Summary Report: Findings from a sex and relationships education pilot programme in schools in North West England

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June 2010

Key Findings

- Sex and Relationships Education (SRE) was well received by both students and teachers; findings highlight the need to strengthen teacher training and the systematic use of materials, and encourage the sourcing of external expertise.
- The pilot SRE programme improved young people's knowledge about sexual matters, with scores in six schools rising. The greatest improvements were found in schools with the highest school connectedness scores.
- There was an increase between the pre- and post- wellbeing scores for students in Year 7 and Year 8, but not in Year 9.
- Key findings relating to young teenagers use of alcohol and their sexual behaviour were revealed during the pre-intervention survey:
- Alcohol use is prevalent amongst young teenagers, rising from a quarter of 11-12 year olds to two thirds of 13-14 year olds.
- Half of 13-14 year olds had some type of sexual relationship (ranging from kissing to intercourse), and 1 in 10 reported having sex (oral sex or sexual intercourse).
- Students' school connectedness and certain indicators of their wellbeing were associated with alcohol use, frequency of drinking, and with sexual activity.
- Alcohol use and drinking frequency correlated with sexual relationships in 13-14 year olds. School-related indicators and wellbeing also correlated with sexual activity.
- Alcohol use and sexual activity among young teenagers underscores the need to start SRE, within the wider context of PSHE education, before students transfer to secondary school; and to develop integrated policies on alcohol and sexual health.

Introduction

Teenage pregnancy rates in the UK are the highest in Western Europe[1, 2]. There is evidence that girls who wait until they are older than 16 years old before having sex are three times less likely to become pregnant than those who have sex under the age of 16 years[3]. In addition to problems with teenage pregnancy, adolescent risky sexual behaviours such as drinking, drug abuse, and criminal or violent behaviour are a public health concern[4,5].

In 1999 the UK government launched the Teenage Pregnancy Strategy with the goal of reducing teenage birth rates[6]. This aimed to improve education on sex and relationships and access to services, while also increasing the number of teenage mothers participating in employment, education or training (by 60% by 2010)[7]. In 2003, the Government published a green paper called *Every Child Matters* which sought to improve outcomes for all children and young people[8]. Reducing the incidence of teenage pregnancy and the number of young people not in education, employment or training are both priorities. Prioritising personal, social and health education (PSHE), including comprehensive sex and relationship education (SRE) programmes, in schools is expected to help achieve these targets. SRE is designed to promote a more responsible and mature attitude towards sex and relationships, and research has shown that it delays the start of sexual activity[9].

Recent international comparisons have shown continued poor wellbeing ratings for young people in the UK[10, 11] with the UK coming bottom of the league table (based on poverty, family relationships and health). School has been identified as a source of pressure that affects young people's health and wellbeing, with 40% of children indicating that bullying was not adequately addressed in their school[12, 13]. Young people spend over a third of their waking hours in school; the National Healthy Schools Programme is thus important for promoting good health, behaviour and achievement. Aside from PSHE, healthy eating, physical activity, emotional health and wellbeing make up the core themes of 'Healthy Schools'.

The impacts of alcohol and risky sexual behaviour have been found to be critical risk issues for young people in the UK [1, 5]. It is anticipated that good SRE in schools would affect these and other risky behaviours, such as bullying, resulting in an overall improvement in child emotional and physical wellbeing. Furthermore, risk taking behaviours in young people have been shown to be moderated by school environments, positive family relationships and good communication[1].

The study presented here sought to determine whether standardised SRE lessons lead to higher and more consistent knowledge on sexual health, and whether this would lead to an increase in healthy attitudes and behaviours for students. The study also investigated baseline characteristics of young people attending school, in terms of their perceived wellbeing and school connectedness[14], their experiences of bullying, their use of alcohol, and (in Year 9 students), their early sexual activities. The study examines whether - and how - factors such as students' school connectedness and wellbeing interrelate with alcohol use and sexual activity, and lastly whether a school's ethos (measured by the students' school connectedness) influenced the delivery of SRE. This summary report presents an overview of the study for interested stakeholders. The full report, currently under preparation, can be accessed via the Centre for Public Health, Liverpool John Moores University website (www.cph.org.uk).

