A review of sex and relationships approaches, activities and resources

in primary schools in Scotland

Full report

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Glossary

ASL	Additional Support for Learning
CPD	Continuing Professional Development
ESRC	Economic and Social Research Council
FPA	Family Planning Association
HPS	Health Promoting Schools
LA	Local Authority
LGBT	Lesbian, Gay, Bisexual and Transgender
LTS	Learning and Teaching Scotland
NHS	National Health Service
NHSGG	National Health Service Greater Glasgow
NICE	National Institute for Clinical Excellence
NRES	National Research Ethics Service
P1	First year primary school, pupils aged 4.5-5.5 at start of academic year
P7	Final year primary school, pupils aged 10.5–11.5 at start of academic year
PSD	Personal and Social Development
PSE	Personal and Social Education
QIO	Quality Improvement Officer
SCES	Scottish Catholic Education Service
SEED	Scottish Executive Education Department
SHARE	Sexual Health and Relationships Education (SHARE was a research based sex education package which formed the basis for the Healthy Respect demonstration project)
SHRE	Sexual Health and Relationships Education
SRE[1]	Sex and Relationships Education
STI	Sexually Transmitted Infection
UN	United Nations

[1] There are a range of different terms in use, for example sex and relationship education, and sexual health and relationships education, which convey broadly similar meanings. In this report the term Sex and Relationships Education (SRE) is used consistently, except where quoting from interviewees who used different terms.

1 Executive summary

1.1 Research Aim

This project aimed to review the approaches, activities and resources used to support the delivery of sex and relationships education (SRE) in Scottish primary schools.

1.1.1 Objectives

The agreed objectives were as follows:

- To conduct a literature review of the effectiveness of SRE programmes and activity, relating to outcomes, within primary schools worldwide
- To map and appraise existing SRE programmes within primary schools in Scotland
- To synthesise the evidence identified from the literature review regarding how the findings relate to SRE activity within Scottish primary schools and

1.2 Research approach

The project consists of a literature review and a mapping exercise. The literature review used a variety of evidence types and allowed a focus on process as well as outcomes. This revealed a dearth of information on effectiveness but little material specific to primary level education.

The mapping consisted of three distinct phases; two questionnaire studies followed by a set of six case studies. The first questionnaire set out to map the activities of Local Authorities (LAs) using a questionnaire which was circulated to officers with responsibility for SRE in primary schools in each of the 32 Scottish LAs. This responsibility was usually held by a Quality Improvement Officer or someone of similar rank. The questionnaire consisted of a mix of closed and open-ended questions. As this was a small study (n=32) it was possible to undertake a more in-depth analysis of the qualitative written responses than is usually possible in such studies. At a policy level, the Scottish Catholic Education Service (SCES) provides guidance to denominational schools, so a single in-depth telephone interview with a representative of this organisation was undertaken, to explore its role in providing guidance to primary schools.

The second questionnaire was issued to a 30% sample of all primary schools in Scotland. The size of this sample (n=647) necessitated an emphasis on quantitative responses, with a smaller number of open-ended questions.

Finally, six case studies were conducted in schools which had been identified in the questionnaires as taking an innovative approach to SRE. The selections were made to highlight a range of approaches and to construct a geographically and socially diverse sample.

1.3 Findings

1.3.1 The case for SRE in the primary school

The literature firmly makes the case for introducing SRE in the primary school, on the grounds that puberty, for many children, occurs before their transfer to secondary school. Equally important is the need to support children to make informed choices, which will help them to avoid difficulties in their teenage years. Some evidence exists that young people who possess basic knowledge about their bodies tend to believe more in their own decision making abilities in early adolescence (Juhasz, 1983) This concurs with findings in the review of SRE in Scottish secondary schools (van Teijlingen *et al.*, 2007).

Participants across the study were also committed to developing SRE in the primary school for similar reasons. All 31 responding LAs expected primary schools to deliver SRE as part of their planned curriculum. Many LAs had implemented a range of supporting mechanisms for schools. Despite this, there was some evidence of fears about perceived opposition from pressure groups, which in turn contributed to a high level of caution in SRE work at LA and school levels. The questionnaire responses from schools indicated that whilst the teaching of SRE in primary schools was widespread, it was not universal or consistent. Only 4.3% of responding schools did not formally teach SRE.

