

# Sex and Relationships Education Guidance

## Consultation Response Form

**The closing date for this consultation is:  
19 April 2010**

**Your comments must reach us by that date.**

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**Please tick if you want us to keep your response confidential.**

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## **Please select the category which best describes you:**

Voluntary Sector Organisation/Charity

### **The NSPCC**

The National Society for the Prevention of Cruelty to Children (NSPCC) is the UK's leading charity specialising in child protection and the prevention of cruelty to children. The NSPCC aims to end cruelty to children in the UK over future generations. In pursuit of our vision we will:

- Create and deliver services for children which are innovative, distinctive and demonstrate how to enhance child protection most effectively;
- Provide advice and support to ensure that every child is listened to and Protected;
- Provide advice and support to adults and professionals concerned about a child and if necessary take action to protect the child;
- Work with organisations which work with children to ensure they effectively protect children and challenge those who do not;
- Campaign for changes to legislation, policy and practice to ensure they best protect children;
- Persuade everyone to take personal responsibility for preventing cruelty to children;
- Inform and educate the public to change attitudes and behaviours towards children;
- Use our statutory powers as necessary to protect children.

The NSPCC works across a range of education settings. This response draws on the experience of NSPCC education specialists working in England. NSPCC education specialists provide training and advice to teachers on a wide range of child protection-related areas. They help school staff identify signs of possible abuse and give children the skills they need to protect themselves, through providing independent counselling, advice and support for children and young people and giving them the confidence to seek help. They also provide school staff with the opportunity to talk to a trusted professional in confidence if required. Our response is also based on the views of NSPCC practitioners who work with children who have been sexually abused and sexually exploited, and those who have experienced domestic abuse.

The NSPCC's ChildLine service receives nearly fifty calls a day from children who feel under pressure to have sex or lack basic knowledge about sexual health, relationships, pregnancy and puberty. Between April 2008 and March 2009, ChildLine counselled 9,398 children (4,500 girls/ 4,898 boys) who wanted to discuss issues related to the 'facts of life.'<sup>1</sup> This accounted for more than six per cent of all calls to the ChildLine service. A further 2,361

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<sup>1</sup> ChildLine defines "Facts of Life" calls as requests for advice about sex, maturation, reproduction, contraception, issues around growing up, self image, masturbation, teenage crush, fancying someone, periods and spots.

children (1,276 girls and 1,085 boys) were counselled about ‘facts of life’ as an additional problem when they called to speak about other main problems. Children and young people of all ages rang for advice about the facts of life, although a larger proportion of calls (49 per cent) were from young people between the ages of 12 and 15.<sup>2</sup>

Examples of calls received include:

- A 12 year old boy contacted ChildLine to ask what sex was. His friends had been talking about it and he didn’t understand.
- A young boy rang the service to ask what a condom was and why people used it.
- A young girl with learning difficulties rang ChildLine to say she was being put under pressure to have sex and was unsure about what this meant.
- A teenage girl rang to ask whether she could get pregnant while she was having her period.
- A teenage boy rang to ask where he could get condoms.

**Q1) Does the introduction clearly set out the importance of SRE?**

Not sure

**The vulnerability of children to sexual abuse and exploitation**

We know from both research and our own direct practice experience of many cases where children and young people have been targeted for sexual abuse by adults or peers at a young age.<sup>3</sup> The following anonymised case study is of a girl we have worked with, whose sexual exploitation began when she was 11:

*Sabina (aged 14 years) was referred to the NSPCC in 2009 when her mother rang the NSPCC Helpline. On assessing Sabina we found that she was being consistently sexually exploited by older men. She had first been sexually exploited from the age of about 11 when she was forced to have sex with a boy from her school. Sabina had talked about her experiences at school but had not been given any support until the NSPCC became involved.*

We therefore consider that age-appropriate SRE should start as early as possible for children of primary school age. If children can be withdrawn from sex education classes at any time, this may leave them more at risk of sexual abuse and exploitation.

We consider that the first section of the guidance needs to strengthen the references made to the crucial role of Sex and Relationships Education (SRE)

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<sup>2</sup> This statistic is based on calls where children and young people stated their age during the call. This was the case in 7, 038 of 9, 398 calls (75 per cent).

<sup>3</sup> Cawson, P; Wattam, C; Brooker, S and Kelly, G (2000) *Child maltreatment in the United Kingdom: a study of the prevalence of child abuse and neglect* London: NSPCC

in preventing or stopping the sexual exploitation of young people by adults or other young people. NSPCC practitioners engaged in therapeutic work with children and young people who have experienced abuse find that many children have little knowledge about abusive relationships and many do not realise that they are being abused.<sup>4</sup> SRE can be an effective way of teaching young people how to identify abuse, how to react when approached, and what to do in the aftermath of abuse.<sup>5</sup> Another key role of SRE is to teach children and young people about sources of help or further guidance.

The importance of talking about sexual abuse and exploitation in SRE lessons was also demonstrated by a survey conducted by the NSPCC in 2007.<sup>6</sup> Nearly 2,000 young people took part in the survey hosted on the *donthideit.com* and *mykindaplace.com* websites. Nearly all respondents (93 per cent) reported that their sex education lessons did not include any information about sexual abuse. The survey also showed that children were confused about what is illegal or wrong.

Findings included:

- Eighty-two per cent did not realise it is illegal for a 30-year-old man to sexually touch a 15-year-old girl.
- Although nearly everyone questioned (92 per cent) knew the age of consent, 88 per cent did not consider a 23-year-old woman having a sexual relationship with a 15-year-old as an abusive situation.
- Eighty per cent did not consider a 16-year-old having a sexual relationship with their teacher as an abusive situation.