Methods

The overarching goal of the SRE project was to develop a curriculum resource that built on existing good practice and to establish a regional bench-mark for the minimum quality of SRE. The SRE intervention was piloted in 22 schools across 11 local authorities in the North West. The study aimed to generate quantitative and qualitative data from students and their teachers to understand and document the barriers and facilitators that affect implementation of effective SRE in schools, and to better understand the implementation process and how this impacted on young people. The target population was students 11 to 14 years old in year groups 7-9 who participated in the SRE programme.

Ethics

Approval was gained to enrol students who were not withdrawn by their parents, and who themselves provided written consent. This method ensured representativeness and an adequate sample size as well as ensuring child protection[15]. The study was approved by the Ethical Committee of Liverpool John Moores University and by the Regional Safeguarding Office.

[1] www.qca.org.uk/curriculum

SRE Intervention

A teaching resource was developed by GONW for delivery of SRE in schools. It sought to address the need for an SRE programme that develops knowledge and understanding as well as exploring attitudes and values. The resource also attempted to empower students to take responsibility for themselves and promote the skills and knowledge they need in order to make informed decisions.

The intervention consisted of six lesson plans for each of the three year groups. Materials covered were age appropriate per year. Lesson plans were based on the range and content requirements of QCA guidance for wellbeing, with identified links to key concepts of personal identity, healthy lifestyles, risk and relationships. The curriculum was implemented in pilot schools in the autumn term 2008, with some carry forward into the spring term depending on the school curriculum plan.

Evaluation

Evaluation of the pilot involved completion of pre- and post-SRE questionnaires by participating students, telephone interviews with staff, and completion of student and staff evaluation sheets. The anonymous, self-completed (pre and post-SRE) questionnaires took approximately 15 minutes to complete and were administered to students before and after the series of SRE lessons. General questions concerned their health, wellbeing, school connectedness, activities outside school, bullying, alcohol use, and for Year 9, their sexual behaviour. Wellbeing and school connectedness questions asked students to rank their opinion using a 5-point Likert Score ranging from 'strongly agree' to 'strongly disagree' (collapsed into agree/disagree /don't know for some analyses). Knowledge questions about sex and relationships (which linked with the material to be covered within each year groups' SRE programme) were asked. Pre- and post data were gathered from one school which did not carry out the SRE programme (as a control), however other potential control schools declined participation. Data could thus only provide insights into natural shifts in knowledge, attitudes and behaviour in the absence of the SRE trial programme.

Post-intervention, teachers were asked to take part in telephone interviews to gather information about their experiences of the programme. Each school was asked to nominate one member of staff to take part in this interview. Students and teachers were also asked their opinion of the SRE lessons using an open-ended evaluation form. The study intended to explore whether a positive school ethos impacted on the effectiveness of SRE, using data compiled from each school, however limited feedback prevented the compilation of a school 'ethos rating'. Nevertheless, high quality feedback from the schoolchildren themselves allowed the compilation of a school connectedness score based on their own their perceptions of school-life.

Results

Students' knowledge and behaviours

In total, 3641 young people from 15 schools participated in a total of 66 SRE school classes and completed the pre-intervention questionnaire. Of those who completed the survey at baseline, 39% were in Year 7, 33% in Year 8, and 28% in Year 9. The study population was approximately equally split by gender (51.4% were girls).

Wellbeing

Box 1 Wellbeing and confidence

- You have a happy home life
- You can talk openly with your parents about your problems
- You have confidence with yourself
- You have a hard time saying no
- You are often sorry for things that you do
- You can assert your opinions with your friends
- You can assert your opinions with your girl/ boyfriend
- You would like to change the way you look

Students were asked to rate the extent to which they agreed/disagreed with eight statements about their general wellbeing and confidence (Box 1). Student responses suggest that, in general, young people are relatively happy and have a positive attitude toward their lives. Thus, for example, 87% of boys and 85% of girls reported having a happy home life. Key findings include:

- There was evidence to suggest that 14 year old girls perceived themselves to be the least happy; and were the most likely to report that they would like to change the way they looked.
- A high proportion of students (73% of boys and 75% of girls) considered that they could talk openly to a parent about problems. Older girls were least able (close to 1 in 5 disagreed).
- Two-thirds agreed that they could assert their opinions with their friends; a high proportion reported 'don't know' to the question 'you can assert your views with your girl/boyfriend', with more boys than girls agreeing.

