and contraception services that the advocates of compulsory SRE want. Existing practice includes, in some areas, giving children ‘calling cards’, with details of sexual health/free morning after pill services, primary school SRE programmes including animations of sexual activity, school nurses giving condom demonstrations to young teens in secondary schools.

A further indication of existing practice is this first hand account:

‘I have had to attend four talks in the past nine months from a woman from a family planning clinic.

‘I have been taught three times how to put on a condom; how easily pupils can acquire condoms free at a clinic; how to recognise sexually transmitted diseases and have them treated confidentially at a clinic; and that we do not need to tell our parents, GP, the police or anyone else in authority about being provided with contraception, or even having an abortion.

‘There was not one mention of abstaining or any discouragement of sex. At the first lesson we were told: ‘As you know, it is unlawful for a girl or boy to have sex before 16. However, if you are under 16, we can still provide you with contraception and you do not need to tell your parents about it.’

Josie Parkinson, Daily Mail, 27 Oct 2006 (cited in Wells N, Too Much, Too Soon, Family Education Trust, 2009)

6 – What about the right of parents to withdraw their children?

The right of parents to withdraw their children from sex education will no longer be respected in state schools once children reach their 15th birthday. This right has long been disregarded by

elements of sex education taught in biology – now it is to be curtailed in respect of SRE in the PSHE syllabus. If children do not attend, parents will be breaking the law. Many SRE proponents want the parental right of withdrawal to be removed altogether for children of all ages.

Although only a very small proportion of parents have up till now withdrawn children from SRE, this does not mean the right is insignificant. In practice, it can have a restraining influence on teachers in preparing lessons and selecting material to use in the classroom.

Furthermore, parents are guaranteed the right to determine their children's education in the UN Universal Declaration of Human Rights. Article 26(3) of which states: "Parents have a prior right to choose the kind of education that shall be given to their children". It is an act of arrogance for the state to claim that it has the right to override parental authority and determine what children have a right to know.

7 – What claims does the DCSF make about sex education?

In its recent SRE guidance⁹, the DCSF makes a number of claims about evidence for the impact of sex education.

a) The DCSF says that SRE *does not increase sexual activity in young people.*

This statement does not go so far as to say that SRE decreases sexual activity among teenagers. The DCSF does claim that there is evidence that school-based SRE "postpones the age of first sex."

In support of this assertion, the department cites a study¹⁰ by Sarah Blenkinsop and colleagues, which examined the University of Exeter's APAUSE sex education programme. However, this was not conducted rigorously with a proper control group¹¹. In terms of postponing the age at which teenagers started having sex, Miss Blenkinsop's study suggested that APAUSE had a slight effect in one year – with later evidence failing to confirm it. (It should also be noted that the Blenkinsop study was funded by the Teenage Pregnancy Unit, then based at the Department for Education and Skills – the predecessor of the DCSF - creating a potential for bias.)

b) The DCSF recommends that SRE should promote links with various sexual health services for teenagers.

A review of schemes promoting the morning-after pill concluded that "no study has shown that increased access to this method reduces unintended pregnancy or abortion rates"¹².

c) The DCSF also says that sex education "helps young people make sense of the sexual messages and imagery that are around them."

This is a vague generalisation, made without any supporting evidence. Political leaders often express concern about the sexualisation of so much entertainment, communication and advertising in media aimed at young people. However, neither the DCSF nor any other arm of government is addressing that issue. To say that sex education is a way of addressing it is not very convincing – many people consider that SRE is *contributing* to the sexualisation of

⁹ DCSF, *SRE guidance to schools*, 25 Jan 2010

¹⁰ *Evaluation of the APAUSE SRE programme*, Blenkinsop, S., and others, National Foundation for Educational Research, 2004.

¹¹ Blenkinsop, p.6, footnote 3: "The comparison group consisted mainly of schools which had only recently joined the programme... The comparison group included schools which were not involved in the whole programme..." Evidently this was not a *randomised control trial*, the more rigorous procedure for assessing such programmes.