1.3.2 Guidance for primary schools in teaching SRE

Whilst all LAs accepted their responsibility to guide primary schools in their delivery of SRE, the interpretation of this role varied widely. The majority of LA participants were aware of a formal written LA policy, but a substantial minority did not think such a document existed. However the absence of formal policy did not necessarily indicate an absence of support for schools, as some of these LAs provided evidence of extensive guidance.

The extent of the guidance offered by LAs varied, with some detailing what should be taught (and when and how) and providing teaching resources. Others offered less prescriptive guidelines, and some simply referred schools to the national guidelines, leaving the responsibility for curriculum planning with the school. Whilst LAs showed awareness of the holistic nature of SRE, and the need to locate it within an ethos of respectful relationships, most of the guidelines focused on the content of the formal SRE curriculum. There was little evidence of guidance towards an understanding of the diverse needs of different groups of pupils.

Roman Catholic schools, whilst bounded by national guidelines, looked to the Scottish Catholic Education Service (SCES) for guidance, and in some cases the local diocese was also active in producing guidance. This led to a consistency of approach.

The school questionnaire indicated that non-denominational schools sought guidance from a range of sources in addition to the LA, including, most commonly, the Scottish Government and Learning and Teaching Scotland.

Schools appeared to welcome and actively seek guidance on SRE. However, they perceived themselves as treading a delicate balance between adhering to guidelines that had been generated by bodies outside the school, and meeting the needs of classes or individual children with whom they worked. Evidence emerged in the case studies of teachers adapting programmes for reasons they believed to be in the best interests of their children. At the same time some staff expressed concerns at potentially being held to account for transgressing what were, in some cases, unclear curricular boundaries.

A different approach was evident in the denominational school selected for case study. Here the local diocese provided a detailed programme of study, to which the teachers were obliged to adhere, without transgression.

1.3.3 Training and support of staff

The literature review provides evidence of some teachers being uneasy with the role of educator in SRE, and this was echoed in the empirical findings. Eighteen LA representatives made reference to low levels of teacher confidence and cited the subject matter as a difficulty, indicating a widespread need for staff training. However, the availability of SRE training for primary staff was patchy across the country, with some LAs more active than others. In some cases training had been more evident in the past, but had reduced in recent years. LA questionnaire responses indicated widespread problems with the provision of training mainly associated with logistics, such as cost, time, availability of staff, issues of staff cover, distance of travel (cited by a rural LA) and competing curricular priorities. Some also mentioned the reluctance of teachers to engage with the topic as a barrier to effective training. There was little evidence of training for non-teaching staff, although not all LAs were aware of the training available for school nurses.

Equally the school responses indicated a variable level of training, with 42% reporting some level of staff training (although perhaps only one or two members of staff), one quarter (24%) had no SRE trained staff, and in 52% of schools the staff currently responsible for SRE delivery were not trained.

In the case studies, trained staff within the schools reported a positive impact on their understanding of the issues facing young people, and an increased confidence in their ability to deliver SRE. In schools where head teachers had undertaken SRE training at some stage in their career, the effects of this could be seen in the priority placed on SRE within the curriculum, and in the approaches adopted. However, for many who had received training, this was now a distant memory and the opportunities for updating seemed to be limited.

Where staff identified a training need in themselves this was usually in relation to the content of the P6 and P7 curriculum. Teachers expressed most anxiety around the boundaries of the subject in primary school, and about how to handle questions from pupils about more advanced or sensitive topics.

1.3.4 Partnership with parents/carers

The language of partnership between schools and parents/carers is evident in the literature and widely embraced by the participants in this study. However, the fear of parental complaints identified in the literature was also widely reported at all levels across the study, resulting in practice in a rather cautious engagement with parents/carers around SRE.

At a strategic level, only two LAs reported parental input to policy making. The majority of LAs encouraged schools to provide parents/carers with written information about the SRE curriculum, and/or at parents'/carers' evenings. It was less common to encourage parents/carers to take an active role in curriculum planning.

In keeping with this approach, the school questionnaire indicated that 79% of schools sent information to parents/carers, 69% invited them to contact the school if they wished to discuss SRE and half (51%) hosted SRE events for parents/carers.

However, the case studies demonstrated that engaging with parents/carers on this topic is not straightforward, as meetings with parents/carers were often poorly attended. Hence it was not easy to gauge parental opinion, and schools remained wary of potential difficulties. In reality, parental complaint was rare.