School Connectedness

Box 2 School connectedness

- School is a nice place to be
- In your school, students take part in making the rules
- Teachers expect too much of you
- Your teacher treats you fairly
- The students are treated too strictly/severely in your school

Students were presented with five statements about their school and how they felt they were treated, which were compiled as indicators to record their perceptions of school connectedness (Box 2). Responses to these questions were mixed.

- Half of students agreed their teacher treats them fairly, with younger students most likely to agree.
- Over half of students agreed their school is a nice place to be, with a higher proportion of younger students strongly agreeing. Few disagreed or strongly disagreed, with the highest proportion in the older girls (14 year olds) group.
- Older boys disagreed more than girls and younger boys that students take part in making school rules.
- Overall, boys were slightly more likely than girls to agree that their teacher expects too much of them, and treated them too strictly.

Compilation of wellbeing and school connectedness scores revealed that boys had a significantly higher wellbeing score than girls ($p<0.001$), but their school connectedness scores were significantly lower ($p<0.001$). Younger students had significantly higher school connectedness scores than older students ($p<0.001$), but there was no significant difference in wellbeing scores by age.

Bullying

Box 3 Bullying

- You have been bullied by another student
- Mean lies and rumours spread about you
- Sexual jokes or comments made about you
- You have bullied another student

Students were questioned on whether they had been bullied or bullied others in the past three months (Box 3), requiring them simply to answer 'Yes' or 'No' to questions. Key findings include:

- Bullying and the spreading of rumours or lies were experienced by a quarter and a third of students, respectively.
- Reported rumours and lies spread rose by age, reaching 43% among girls aged 14 years.
- One in 3 girls reported rumours and lies spread about them. Boys also reported this but at a lower frequency and declining with age (from 28.5% at age 11 to 24.3% at age 14).
- Sexual jokes were experienced by 1 in 5 students with a steady increase with age.
- There was a higher proportion of sexual jokes reported by younger boys than girls (17.4% and 12.5%, respectively at age 11; $p<0.05$), crossing over to a marginally higher proportion in girls at age 14 (26.7%, compared with 23.9% of boys; $p=0.62$).
- A small proportion of students admitted bullying others; overall 9.5% admitted this (10.1% of boys and 8.9% of girls). Among girls there was a steady increase in bullying by older girls ($p<0.05$), while in boys there was an overall drop ($p<0.05$).

Activities

Box 4 Questions on activities outside of school

- Do you play sport out of school hours?
- Do you play a musical instrument, sing, or do theatre?
- Do you participate in volunteering/charity work?
- Do you belong to an online community?

Students were asked about four main activities outside of school (Box 4). Results showed that:

- Boys were significantly more likely to play sport ($p<0.001$), and to belong to online communities (such as World of Warcraft) ($p<0.001$).
- Significantly more girls played music, sang or did drama ($p=0.001$), or charity work ($p=0.03$), but their participation declined with age.

Alcohol

When asked whether they had ever drunk alcohol (a full drink, not just a sip) the results show that more boys (39.0%) than girls (25.3%) had ever drunk at age 11 ($p<0.01$). The proportion that had ever drunk increased as the participants' age increased, with the gender difference reversing by age 14, when more girls (66.9%) reported ever drinking compared with boys (63.5%). The estimated mean age when 11 year olds first drank alcohol was 9.6 years for boys and 10.1 years for girls. There were significant differences in frequency of alcohol use by gender in the youngest (11 year olds) and oldest (14 year olds) students. There was a significant age-related increase in the frequency of drinking in both genders ($p<0.001$), with a 6-fold higher proportion of 14 year old girls reporting drinking daily (5.6%) compared with boys (0.9%; $p<0.001$).

Sexual behaviours

Of 1007 students (aged 13-14 years) in Year 9, 768 (76.3%) responded to a question asking if they had had any sexual relationship (including kissing, deep kissing, petting, oral sex, and sexual intercourse). Among boys and girls, respectively, 58.5% and 55.4% reported kissing, 46.4% and 42.0% deep kissing, 27.0% and 21.5% petting, 13.9% and 8.7% oral sex, and 13.0% and 8.0% sexual intercourse.