### **Parental withdrawal of children from SRE**

Section 2.6.1 of the guidance states that parents have the right to withdraw their children from SRE taught outside the national Science curriculum. Although the right to parental withdrawal is not the subject of this consultation, and changes to the Children Schools and Families Act 2010 mean that proposals for parents to be able to withdraw children under the age of 15 from SRE classes are not currently relevant, we consider it important to provide our views on this issue.

We acknowledge that parents may have concerns about SRE provision on cultural, religious or personal grounds. However, it should not be presumed that these concerns should automatically prevent young people from

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<sup>4</sup> The Clywch Inquiry (2004) Allegations of child sexual abuse in a school setting (Wales Children's Commissioner) found that a lack of knowledge and skills contributes significantly to children's vulnerability to abuse.

<sup>5</sup> Finkelhor, D (2007) 'Prevention of sexual abuse through educational programmes directed towards children' in *Paediatrics*, 120 (3), pp. 640-645

<sup>6</sup> The NSPCC's Mykindaplace/Don't hide it online survey was conducted in Summer 2006. 1820 young people took part. The majority (94%) of respondents were girls; 53% of respondents were aged 10-15 and 31% were aged 16 -18. Neither website is still live.

accessing SRE teaching, which can make an effective contribution to helping to prevent sexual abuse.<sup>7</sup>

Rather, we would wish there to be an expectation in relevant guidance that schools should recognise and address these concerns, and should plan lessons and select materials accordingly, to ensure they are fully age, culturally and religiously appropriate. Schools should also work with parents to understand their concerns, explain the nature of SRE and respond to any specific issues, with the aim of reducing the rate of parental withdrawal. This may include opting to teach some single-sex lessons. Where parents decide to withdraw their children from SRE they should be given access to the materials and resources which will be used in the lessons so that they are fully informed and know what they are potentially withdrawing their children from.

A further issue, had the right of parental withdrawal been retained as proposed we consider that clarification would have been needed on how schools should respond if young people assert that they wish to attend SRE lessons without parental consent. It is a long-established principle in law, following the decision in *Gillick v West Norfolk and Wisbech Area Health Authority*<sup>8</sup> that children who are deemed to have sufficient maturity are able to consent to contraceptive advice without parental consent. This is also in accordance with Article 12 of the United Nations Convention on the Rights of the Child (UNCRC) which states that the views of children should be given 'due weight in accordance with the age and understanding of the child' and Article 17 of the convention: States parties... 'shall ensure that the child has access to information and material from a diversity of national and international sources, especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health.'<sup>9</sup> Lord Fraser made some general remarks in his judgement about encouraging adolescents' capacity for independence:

"It is, in my view, contrary to the ordinary experience of mankind, at least in western Europe in the present century, to say that a child or young person remains in fact under the complete control of his parents until he attains the definite age of majority ... In practice most wise parents relax their control gradually as the child develops and encourages him or her to become increasingly independent".<sup>10</sup>

The 'Fraser Guidelines',<sup>11</sup> state that before giving sexual health advice or treatment to young people under the age of 16, professionals must be satisfied that:

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<sup>7</sup> Boyle, C and Lutzker, J (2005) 'Teaching young children to discriminate abusive from non - abusive situations using multiple exemplars in a modified discrete trial teaching format' in *Journal of Family Violence*, 20 (2), pp. 55-69

<sup>8</sup> [1986] AC 112.

<sup>9</sup> Outlined in Article 12 of the United Nations Convention on the Rights of the Child.

<sup>10</sup> Cited in Fortin, J (1998) *Children's Rights and the Developing Law*, London: Butterworths.

<sup>11</sup> Department of Health and Social Security, Family planning services for young people. HC(86)1. DHSS, 1986.

- The young person can understand the advice;
- The young person cannot be persuaded to inform their parents;
- The young person is likely to begin or continue having sex without contraceptive treatment;
- Unless the young person receives contraceptive treatment their mental or physical health will suffer; and
- The young person's best interests require them to receive advice or treatment with or without parental consent.

It is arguably inconsistent for young people who are deemed competent to be given contraceptive advice by a health professional, but not to be able to have sex education in school.

### **Physical abuse**

School-based interventions have been found to be effective in delivering an enhanced understanding of domestic violence among pupils.<sup>12</sup> We therefore suggest that the introduction should make a specific reference to the role of SRE in preventing and stopping Violence Against Women and Girls (VAWG). The Government recently accepted the recommendations of the DCSF advisory group on VAWG, including the call that VAWG should be addressed through the primary and secondary curriculum, across all subjects including PSHE Education.<sup>13</sup> Although the clauses which would have made SRE statutory have now been removed from the Children, Schools and Families Act 2010, this is still an important principle that should be included in section 1.3.

The inclusion of material about domestic violence is important as research from the NSPCC and Bristol University has shown that partner violence is a common feature of many teenage relationships. In 2009, Barter and colleagues conducted a confidential survey with 1,353 young people, between the ages of 13 and 17 and 91 in-depth interviews with 62 girls and 29 boys. They found that a quarter of girls and 18 per cent of boys reported some form of physical partner violence; nearly three-quarters of girls and half of boys reported some form of emotional partner violence and one in three girls and 16 per cent of boys reported some form of sexual partner violence.<sup>14</sup> Research also suggests that many children witness or experience domestic violence within the home and that this can have a negative impact on self esteem and children's ability to successfully form relationships.<sup>15</sup> There is

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<sup>12</sup> Bell, J and Stanley, N (2006) 'Learning about domestic violence: Young people's responses to a Healthy Relationships program' in *Sex Education*, 6 (3), pages 237 – 250.