Parents/carers interviewed during the case studies held a variety of views about the school's role and their own role in SRE, and about the type of information that should be covered. Some looked to the school to take the main responsibility for SRE, some felt it was their own role, whilst others viewed it as a shared undertaking. There was a range of willingness to discuss these matters with their children, with some parents/carers almost completely ignorant of what their children did or did not already know. This range of interpretation by parents/carers their own role underlines the difficulties that schools can face in meeting parental expectations. However, regardless of their feelings about their own children, the parents/carers were appreciative of the need for a universal provision of SRE, and generally supportive of the efforts of the school to supply this.

1.3.5 Interagency working

Collaboration with Health Boards was the most common form of interagency working. At a strategic level, Health Boards had a role in the drafting of policy in all LAs where a policy existed. Two Health Boards had taken a leading role in producing curricular guidelines adopted by LAs within the Health Board area. Where training was offered to staff this was usually led or jointly delivered by Health Board staff.

However, the types of policies cited by LAs were almost universally education ones, i.e. aimed solely at schools. In only two cases were the sexual health policies written to apply across children's services.

The delivery of SRE in the upper stages of primary school was widely supported by an input from the school nurse (although not universally). The case studies revealed a high level of trust in the school nurses among teachers, pupils and parents/carers. The school nurses interviewed in this study placed a high value on SRE. Most commonly the school nurses introduced children to the more biological aspects, e.g. one-off sessions on puberty, sexual intercourse, pregnancy and childbirth. Some schools saw it as an opportunity to deliver single sex sessions about the more intimate aspects. In others it was seen as a team teaching opportunity with the class teacher, and used as a support for teachers who were delivering SRE for the first time.

However, the input from the school nurses was under constant threat. Staffing shortages in the NHS coupled with competing demands for school nurse time e.g. immunisation programmes, meant that existing staff were thinly spread, and there was no cover for absent school nurses. Nurses spoke of changing priorities within public health leading to reconfigured roles for themselves, pointing to an uncertain future for the collaborative delivery of SRE.

1.3.6 Teaching and learning

Although some LAs provided SRE materials and curricular guidance there was little direct pedagogical advice, other than the occasional mention of discussion. The literature review offered some insights into 'what works', albeit in secondary school children. Evans and Tripp (2006) highlighted the importance of taking account of young people's subjectively experienced realities. They drew attention to the value of peer education, as pupils will learn different things from their peers than from an adult.

This philosophy chimes with the current approaches to general teaching and learning in primary schools in Scotland, with an emphasis on pupils as active constructors of knowledge, and a leaning towards project-based group work. However, SRE knowledge is bounded by what is deemed 'age appropriate' and much teaching is designed to protect pupils from too much knowledge at too early an age. Consequently, our findings in Scotland echo the observations of the literature review, that teachers adopt a more traditional didactic approach to SRE particularly in the upper stages of primary school. Evidence of more active teaching methods was scarce.

1.3.7 What should be included in primary school curriculum

The school questionnaire responses consistently support inclusion of factual information about personal hygiene, puberty and reproduction within the primary school curriculum, and the need to locate the topic within respectful and trusting relationships, and self respect. It was widely acknowledged that young people should enter adolescence with sufficient information to be able to keep them safe. However, the responses to questions about topics such as contraception, sexually transmitted infections (STIs) and gender stereotypes and discrimination elicited a wide variation in opinions from school staff as to whether they should or should not be included, and whether they should be discussed in class, if raised by the

children. Notably, the denominational schools predominantly expressed views that that contraception should not be discussed even if raised by pupils (76%) and 70.6% were unwilling to discuss STIs.

Overall, the questionnaires and the case studies agree with the literature that teachers were more likely to discuss factual questions, but were less comfortable with questions which (a) required a value judgement or (b) the curriculum did not deem 'age appropriate'. These types of question were more likely to be answered in a private conversation, or in some cases referred to parents/carers. However, given the wide discomfort that some parents/carers expressed about discussing SRE with their children, it was likely that some questions referred to the home would remain unanswered.

1.3.8 Children's perspectives

In common with the findings in the literature, our study of young people's perspectives generally evoked responses that were largely around the sex education classes of the upper stages. When prompted, the children could remember other aspects of SRE, such as health promotion and anti-bullying events, but had little understanding of the role of the informal curriculum in developing positive relationships.

The children had experienced a range of teaching methods, and identified the value of different approaches. For example, opportunities to raise questions privately in class (e.g. individual written work or anonymous question boxes) was seen to be important alongside more public whole-class approaches.