Condom Use

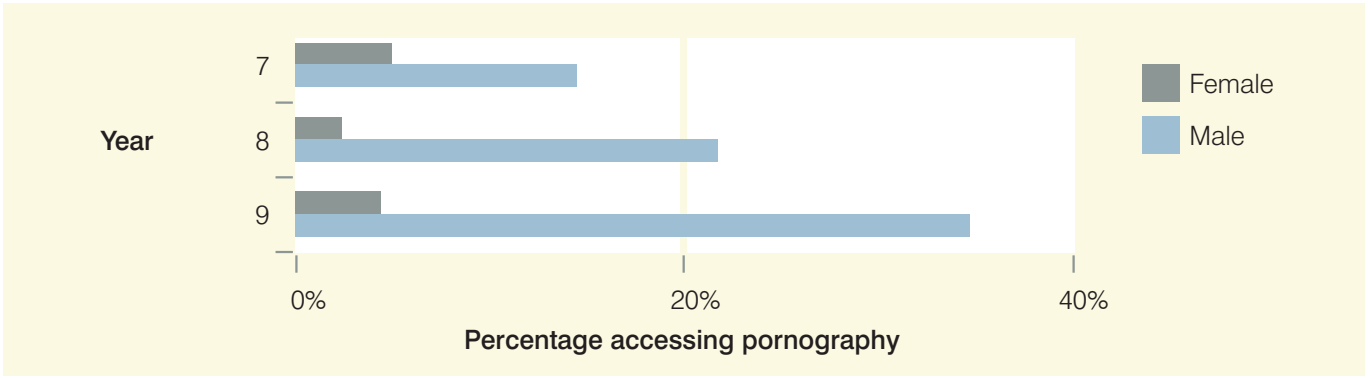
Students in Year 9 were asked if they had used a condom during their sexual experiences. Of those reporting intercourse, 60% of girls and 59.3% of boys reported having ever used a condom during intercourse. More boys (52.8%) than girls (42.0%) reported condom use during first sex but this was not statistically significant. One in three students reported having ever used a condom for oral sex (34.0% of boys; 29.3% of girls), with a higher proportion of boys reporting use at first oral sex (29.6%; compared with 24.1% of girls). No values reached statistical significance.

Information Seeking on Sex and Relationships

Students were asked where they went to seek information on sex and relationships. In general, girls accessed more information than boys from general (non-media) sources.

- Significantly more girls than boys sought information from school or parents, a brother or sister, friends of the same age or from their doctor/GP.
- The only group boys accessed significantly more was youth workers ($p=0.001$).
- 70% of girls and 50% of boys could talk with their mothers about sexual matters ($p<0.001$), compared with 17.6% and 47.1%, respectively, who could talk to their fathers ($p<0.001$).
- Younger students were more likely to seek information from school and from parents.
- An important information source for older students was friends of the same age, and girl/boyfriends.
- Pornography was frequently accessed; mainly from magazines (13.0%), the internet (12.8%) and films (11.3%). Access was significantly higher amongst boys ($p<0.001$), and increased with age (internet example, Figure 1).