<sup>13</sup> DCSF (2010) *Violence Against Women and Girls: Advisory Group final report and recommendations* London: DCSF

<sup>14</sup> Barter, C; McCarry, M; Berridge, D and Evans, K (2009) *Partner exploitation and violence in teenage intimate relationships* London: NSPCC

<sup>15</sup> Byrne, D and Taylor, B (2007) 'Children at risk from domestic violence and their educational attainment: Perspectives of Education Welfare Officers, Social Workers and Teachers' in *Childcare in Practice*, 13 (3), pp. 185-201

therefore a clear need for teaching to explore definitions of domestic violence and to make clear that violence in a relationship is never acceptable.

### **Healthy Schools Programme**

At 1.4, the guidance should include a reference to the Healthy Schools Programme and its relationship with the PSHE programme. The National Healthy School Programme (NHSS) is a key element of PSHE as it was introduced to complement and enhance the teaching of the subject in schools. The NHSS provides a whole-school approach aimed at improving both health and educational outcomes and includes an emphasis on PSHE, healthy eating, physical activity and emotional health and well being. The Healthy Schools Programme is referred to in several places in the guidance (for example, on page 26) so would benefit from a fuller introduction here.

### **Sexual, sexist and transphobic bullying (SST) guidance**

At 1.3 where the guidance outlines the need to use SRE as a method to prevent cases of sexual, sexist and transphobic (SST) bullying, the guidance should make specific reference to the new guidance issued as part of the 'Safe to Learn' suite of guidance.

### **Family and relationship types**

In general, section 1.3 does not go far enough in stating that an important objective of SRE is to teach children and young people about different family and relationship types in order to promote an acceptance of diversity. This point is made later on in the 'rights and responsibilities' section on page 21 but should be given greater emphasis in the first section of the guidance.

The large number of calls to the ChildLine service on this issue each year demonstrates young people's need for this type of information. Between April 2008 and March 2009, ChildLine counselled 3,546 children (1,095 girls/ 2,451 boys) about sexuality, defined as sexual identity, gender identity and sexual problems or worries. These calls account for two per cent of all calls to ChildLine. A further 1,434 children (620 girls and 814 boys) were counselled for sexuality as an additional problem when they called to speak about other main problems.<sup>16</sup> Calls included:

- A teenage boy rang the service for advice on how to 'come out' to his parents.
- A 15-year-old boy rang to discuss concerns about his gender assignment and sexuality.
- A 13-year-old girl said that people at school were bullying her because she was a lesbian.<sup>17</sup>

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<sup>16</sup> Figures obtained from the ChildLine Service representing the period between April 2008 and March 2009.

<sup>17</sup> Every year, approximately 2,725 young people call the ChildLine service because they are being bullied because of their sexuality. For more information see the ChildLine case note on

From our evidence from young people through ChildLine, the NSPCC is concerned that young people should be able to learn about different sexual orientations and family types in a balanced and inclusive way. The guidance should more clearly explain how faith schools should address sensitive subjects such as contraception and homosexuality without undermining key equalities principles. In order to achieve this, there is a need for specialist training and support for those who teach and work in a faith context.

### **Well-being indicators**

At 1.4 the guidance makes reference to the well-being indicators which were planned for introduction by Ofsted from September 2009. It is our understanding that although the indicators were consulted upon last year these have not yet been issued. Also, the tools for collecting the pupil and parent perception data are not yet available to schools. Any developments need to be included in revisions to the guidance.

### **Legal context**

We regret that the measures to make Sex and Relationships Education compulsory were lost from the Children Schools and Families Act 2010. It will be important to ensure that the guidance is clear about which elements of the guidance are statutory and which are not. It will also need to give appropriate emphasis to the responsibilities of head teachers and governing bodies in relation to SRE.

Under Section 1.5, the guidance should also state that under the Section 175 of the Education Act 2002, schools and local authorities are required to make arrangements to safeguard and promote the welfare of children. Section 157 of the Act places the same duty on independent schools. This section should also make reference to The Children Act 2004 which aims to improve the well-being of all children and young people in line with the five outcomes of Every Child Matters. For ease of reference, we suggest that the guidance should refer to the appropriate elements of relevant legislation in every case. For example, readers should be referred to Section 38 of the Education and Inspections Act 2006 which states that, in discharging their functions, governing bodies of state schools must promote the well-being of pupils at the school.

### **Structure**

This section should be re-structured to make it easier to read. We suggest that section 1.5 on the legal position should be moved to come below the section at 1.2 'who the guidance is for.' This will help practitioners to identify their legal responsibilities in relation to SRE. This would then be followed by the section on why SRE is important. Section 1.6 should be amended to

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'Calls to ChildLine about sexual orientation, homophobia and homophobic bullying' at [www.nspcc.org.uk/Inform](http://www.nspcc.org.uk/Inform)

incorporate changes following the conclusion of the Children, Schools and Families Bill and incorporated into the current section 1.5.

**Q2) Does Section 2 clearly describe SRE? If not, what do you think is missing?**

Not sure

**Definition**

Section 2.1 gives a clear description of SRE although it would be useful if this paragraph explained the difference between SRE, with its emphasis on relationships, as distinct from the biological aspects of reproduction which are taught in the statutory science curriculum. We note that several descriptions of the nature and principles of SRE are made throughout the guidance (on pages 1, 5, 9 and 19) and these descriptions are not always consistent. To avoid confusion, SRE should be defined once, at the start of the guidance, with references made to this later on, where necessary.

**Family and relationship types**

When the guidance refers to the value of marriage at 2.2.1, and throughout the guidance, this should read ‘marriage **and civil partnerships**’ to reflect the changes to the law and the need to be respectful of different family types. More broadly, it is important that the teaching of SRE should not favour one family type over others and the guidance should reflect this to help ensure that SRE and other teaching does not stigmatise children and young people with different family formations. Research suggests that it is the quality of family relationships, including such aspects as levels of family conflict, which is most important for children’s well-being, rather than family structure *per se*.<sup>18</sup> This is also consistent with evidence cited in *Support for All*, the green paper on Families and Relationships, which states that “what families do is more important than family structure”.<sup>19</sup> These points could usefully be included on page 21 of the guidance which mentions disruptions to family structures.