¹² Raymond EG, Trussell J and Polis CB 'Population Effect of Increased Access to Emergency Contraception Pills: a systematic review' – *Obstetrics and Gynaecology*, January 2007

teenage culture.

d) **The DCSF says there is no evidence that ‘abstinence-focused’ sex education has a positive impact.**

In fact, the US reviews they cite cover only a very small number of the American “abstinence only” programmes. Very recent evidence from a carefully conducted trial¹³ comparing different schemas of sex education in schools (abstinence-only vs contraception oriented and a non-sex education groups), found that the abstinence-only programme led to a reduction of about one third in the number of teens starting to have sex compared to other interventions (but no difference in the proportion of them using condoms).

Leading pro-abortion campaigner Ann Furedi of the British Pregnancy Advisory Service has spoken frankly about the impact of sex education. She said:

“There have been a large number of studies about the impact of sex education on abortion rates and pregnancy rates, and these frequently tend to show that they are not having the kind of impact that family planning specialists want. They mainly make us feel good that we’re educating people more thoroughly, but they do not seem to have much impact on the abortion rate.”

Furedi A, *Why rising abortion rates are not a problem*, Spiked, 31 March 2008

8 – What kind of evidence does the DCSF rely on?

Some of the evidence the government cites is in “review” articles. These articles don’t present original research results, but summarise the results of research conducted by others – in other words they present evidence at second-hand. Such reviews may tend to reflect the opinions of the authors and may be selective about which studies to include or exclude.

a) Does the evidence give clear support to the DCSF’s claims?

No. The DCSF draws most support from US programmes, which tend to promote abstinence much more strongly than UK ones.

A similarity between US and UK research is that they usually rely on self-reporting by the teenagers concerned for things like age-at-first-intercourse. The researchers admit that this is unreliable. For instance, Kirby, 2007, says “Behavior can only be estimated from data that individuals report about themselves....” He goes on to say that bias may occur due to underreporting. This is an inherent weakness in most studies.

Furthermore, evidence such as overall teenage pregnancy rates over the years gives no support to the suggestion that school-based sex education has a positive impact on sexual behaviour or on outcomes such as abortion and STDs. National statistics show high teenage pregnancy rates in both the UK and the US, though in the States, the rates have declined markedly in recent years, while in Britain, pregnancy rates¹⁴ have declined only slightly and

¹³ Jemmott, Jemmott & Fong, *Efficacy of a Theory-Based Abstinence-Only Intervention over 24 Months*, Archives of Paed & Adol. Med. 164, 2010.

¹⁴ See [Under-18 conception statistics 1998-2008](#), DCSF Feb 2010. (Note: these figures do not take account of early unregistered abortions which may occur through use of the morning-after pill for example.)

abortion rates have increased.

Is the DCSF right to dismiss “abstinence-focused” SRE?

The DCSF further claims that there is no evidence that ‘abstinence-focused’ sex education has a positive impact. In fact, the US reviews they cite to support this look at only a very small number of the American “abstinence only” programmes. One such programme (referred to in Kirby, 2007, and Kirby, 2008) compared abstinence-only and contraception-oriented programmes among balanced groups of students. This programme has since been analysed in more detail (Jemmott, 2010 – see ref 13 above) and it appears that a third fewer of the teenagers reported becoming sexually active after ‘abstinence only’ programme than contraception-oriented programmes. While it must be stressed that this is not conclusive evidence for such programmes, it does show that the DCSF’s claims about evidence are unreliable.

Similarities and differences between UK and US sex education programmes.

In the UK, most sex education programmes that have been written up in research journals place little emphasis on promoting chastity or abstinence. In the research from America cited by the DCSF, promoting abstinence is a feature of very many programmes. In fact, the main US reviewer they cite (Kirby) refers to two categories: “abstinence only” programmes (that don’t promote contraception), and “abstinence-plus” programmes (that promote abstinence but also teach about contraception for those who become sexually active). (See, e.g. Kirby (2001), Kirby (2007)).

A particular confusion arises over the term “comprehensive sex education”: in the UK this means sex education linked with a school-based sex clinic, or information about where to get free contraception, abortion advice and referral, etc. In the US it can have the same meaning, but in the sources cited directly by the government, it simply means “abstinence-plus.” (See DCSF, SRE guidance, 25 Jan 2010, §2.4 and Kirby (2007))

US programmes sometimes involve parents as part of their approach. In contrast, none of the UK studies refer to any effort to prompt parents to talk to their children about sex, despite the fact that the DCSF recognises that young people want their parents to talk to them about sex and relationships¹⁵.