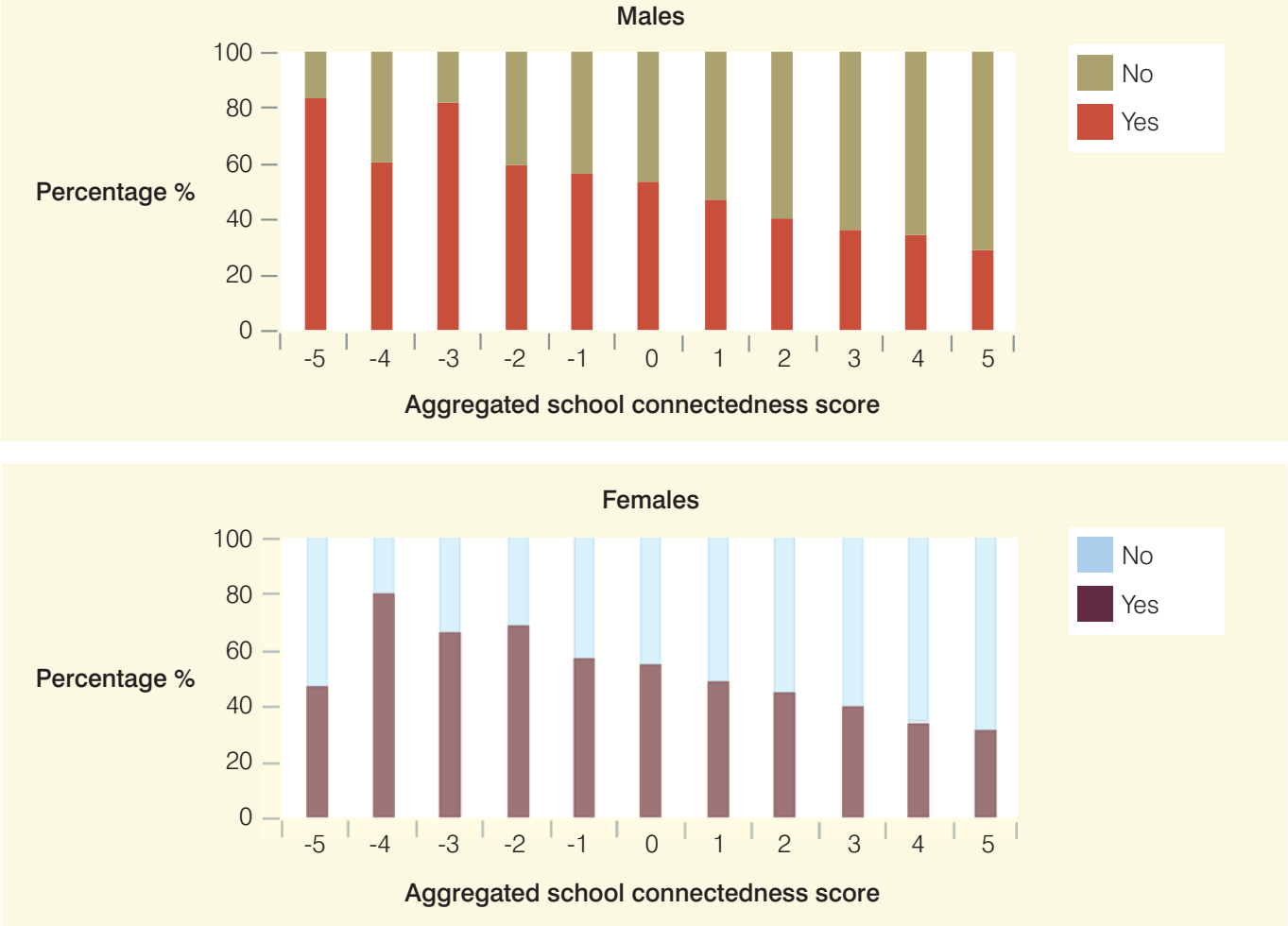
Figure 1. Percentage of students reporting access to pornography on the internet as an information source, by gender and year group.



Associations with alcohol use

The data collected were combined to examine whether alcohol use was associated with students' perceived general wellbeing, school connectedness, bullying, after school activities, and information seeking. The alcohol variables used were the dichotomous variable 'ever drunk alcohol' (yes/no) and 'how often do you drink alcohol' (rare: less than once a week versus frequent: once a week or more). Negative responses to school connectedness were associated with ever drinking alcohol, and the frequency of drinking, and when a school connectedness score was developed for each student, this was found to correlate with use of alcohol (Figure 2).

Figure 2. Relationship between school connectedness scores and alcohol use by gender



Logistic regression modelling (LRM[2]) was used to understand the relationship between student characteristics and alcohol use, and frequency of drinking.[3] The odds of a student ever drinking increased by 62% for each additional year of age. Females were identified to be at a 30% higher odds of drinking more frequently although this was not statistically significant (p=0.075).

Students who:

- Agreed they would like to change the way they look had a 61% higher odds of ever drinking alcohol, compared to those who disagreed[4] (p<0.001);
- Agreed they could assert their views with their boy/girlfriend had a two-fold higher odds of drinking (p<0.001);
- Disagreed their teachers treat them fairly had a 47% higher odds of ever drinking (p=0.035) and 79% higher odds of drinking frequently (p=0.022);
- Agreed their teacher expect too much of them had 38% higher odds of having drunk alcohol (p=0.004);
- Had bullied another student had an 80% higher odds of having drunk alcohol (p<0.001);
- Belonged to an online community were 35% more likely to drink;
- Accessed pornography on TV had a 95% higher odds of drinking (p<0.001); and 85% higher odds of drinking frequently (p=0.002);
- Seek advice on sex and relationships from their boy/girlfriend had a 48% higher odds of ever drinking (p=0.002), and 2-fold higher odds of drinking frequently (p<0.001).