**Substance misuse**

At 2.2, the point should be amended to ‘understanding the links between sexual health and alcohol *and other substances*’. This would be more consistent with the comments made in the section 2.3 in the ‘Integration within

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<sup>18</sup> Rees, G; Bradshaw, J; Goswami, H and Keung, A (2010) *Understanding children’s well-being: A national survey of young people’s well-being* London: The Children’s Society.

<sup>19</sup> Mackay, R. (2005). The impact of family structure and family change on child outcomes: A personal reading of the research literature. *Social Policy Journal of New Zealand*, 24, 111-133. Cited in: DCSF (2010) *Support for All*, Cm 7787, London: The Stationery Office.

PSHE curriculum' section which refers to the impact of drugs misuse and alcohol on sexual activity and sexual health.<sup>20</sup>

## **Myth-busting**

The NSPCC welcomes the positive messages contained in paragraph 2.4 which counter popular myths around early sexual experimentation and abstinence-only education. It is important that these popular 'myths' around SRE are tackled in the document. This will not only help to counter any doubts or concerns held by school staff but also help them to respond to any criticisms expressed by the wider community.

One area which is not tackled in this section of the guidance is the idea that SRE for very young children contributes to a 'loss of innocence.' These concerns should also be addressed here as these arguments are frequently cited to argue against SRE for younger children. Such beliefs are often the result of a lack of understanding of the importance of age-appropriate SRE. For example, children are taught initially about topics such as friendship, families, names for parts of the body and bullying. Learning about relationships and growing up must start in primary schools to ensure that the foundations for later learning are established. The points made at 3.1 about the need for age-appropriate teaching should therefore be stated here. Overall, this section contains similar messages to those included at 1.3 and it may be beneficial to merge these two sections.

## **Parental involvement**

Section 2.6 onwards contains important guidance for staff on the need to build an effective dialogue between home and school. Research has shown that parental engagement in SRE is extremely important as it provides parents with the tools and encouragement needed to reinforce classroom teaching within the home<sup>21</sup> and also reduces the likelihood that parents may decide to withdraw their children from SRE. Parents who are well-informed about SRE issues and the risks posed to young people are more likely to respond supportively if a child or young person makes a disclosure of abuse.<sup>22</sup> For this reason, it is crucial that a strategy for involving parents should be part of every school's planning and teaching of SRE. We therefore suggest that section 2.6 onwards should be relocated into Section 3 of the guidance, 'Planning and teaching effective SRE.'

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<sup>20</sup> For more information about calls to ChildLine on this issue see:  
[http://www.nspcc.org.uk/Inform/publications/casenotes/CLcasenotesalcoholandteenagesex\\_wdf48184.pdf](http://www.nspcc.org.uk/Inform/publications/casenotes/CLcasenotesalcoholandteenagesex_wdf48184.pdf)

<sup>21</sup> Burgess, S and Wurtele, S (1998) 'Enhancing parent-child communication about sexual abuse: A pilot study' in *Child Abuse and Neglect*, 22, pp. 1167-1175

<sup>22</sup> Hebert, M; Lavoie, F; Piche, C and Poitras, M (2001) 'Proximate effects of child sexual abuse prevention program in elementary school children' in *Child abuse and neglect*, 25, pp. 505-522

## SRE for pupils with Special Educational Needs

The guidance states, 'unless specified otherwise, whenever "pupils" are discussed within the guidance this includes pupils with SEN' (see page 8). However, the NSPCC considers that pupils with Special Educational Needs (SEN) have specific vulnerabilities which need to be properly acknowledged and planned for within the guidance. These include:

- Deaf and disabled children suffer from maltreatment at much higher rates (31%) than children without disabilities (9%). They are also more likely to suffer multiple forms of maltreatment (71%) than children without disabilities (29%).
- Deaf and disabled children are 3.8 times more likely to be neglected; 3.8 times more likely to be physically abused; 3.1 times more likely to be sexually abused and 3.9 times more likely to be emotionally abused.<sup>23</sup>
- Incidences of sexually harmful behaviour are much higher among children and young people with SEN.<sup>24</sup>
- Children with learning difficulties are much more likely to experience incidents of bullying.<sup>25</sup>

For these reasons, it is essential that deaf and disabled children are able to fully benefit from SRE and learn how to seek help if they need to. Although the guidance acknowledges at 3.7 (page 40) that SRE delivery needs to be flexible to meet the specific needs of pupils, it does not give enough practical guidance to teachers, or make links to appropriate resources for teaching pupils with SEN. The section on 'SRE for pupils with Special Educational Needs (SEN)' on page 12 therefore needs to be strengthened in order to better account for the particular needs of these groups.

The NSPCC has significant practice experience of delivering personal safety skills to deaf children in schools and we would be happy to work with the DCSF to strengthen the guidance in relation to the SEN elements. Our work has highlighted that children with SEN often lack awareness and vocabulary around very basic areas such as feelings, relationships and safety. To meet the needs of this group it is essential that materials and methods respond to specific learning needs and that learning is continually reinforced. For example, deaf children and children with learning disabilities are likely to require a range of visual materials that they can relate to, including information delivered by deaf or disabled young people; learning methods may include role plays, scenarios, feelings cards, storyboards and animations.

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<sup>23</sup> Sullivan, P and Knutson, J (2000) 'Maltreatment and disabilities: A population based epidemiological study' in *Child Abuse and Neglect* 24 (10), pp. 1257-1273 and Embry, R. A. (2001, July). *Examination of risk factors for maltreatment of deaf children: Findings from a national survey*. Paper presented at the 7th International Family Violence Research Conference, Portsmouth, NH.