The attitude of parents to sex education

The DCSF claims that parents say that they value the role of schools in providing factual information and helping their children understand risks and joys of sex. However, the study¹⁶ they cite to support this actually found that 57% of parents said they knew little or nothing about what their children were taught in sex education classes, and only 28% said that they were satisfied with their child’s school sex education.

9 – What have specially designed UK sex education programmes achieved?

¹⁵ DCSF, SRE guidance, 25 Jan 2010, §2.4

¹⁶ Stone & Ingham, *Exploration of the factors that affect the delivery of sex and sexuality education and support in schools*, University of Southampton, 1998.

Advocates of sex education often try to explain the poor outcomes of current sex education by saying that it is not taught consistently, that it is delivered by non-specialised or poorly-trained teachers, that it does not have sufficient status as a subject, or that it doesn't link information to local sexual health services.

Three major SRE programmes that have sought to address at least some of these issues have been studied in the UK in the past 10 years: APAUSE, RIPPLE and SHARE.

- a) The APAUSE programme was studied by Blenkinsop (see section 7). As noted, this was not a very rigorous study. Although it may have delayed sexual initiation the effect was not found consistently. It did not measure the impact on teenage pregnancies, abortions, or STDs.
- b) The RIPPLE programme studied the impact of peer-led sex education (teenagers delivering sex-education messages to their peers). Judith Stephenson and colleagues¹⁷ conducted a rigorous study using matched control groups in 27 schools involving 9,000 pupils. The peer-educators who were recruited were trained to ensure a standardised programme across different types of schools participating, and they aimed to increase knowledge about local sexual health services as well as about condoms, STIs, pregnancy and contraception.

After long-term follow up, they concluded that there were slightly fewer teenage births among those who received peer-led sex education, but no fewer abortions. The follow-up monitored outcomes to age 20, so the births may have been intended/welcomed pregnancies, and cannot be assumed to have been unintended or unwanted conceptions.

- c) SHARE is a specially designed programme implemented in Scotland by Daniel Wight and colleagues which was also tested across a wide number of schools against a matched control group. This is probably the most carefully designed and rigorously tested programme in the UK. The research was funded by the Medical Research Council, and several reports of it, including a long-term follow up (following participants up to age 20) have been published in the British Medical Journal.

SHARE was designed to combine the most effective educational techniques available, including small group work, role-playing, handling condoms, interactive video, etc. It was developed with all 10 characteristics identified by the Kirby¹⁸ as necessary for effective sex education programmes.

Despite all this care and effort, the researchers concluded about SHARE that:

“This specially designed sex education programme did not reduce conceptions or terminations by age 20 compared with conventional provision. The lack of effect was not due to quality of delivery.”¹⁹

In fact, earlier published data had suggested a higher rate of abortions among the SHARE programme pupils.

The researchers concluded, somewhat despondently, that:

¹⁷ Stephenson J and others, *The Long-Term Effects of a Peer-Led Sex Education Programme (RIPPLE): A Cluster Randomised Trial in Schools in England*, PLoS Med, 2008

¹⁸ Kirby D, *Effective approaches to reducing adolescent unprotected sex, pregnancy and childbearing*. J Sex Res 2002; 39 51-7 [PubMed]

¹⁹ Henderson, Wight and others, *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 Jan 20 334(7585) 133.

"The potential for whole class sex education delivered by teachers to influence young people's behaviour might have already been reached by conventional provision. To have a stronger impact on the sexual health outcomes for young people, complementary interventions should be considered."

They suggested that socio-economic interventions or parental influence might be the answer to teenage pregnancy and abortion.

This is a devastating conclusion for sex education advocates: SHARE, an "ideal," specially designed programme, carefully implemented by trained people and rigorously analysed has led the researchers (including the programme designer) to suggest abandoning the idea of trying to "improve" classroom sex-education.

The evidence of the failure of SRE should be pointed out to government, and a rethink of its approach urgently promoted.

Society for the Protection of Unborn Children
3 Whitacre Mews, Stannary Street, London SE11 4AB
Email: political@spuc.org.uk Website: www.spuc.org.uk
Tel: 020 7091 7091