Sexual behaviours and alcohol (Year 9 students)

There was a strong association between having any sexual relationship and having ever drunk alcohol.

- While 81% of boys and 89% of girls having any sexual relationship had drunk alcohol, only 48% and 43% (respectively) who had not had any sexual relationship had ever drunk alcohol (p<0.001; for both genders);
- Significant trends were shown between frequency of alcohol drinking and each sexual activity reported;
- There was no evidence that alcohol use impacted on the reported frequency of use of condoms.

LRM[3] was used to understand the relationship between student characteristics (including alcohol use) and reported sexual activity.

- Students had a 6-fold higher odds of engaging in sexual activity if they had ever drunk alcohol compared with non-drinkers (p<0.001). Rare (less than monthly) drinkers had a three-fold (p<0.001), occasional drinkers (once or twice a month) had a five-fold (p<0.001), and frequent drinkers (once a week or more) had a twenty-fold (p<0.001) higher odds of any sexual activity, compared with non-drinkers;
- Other factors associated with any sexual activity included being the victim of sexual jokes or comments (three-fold higher odds; p<0.001), disagreeing that school is a nice place to be (two-fold higher odds; p=0.014) and accessing film pornography (over two-fold higher odds; p=0.001);
- Students had a three-fold higher odds of engaging in sex (sexual intercourse or oral sex) if they had drunk alcohol compared with non-drinkers (p=0.002). Occasional and frequent drinkers had a three-fold and a twelve-fold higher odds, compared with non-drinkers;
- Other factors associated with a higher odds of involvement in sex were not participating in music, singing or theatre outside of school (four-fold; p=0.001), disagreeing that they were often sorry for things they did (over two-fold; p=0.003), accessing pornography magazines (four-fold; p<0.001).

> *" We should have had a lesson on how to stop getting drunk and being silly and stop it from leading to having sex "*
>
> **Year 9 pupil**

[2] In the LRM, characteristics are 'controlled' for, thus reported odds given are adjusted for age, gender and other personal characteristics of interest.

[3] Reanalysis of a subsample of these data using complex samples to control for school are published separately.