<sup>24</sup> Fyson R; Eadie T and Cooke P (2003) 'Adolescents with learning disabilities who show sexually inappropriate or abusive behaviours: development of a research study' in *Child Abuse Review*, 12 (5) September, pp. 305-314(10)

<sup>25</sup> A survey by MENCAP in 2007 identified that 8/10 respondents had been bullied and 6/10 had been physically hurt.

### *NSPCC 'Safe' Programme.*

Based on our practice experience, the NSPCC has developed a comprehensive pack of personal safety materials, known as 'Safe.' 'Safe' is a group-work programme on DVD-Rom with a practice guide for teachers or other professionals who are delivering the programme. The 'Safe' personal safety skills programme contains ten topic areas including bullying, road safety and growing up. The information in the programme can be used with all children and can be taught in mixed groups of hearing and deaf children at mainstream schools.<sup>26</sup>

We piloted SRE sessions for 12-15 weeks with 10 groups of children and found that deaf children often had limited knowledge of sex and relationships education or had misunderstood or misinterpreted information. Through 'Safe', they were able to fill in the gaps and correct inaccuracies. Furthermore, once children had a better understanding of safety issues this very often led to disclosures of abuse. These included sexual bullying, sexually harmful behaviour and serious sexual abuse. In pilot studies, teachers also found that using 'Safe' removed embarrassment or personal learning gaps regarding SRE.

We have found that 'Safe' is an effective way of delivering vital information to groups of children. It empowers children to learn the difference between safe and unsafe behaviours and allows them to explore the information through a range of visual materials. The 'Safe' programme uses innovative techniques to engage young people, including role plays, scenarios, feelings cards, storyboards, animations and deaf young presenters. It would be useful if some of the learning from our 'Safe' work could be included as a case study in the guidance. We would also like the tool to be highlighted as a useful resource for schools who deliver SRE to deaf children.

### *'Catch up' time*

We welcome the statement in the guidance (on page 13) that SRE should not be used for 'catch up time' for other national curriculum subjects for students with SEN.

### *Child protection disclosures*

Schools need to be aware that because of the higher rates of abuse and maltreatment suffered by children with SEN, there is a much greater likelihood of child protection disclosures following an SRE session. The NSPCC has significant practice experience in delivering personal safety skills to deaf children in schools and has found that once children have gained a better understanding of safety issues then in many cases this can lead to disclosures of abuse. Not only do teachers need to be prepared for a higher rate of disclosures from SEN pupils, schools need to be able to meet the

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<sup>26</sup> Kovic, Y., Lucas-Hancock, J. and Miller, D. (2009) *Safe: Personal safety skills for deaf children* NSPCC. For more information about Safe see:  
[http://www.nspcc.org.uk/Inform/publications/safe\\_wda58697.html](http://www.nspcc.org.uk/Inform/publications/safe_wda58697.html)

specific needs of deaf and disabled children when they disclose abuse. We discuss the issue of disclosures in more detail in our response to question four.

### *Awareness of local support services*

Sessions of SRE with children with SEN may highlight a variety of needs, which may be therapeutic, audiological and/or medical and/or linked to environmental equipment, educational support, transition, social, leisure and/or family support needs. Schools should therefore be aware of local support services so that they can make referrals if pupils have additional support needs. The guidance should acknowledge that children who attend special schools often come from a wide geographical area, so having an up-to-date awareness of services across large areas may be more challenging for staff.

### *Staff training*

The guidance should acknowledge that teachers who deliver SRE to pupils with SEN need to have specialist communication skills and an awareness of specific needs and vulnerabilities. School staff working with young people with SEN must be highly skilled; they need an in-depth knowledge and understanding of the topics covered but must also be able to communicate at a high level with the young people involved. Teachers must therefore be given access to the specialist training and resources needed to meet the needs of this group. This should also be available to Special Educational Needs Co-ordinators (SENCO) and teaching assistants who work directly with pupils with SEN.

### *Parents*

The paragraph on page 16 about responding to the specific needs of parents of children with SEN is extremely important. NSPCC practitioners feel that parents of children with SEN may have specific needs to help them support and understand their child's need for sex and relationships education. Parents of disabled children can often struggle to accept the fact that their children are sexual beings. This denial of sexuality can also make it more difficult to accept that sexual abuse has taken place. The messages contained in this paragraph should be repeated in the dedicated section about SEN, which we suggest is located within the 'planning and teaching' section.

### *Structure*

References to SRE for deaf and disabled children and their parents are currently scattered throughout the document (on pages 12 – 13, 16, 27, 40, 53 and are mentioned in the case study on page 54). We strongly recommend the inclusion of a dedicated section for SEN issues to ensure clarity, consistency and ease of reference and this would best be located within section 3 'Planning and Teaching Effective SRE. Section 2.3, 'SRE for

pupils with special educational needs,' should be moved into this section. SEN issues should also be integrated throughout the guidance.

### **Cross-curricular links**

The NSPCC supports the teaching of SRE across the school curriculum. However, despite stressing the need for a cross-curricular approach, the guidance does not provide enough practical information about how teachers can incorporate the issues into subject teaching. The section on 'Cross-curricular links' at 2.3 could therefore be strengthened, using more concrete examples of how this could be achieved. A case study should be included to demonstrate a practical example of where SRE has been taught effectively within other subject areas. As cross-curricular teaching is an aspect of planning and teaching we suggest that this paragraph should be moved into section 3.

### **Q3) Is Section 3 helpful in setting out the range of processes that need to be in place and the roles that different partners have in planning and teaching good SRE?**

Not sure.

As mentioned above, we consider that this section would be strengthened if it incorporated material in section 2 about involving parents in SRE and provision for children with SEN.

At the top of page 21, where the guidance outlines the principles underpinning SRE, the section 'Promote strong and stable relationships' should be renamed 'strong, stable and *safe* relationships' as issues of pressure and violence are also stressed in this section.

At 3.2, bullet point nine should read 'How SRE is made relevant to boys as well as girls, and addresses diverse needs including culture, faith, disability and **sexual** orientation.'

### **Challenging attitudes**

We welcome the emphasis on 'equality, inclusion and acceptance of diversity' at 3.1 outlined on page 20 of the guidance. However, it would be useful if there were more specific guidance for teaching and non-teaching staff on how to respond appropriately to any intolerance of difference expressed by pupils in SRE lessons or in the wider school environment. This should also be included as part of the sections on the whole-school approach to SRE.

## Teacher training

Research from the NSPCC and others suggests that many teachers can feel very uncomfortable when asked to deliver SRE lessons.<sup>27</sup> We therefore welcome the emphasis on teacher training at 3.3 and continuous professional development (CPD) at 5.2. We agree that teachers responsible for delivering the curriculum should receive specialist training and be fully supported by the school. This section should state that all training should include information about how to respond to a child protection disclosure from a pupil (see above). The NSPCC also supports the statement made in section 3 of the introduction that non-teaching staff should not be used as a substitute for teachers in SRE lessons.

The NSPCC considers that there should be a stronger emphasis on SRE and child protection in Initial Teacher Training (ITT). Unless the principles underpinning the delivery of SRE described in this guidance are embedded within initial training, SRE in schools is unlikely to improve. Adequate funding and resources need to be provided to support this at a national level. The guidance should state that schools must show leadership in enabling teachers to take up training opportunities.

When discussing the possibility of building a team of specialist SRE and PSHE teachers at secondary level, the guidance states that teachers with specific subject backgrounds may be well suited to developing specialist expertise in SRE. In our view, aptitude in this area is not necessarily related to experience teaching the subjects that are mentioned. The focus should be more on the skills and commitment of the individual, rather than on their prior subject specialisms. We also welcome the statement that there should be a lead teacher appointed to coordinate SRE in schools.

## Ground rules

The 'ground rules' section of 3.7 is useful. NSPCC practitioners have many years of experience of talking to young people and their parents about sexual relationships. However, our professionals who deliver inter-disciplinary training and consultation locally find that many experienced staff do not have the language to discuss sexual matters with children and to be able to answer young people's questions clearly. For this reason, NSPCC practitioners developed a model for talking to children and young people about sex and relationships.

The advice presented here has been used in counseling, both as the starting point and the 'take home message' when discussing Rules of Sex with young people referred to specialist child protection services. We have found it important to structure discussions using exercises which are fun as well as informative. We call this the SPACE rules and we have discovered that by

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<sup>27</sup> McElerney, A; Scott, J; Adamson, G; Tracey, A; Turtle, K and McBride, O (2009) *Teaching 'keeping safe messages in the primary school curriculum in Northern Ireland: Consulting with key stakeholders (Interim report)* Belfast: NSPCC. Findings are based on nine focus groups with teachers and other school staff between March 2008 and March 2009.

using this, it is possible both to present clear, reliable and sensitive guidance about sexual behaviour to young people, and to provide parents, carers and professionals with a memorable and simple framework which gives them confidence to present information to young people in a positive way.

The SPACE rules are used in the following way:

**Safe:**

- Don't have sex unless you know how to stay safe.
- Don't hurt others, and protect yourself from sexually transmitted infections and from pregnancy.

**Private:**

- Sexual stuff should be private but not secret. (If you are not sure whether something is OK then, check it out with someone you trust)

**Age:**

- The Law says that you have to be at least 16 years of age or older to have sex with someone else (17 years in N.I). This is the same if you are Straight, Lesbian, Gay or Bisexual.

**Consent:**

- You must both consent or agree and also understand what you are agreeing to.
- Remember: No one should have sex if they don't want it or aren't ready for it.

**Every time:**

- Sex can be great, though only if we stick to the rules. Keep these rules every time you are thinking about doing something sexual.

Based on two years of NSPCC practice experience of using the SPACE rules we consider that they work very well with very different children and young people. It would be helpful to highlight the SPACE rules in the guidance as a useful tool for teachers, young people and parents.

## **Accountability**

We agree with the principle of section 3.9.1 that children and young people's views should be taken into account for subject improvement. However, there is a need to further strengthen the accountability mechanisms for the quality of SRE. The NSPCC considers that the quality of SRE teaching within schools should be assessed through the Ofsted inspection framework. This should include the use of anonymous pupil surveys which ask children and young people whether their particular needs are being met. The outcome of the surveys will then have an effect on the school's limiting judgement from Ofsted on safeguarding pupils. Inspecting the quality of SRE in this way would reinforce the central role the subject plays in promoting pupil safety and well-being and place a positive duty on schools to ensure that SRE provision is of a high quality.

## Community engagement

NSPCC practitioners who submitted their views to this consultation felt that wider community involvement is extremely important. Section 3.10 on involving the wider community needs to be strengthened. The NSPCC considers that section 6 of the 2000 guidance (page 27) more clearly outlined the opportunities available in this regard.

At 3.11 the guidance should state that school governors require training on the definitions, principles, and values of SRE, including the need to teach equality and diversity. Local authorities should develop and provide training programmes for governors to help them develop SRE policies. This should include consulting with and involving parents and pupils and handling any complaints or concerns which arise.

### **Q4) Is Section 4 helpful in describing how the whole-school should be involved in SRE?**

Not sure.