[4] Most comparisons are between those who agreed and those who disagreed

Pre and Post-SRE Comparisons

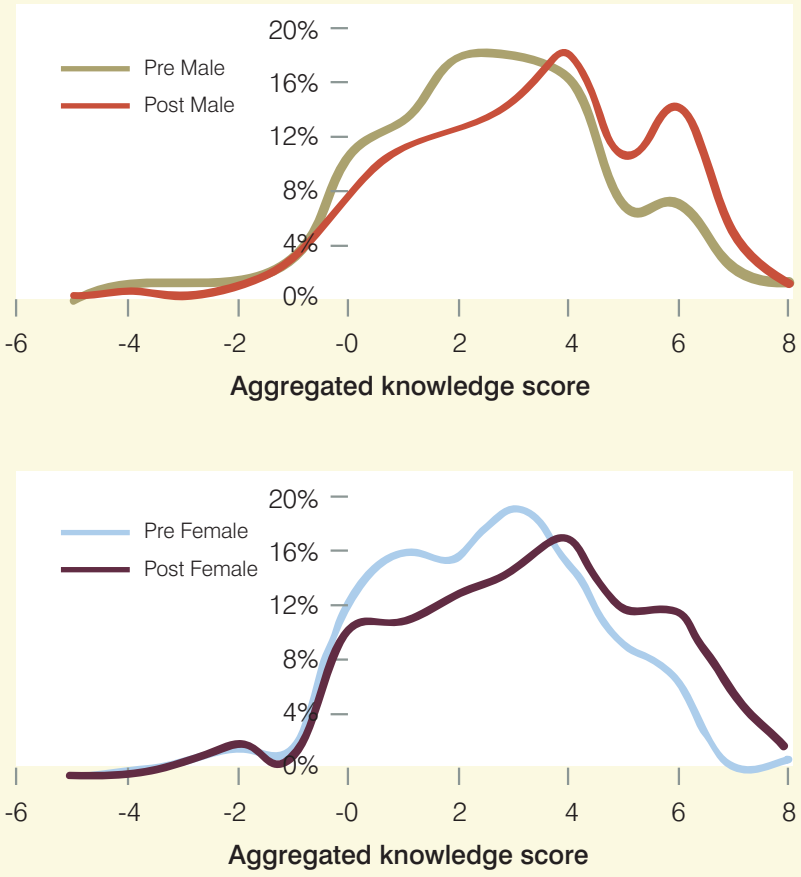
Impact of SRE on Wellbeing

For students in each school year there was an incremental change in the mean towards the positive end of the wellbeing score scale after the intervention. Statistical tests (T-test for equality of means) indicate a significant increase between pre- and post- wellbeing distribution scores for students in Year 7 ($p=0.002$) and Year 8 ($p=0.03$), but not in Year 9 ($p=0.12$).

Sexual Health Knowledge

Sexual relationships knowledge was measured pre- and post-intervention by asking students a series of age-appropriate questions. Questions were analysed separately for each year group. Results from Year 9 are presented here. Questions included 'using a condom will stop most STIs'; 'you need to be 16 to be able to get contraception'; and 'you can get HIV from sharing needles and syringes'. Students' sexual health knowledge improved significantly during the period of the SRE intervention (independent samples T-Test for equality of means, $p<0.001$). Boys improved their knowledge scores more than girls post-intervention (Figure 3).

Figure 3. Aggregated knowledge scores pre- and post-intervention for males and females



Drinking Frequency

Comparisons of self-reported drinking frequency for pre and post SRE showed an increase in drinking in the post-intervention group. Because the follow-up survey was ~3 months after the baseline, we would expect drinking prevalence and frequency to increase. It was thus not possible to examine the impact of the intervention on alcohol use without a matched control population.

Impact of School Connectedness

The knowledge increment score was plotted against students' school connectedness scores (procured at pre-intervention) to detect if school connectedness, as perceived by students, affected the impact of SRE on their knowledge. The difference in knowledge between pre- and post-SRE was also assessed by school, showing some variance.

- The control school, which did not take part in the SRE intervention but completed questionnaires, showed an increase in knowledge of 8%;
- Of the nine intervention schools with available data (both pre and post-SRE questionnaires for year 9), six showed a raised knowledge score ranging between 17%-50%, two showed a slight increase over the control school (10% and 14%), and one had a decrease in knowledge score (-25%).

A survey utilising a number of school-level indices to evaluate school life ethos among all participatory schools received a low response rate. As such, we were unable to further evaluate the relationship between school-life ethos indicators and SRE outcomes.

Student and Teacher Evaluation

Of the 22 schools originally recruited to the pilot scheme, 17 took part in the SRE pilot and were asked to fill out student and teacher evaluation forms after each lesson. Of these, 11 returned their evaluation forms. Most schools, however, did not return the forms for every year; they did not always return both the student and teacher forms, and some only returned forms for a few lessons within a year. Students were asked what they thought was good about the lesson and how they thought it could be improved. Teachers were asked the same questions but they were also asked whether there were any key processes identified in the Delivery Framework that were not covered in the lesson. On the whole the feedback was positive, with responses varying from one-word answers to lengthy discussions. Specific feedback was given on the content of individual lessons: see the full report for full results.

> *" All thought the lessons were very well planned. Any lesson with an activity was very good. "*
>
> **Teacher**

Teacher Interviews

Out of the schools that took part in the SRE programme, 12 schools arranged to have an interview conducted with one representative from their school. The interviews consisted of pre-formulated questions, general feedback and additional comments.

Training was a key issue for many of those interviewed. Cascading of the training varied greatly, with variation in the amount of time available for preparing lessons and passing them onto teachers, while others organised inset evenings after school with pilot leads. There was also some apprehension about teaching SRE, with teachers having varied knowledge and experience of the subject and varying degrees of confidence in their delivery.

> *" Students began asking questions which I felt went beyond my knowledge as they veered into Medical questions"*
>
> **Year 7 Teacher** – *'Growing Up and Body Parts' lesson*
>
> *" Teachers were less confident so used school nurses as well "*
>
> **Year 7 Student** – *'Growing Up and Body Parts' Lesson*
>
> *" Some teachers did not do it because they were uncomfortable with it. Got pupils thinking about changes in puberty "*
>
> **Year 7 Teacher**

> *" Best lesson. Delivered by specialists funded by the LA - went very, very well. The immature kids even responded very, very well "*
>
> **Year 8 Teacher** – *'Condom Skills' Lesson*

This was particularly true of delivering the Year 8 'Condom Skills' & 'Body Parts' lessons. Some felt more comfortable after training, but not always. One important solution was the use of external support (e.g. Brooks; Connexions) for certain lessons, such as the condom demonstrations.

> *" Not willing to use diagrams enclosed in the package as they were found to be vulgar. Substituted for more appropriate ones. "*
>
> **Year 8 Teacher**

The lesson environment was another factor commented on. Some were conducted in science labs and reported problems with the layout as it was not conducive to group discussions. Lessons conducted in computer labs were reported to work well, while some schools reported a lack of electronic resources that would have improved the delivery (e.g. access to PowerPoint/screens to deliver the lesson).

> *" If a teacher would have been on their own then they wouldn't have had time to demonstrate, explain about expiry dates and for each pupil to have a go. 26 out of 27 students all had a go because of Connexions…. One of the best, fun lessons we had "*
>
> **Year 8 Teacher** – *'Condom Skills' Lesson*

The consistency of lessons was an issue. Interviewees reported a lack of consistency in the way the resource was delivered even within individual schools. Some teachers decided to leave out certain sections of the lesson plan (for example, parts of the body) because they deemed them inappropriate.

In schools where there was no existing PSHE lesson SRE was fitted around the existing timetable. This was an issue with some teachers who reported not having enough time to deliver the lessons effectively. Weekly or fortnightly lessons are thus optimal, as it facilitates routine scheduling (timetabling) enabling young people to know exactly when these lessons occur on a regular basis. Teachers commented on the importance of having help from external organisations or school nurses for delivering some lessons. In schools where the timetable was set by a PSHE/SRE coordinator fewer such problems were reported.

Conclusions

Along with assessing the effectiveness of the SRE strategy and materials, the evaluation of the SRE pilot in schools in NW England also provided an opportunity to explore measures of young teenagers' wellbeing and school connectedness. SRE is planned to become statutory in schools, making the investigation of practical issues associated with its implementation of particular relevance. This study also attempted to address the relationship between knowledge, attitudes, and behaviours of young people to alcohol and sexual health, and their perceived wellbeing and attitudes to school. It is hoped this will contribute towards child wellbeing activities as described in the Healthy Child Programme[16].

This study found that alcohol use was more strongly associated with students' school connectedness than to their wellbeing. This partly reflects the finding that some wellbeing indicators, assumed a *priori* to be 'protective', instead clustered positively with alcohol use. Further investigation of the association between school connectedness, wellbeing, and risky youth behaviours in a larger population of young people is required to fully understand the contribution of these factors, particularly with regard to frequent alcohol use and risky sex leading to teenage pregnancy[1, 5, 17]. The strong association between alcohol and sexual activity endorses recommendations to integrate public health

policies to help young people negotiate healthy and productive life-styles. The precocious risky behaviours identified among young teens underscore the need to start SRE before young people transfer to high school.

In the evaluation we also looked at the relationship between school connectedness and how effective the SRE programme was at increasing wellbeing and sexual health knowledge. The findings suggest school connectedness may impact on the degree to which students engage and learn in school. If so, this has strong implications for lesson delivery; however, the preliminary nature of these findings suggest further examination of this is warranted.

Teachers and students highlighted the need for consistent teaching and good timetabling. Teachers reported inconsistencies in lesson delivery, within and between schools, indicating the importance of systematic training for all PSHE/SRE teachers. A standardised programme, consistently reproduced, is essential. External organisations like Brook and Connexions were highly valued resources for SRE delivery, and teachers recommended that funding be made available to commission experts for 'embarrassing' subjects such as condom demonstrations.

Acknowledgements

We are most grateful to the pilot leads for their substantial contribution to this study; to the teachers for their diligence and dedication; and to the students for sharing their views and telling us about their lives. Our thanks to assistance from: Jen Daffin, Tom Harrison, Fazmin Nizam, Fintan Shevlin, Lee Tisdall, Kritsanee Saramunee and Hannah Madden. Government Office North West, led by Dr Mark Limmer, supported the study and were a pleasure to collaborate with. We are grateful to Simon Henning for the support from the Cheshire and Merseyside Sexual Health Network.

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June 2010

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ISBN: 978-1-907441-60-8 (pdf version)

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