## Guidance

We welcome the reference to new government guidance on the issue of sexual, sexist and transphobic bullying and of cyberbullying in schools at 4.1. However, there are other pieces of guidance that should also be referred to here, including guidance on responding to homophobic bullying.<sup>28</sup>

## Child Protection disclosures

The NSPCC is concerned that the guidance does not provide consistent advice to professionals about how they should respond if children disclose that they have been abused. Wherever the guidance makes reference to child protection disclosures it should state that in these circumstances schools must follow their child protection policies and procedures and the procedures outlined in the 'Working Together to Safeguard Children' guidance.<sup>29</sup> It should also promote the role of the school's designated child protection lead and Local Authority Designated Officer for Child Protection.

Children often choose teachers or other adults in the school setting to talk to when they need to speak to an adult about worries, concerns or abuse.<sup>30</sup> Research has shown the importance of the form tutor in 'adolescent help

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<sup>28</sup> DCSF (2009) *Safe to Learn: Homophobic bullying* (London: DCSF).

<sup>29</sup> DCSF (2010) *Working Together to Safeguard Children: A guide to inter agency working to safeguard and promote the welfare of children* London: DCSF

<sup>30</sup> Farrand, P; Parker, M and Lee, C (2007) 'Intention of adolescents to seek professional help for emotional and behavioural difficulties' in *Health and Social Care in the Community*, 15 (5), pp. 464-473; Smith, L (2006) 'What effect does listening to individual children have on their learning' in *Pastoral care in education*, 24 (4), pp. 31-39

seeking' across the range of difficulties.<sup>31</sup> However, teachers who deliver programmes about personal safety are likely to have concerns about how to respond if pupils make child protection disclosures.<sup>32</sup> The guidance should therefore state that all teachers should be familiar with the procedures outlined in the 'What to do if you're worried a child is being abused' guidance and be able to deal with disclosures in an appropriate and timely manner.<sup>33</sup>

The guidance should provide more practical advice to staff about how to respond to individual children when they make child protection disclosures. NSPCC practitioners have developed the following guidelines for staff when dealing with child protection disclosures.

If a child discloses to you following a group session, you should:

- Listen carefully and ensure you allow the child to have as much time as needed to tell you what they want to say
- make communication support available as necessary to ensure you are understanding the child correctly
- check back with the child to ensure they have correctly understood you
- not ask questions other than to clarify and confirm what the child has told you
- not give promises of confidentiality – rather, advise the child that you may have to tell others in order to ensure their wellbeing or that of another child, but that you will only tell those who need to know
- thank the child for the information and reassure them
- record what the child has told you at the earliest opportunity, along with any other relevant information
- follow child protection procedures and agreed protocols.

If a child discloses in the course of a group work session, you should:

- confirm what the child has said
- thank them for the information and ask whether you can speak to them on a one-to-one basis following the group or if they would feel more comfortable talking to someone else
- be mindful of the other children within the group, how they might respond and their support needs
- let the group know that the disclosure will be dealt with outside of the group, so they know it won't be ignored
- let the group know that you will be available to speak with any child outside of the group if the disclosure has raised any issues for them

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<sup>31</sup> Farrand, P; Parker, M and Lee, C (2007) 'Intention of adolescents to seek professional help for emotional and behavioural difficulties' in *Health and Social Care in the Community*, 15 (5), pp. 464-473

<sup>32</sup> Thiara, R and Ellis, J (2005) *Westminster Domestic Violence Forum London-wide schools' Domestic violence prevention project: An evaluation* London: City of Westminster

<sup>33</sup> DfES (2006) *What to do if you're worried a child is being abused* London DfES

- wherever possible, change the focus back to the topic area being covered.<sup>34</sup>

We strongly advise that similar guidelines are reproduced within the guidance. Where the issue of disclosure is first mentioned in the 'ground rules' section on page 37, the paragraph argues that personal questions and comments should not be asked, in order to "Prevent unintended disclosures about personal experience." We recommend that this sentence is removed as it seems to encourage teachers to discourage pupil's disclosures.

Section 4.2 on one-to-one support (page 53) states, "when providing one-to-one support teachers should bear in mind their own child protection and safeguarding needs." The meaning of this sentence is not clear and seems to put the safety of staff before the needs of pupils. Whilst this section explicitly recognises that safeguarding disclosures may be prompted by SRE lessons, no explicit reference is made to the school's child protection policies and procedures, including the need to refer to the school's designated worker with responsibility for child protection.

Dealing with disclosures is also mentioned in the section on 'confidentiality and information sharing' at 4.3. We fully support the idea that schools should develop a confidentiality policy. 4.3 should state that any discussions with teachers, other staff in the school or health professionals should be treated as confidential unless the child is considered to be at risk of significant harm. As mentioned above, the section on the confidentiality policy needs to make specific reference to the child protection policies to follow if there is a safeguarding disclosure. 4.3 should also state that the response should vary, according to the nature of the disclosure made. For example, a standard procedure suggested is to encourage pupils who make disclosures to talk to their parents and carers. This will, of course, not be appropriate if parents, carers or other family members are involved in the abuse being perpetrated against the child.

NSPCC education advisors consider that specific guidelines for staff may be needed about how to respond when pupils tell them about consensual sexual relationships with young people under the age of consent but of a similar age. In our experience, school staff can be uncertain about how to respond in these situations.

## **Accreditation**

We welcome the suggestion that SRE may be accredited under the ASDAN scheme. This could be helpful for more vulnerable pupils who may be very motivated to complete SRE curriculum areas of work. This would provide them with accreditations that could make up part of their CV.

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<sup>34</sup> NSPCC *Safe: Personal Safety for Deaf Children Practice Guide* London: NSPCC

**Q5) Is Section 5 helpful in describing what can be used for teaching SRE?**

Yes.

This section is useful but it should not be a separate section on its own. It would be more appropriate to incorporate it into the instructions to teachers in section 3.

The checklist on page 57 is helpful but it is more likely that this will be used by teachers if this is included in the instructions to teachers about planning and teaching SRE in section 3.

We welcome the emphasis on Continuing Professional Development at 5.2.3. However, there is no mention in the guidance of additional resources to implement the recommendations and therefore we wondered how the proposals to develop CPD and appoint SRE leads in schools will be supported.

**Q6) Are the messages in the guidance clear, workable, and good enough to be put into practice?**

No.

There was a consensus among our practitioners that the guidance document is too long and not sufficiently accessible. The NSPCC considers that the guidance should be significantly re-ordered. There is the need to reduce repetition, improve the consistency of messages and ensure that sections are ordered logically. We have indicated in our response how some of this might be achieved.

The guidance relies heavily on anecdotal evidence and could be strengthened by making references to published research throughout.

Throughout the guidance the phrase 'pupil referral unit' should be replaced with 'short stay school' to reflect the changes made in the Apprenticeships, Children, Schools and Learning Act 2009.

As the guidance is statutory, the language used throughout should be strengthened so that the guidance is more directive. For example, the guidance should state that schools 'should' rather than 'could' do specific things.

**Q7) What do you think would be the best ways of getting these messages to young people and parents?**

A summary of the guidance should be produced for children, young people and parents. An accessible version should also be produced for deaf and disabled children.

**Q8) What are the particular issues the guidance needs to add/highlight?**

As mentioned in our response, the guidance should also include the following:

- A reference to the role SRE can play in preventing gender-related violence;
- A stronger emphasis on the role of SRE for preventing and stopping sexual exploitation and abuse of children and young people;
- A stronger assertion throughout that a key objective of SRE is to teach children and young people about diversity and equalities issues;
- An assertion that SRE is respectful of different family types and reflects changes in the law in relation to civil partnerships;
- A dedicated section outlining the specific needs of pupils with Special Educational Needs;
- More practical guidance about teaching SRE across the curriculum;
- Mentions of child protection disclosures should be consistent and explicitly linked to school's child protection policies and procedures in every case.

Broader points:

- The guidance should be comprehensively re-structured in order to improve accessibility, consistency and clarity;
- The right to parental withdrawal from SRE should be withdrawn;
- The quality of SRE should be assessed by Ofsted and should feed into the limiting judgement around safeguarding;
- The guidance should make reference to the NSPCC's SAFE resource and SPACE rules.

**9 a) Is the appendix provided in the guidance useful?**

Yes.

The checklist is a useful tool for teachers although this would be more helpful if incorporated into the main body of the guidance.

The guidance makes it clear that when they withdraw their children from SRE, parents need to understand that it is their responsibility to make alternative provision for this aspect of their education and development. Underneath point 10 in the checklist more needs to be inserted about providing resources and support to parents who choose to withdraw their children from SRE. Under D (The needs of all pupils) the sentence should be amended to be consistent with E (staff support and training). It should state: "Are staff and pupils aware of the policies regarding confidentiality and child protection?" At 1, under section D, the point should state 'culturally **appropriate**' rather than 'culturally sensitive.'

**9 b) Would you like the contents to be part of the guidance or left as an appendix?**

As mentioned above, we think it would be more useful to incorporate the appendix into the main part of the guidance.

**Q10) What extra appendices are needed?**

The guidance makes reference to useful resources throughout. For ease of reference, these resources should be listed and fully referenced in a separate appendix, including links to online resources. Additional resources could also be promoted in this section, including possible resources for use by parents and carers.

**Q11) Case studies have been included. Are they enough or do we need to cover other areas?**

The case studies need much clearer titles so that the reader can tell, at a glance, the area of best practice that is being described. It would be helpful to include a list of the case study examples, with page numbers, in the guidance index. In several places, resources are described in the case studies and these are not referenced, which will make it difficult for practitioners to access them. For example, on page 17 the document refers to a recommended book list developed by 'Big Talk Education' but it does not say how practitioners can access this.

The guidance should provide a case study to give a best practice example of how schools should teach SRE across the curriculum, as we suggest above. The guidance should be re-formatted to ensure that case studies on specific issues are placed alongside the relevant content.

It would be useful to include a case study which shows how faith schools have coped with teaching sensitive subjects such as contraception and homosexuality.

**Q12) Do you have a case study you would like to send us? If so please let us know the subject and provide contact details.**

As mentioned above on page 14, we would be very happy if a case study which outlines the NSPCC's SPACE rules was included in the guidance. If you would like to discuss SPACE in more detail please contact Colin Watt, Children's Service Manager, NSPCC Space, Sycamore House East, The Professional Quarter, Shrewsbury Business Park, SY2 6LG. Email: [cwatt@nspcc.org.uk](mailto:cwatt@nspcc.org.uk) or telephone: 01743 281 980.

We would also be keen for there to be a case study in the guidance related to the NSPCC's experience in delivering SRE to deaf children through our SAFE resource (see page 9 of this response). If you would like more information about SAFE, please contact David Miller, NSPCC Head of Strategy and Development for Disabled Children: NSPCC, Weston House, 42 Curtain Road, London, EC2A 3NH. Email: [dmiller@nspcc.org.uk](mailto:dmiller@nspcc.org.uk) or telephone: 020 7825 2815.

We would also welcome a link to these two resources within the main body of the guidance or in the resources section.

**Q13) If you have further comments to make on the content of this draft or on how we might publish and circulate the final document, please give them below.**

**For further information please contact Kate Fitch, Acting Policy Advisor (Safeguarding): [kfitch@nspcc.org.uk](mailto:kfitch@nspcc.org.uk) or 0207 825 1301.**