The importance of good relationships with the adults delivering SRE was repeatedly mentioned. Pupils valued open and honest discussions around SRE, and needed to be confident that their comments and questions would be treated sensitively. Children demonstrated an active role in constructing their knowledge about SRE, seeking information from sources they trusted. The complementary roles of parents/carers (particularly mothers) and school in SRE was mentioned by some pupils. However, a minority were reluctant to have such discussions with their parents/carers

A repeating theme raised by girls was the desire for some time spent in female only groups, to discuss their developing bodies without the presence of male participants. Many girls would only seek information from female confidantes such as mothers, sisters or friends. For their part, a small number of boys raised the issue that they received their education from female teachers or school nurses. Whilst they respected their knowledge base they doubted whether they really understood how boys felt about SRE issues.

2 Introduction

This study was commissioned by NHS Health Scotland to review the approaches, activities and resources currently in use to support the delivery of sex and relationships education (SRE) in primary schools in Scotland. This follows a study in Scottish secondary schools (van Teijlingen *et al.*, 2007), in which one key finding was the importance of the early work on the topic undertaken in primary schools.

In Scotland, *Respect and Responsibility* (Scottish Executive, 2005) acts as a key policy driver for sexual health and wellbeing based on principles of self-respect, respect for others and strong relationships. It sets out clear actions for schools and emphasises the importance of stable family life in a child's development and places the values of respect and responsibility at the centre of SRE. *Respect and Responsibility* provides the policy context which frames this study.

During the course of the research, significant legislative and policy changes have impacted upon schools in relation to their responsibilities for health. The Schools (Health Promotion and Nutrition) (Scotland) Act 2007 (Scottish Government, 2007) came into force in January 2008, placing an obligation on LAs to ensure all schools are health promoting. In tandem with this legislation the recently launched *Curriculum for Excellence* (Scottish Executive 2004) places a stronger curricular emphasis on health and well-being and also underpins all school activities with a commitment to health and well-being. Details of these innovations, including 'experiences and outcomes' for relationships, sexual health and parenthood have been issued to schools during our study and some key documents were made available after the data collection was completed. Therefore at the time of this study schools and LAs were undergoing significant changes.

2.1 Research Aim

This project aims to review the approaches, activities and resources used to support the delivery of SRE in Scottish primary schools.

2.1.1 Objectives

The agreed objectives are:

- To conduct a rapid review of the effectiveness of SRE programmes and activity, relating to outcomes, within primary schools worldwide
- To map and appraise existing SRE programmes within primary schools in Scotland
- To synthesise the literature evidence with our findings relating to SRE activity

2.2 Research approach

The project consisted of a literature review and a mapping exercise. The literature review had initially intended to offer a realistic synthesis as an

alternative to the conventional systematic review, which often favours randomised control trials and delivers larger numbers of non UK based studies (Poobalan *et al*., forthcoming). However, literature search and initial reading revealed almost no theory based approaches to the delivery of SRE at primary level and a decision was made instead to utilise a more traditional approach but one which used a variety of evidence types (i.e. qualitative as well as quantitative) and which allowed us to focus on process as well as outcomes.

The mapping consisted of three distinct phases: a questionnaire study of LAs, a questionnaire study of primary schools and a set of six case studies of primary schools. The first questionnaire was aimed at the representative with responsibility for SRE in primary schools in all 32 Scottish LA areas. This responsibility was usually held by a Quality Improvement Officer or someone of similar rank. The questionnaire utilised a mix of closed and open ended questions. As this was a small study (n=32) it was possible to undertake a more time consuming analysis of the qualitative written responses. The second questionnaire was issued to a 30% sample of all primary schools in Scotland. The size of this sample necessitated an emphasis on quantitative responses, with a smaller number of open-ended questions.

Finally, six case studies were conducted in schools which had been identified in the surveys as taking an innovative approach to SRE. The selection was made in discussion with the advisory group to represent a range of approaches and to be geographically and socially diverse. A final synthesis draws all the findings together.

3 Literature review

3.1 Methods

The literature review was carried out in two phases; phase I consisted of a search for relevant literature through electronic databases and relevant websites using keywords while phase II synthesised this evidence.

The first task was to create a set of keywords which related to SRE in primary schools. These keywords were generated and piloted to make sure they returned relevant 'hits' through the electronic databases. Search terms centred around two main areas; sexual health and relationships education and primary school aged children.

Eleven databases were used; Australian Education Index (AUEI), British Education Index (BREI), Cumulative Index to Nursing and Allied Health Literature (CINAHL), Cochrane DSR, EMBASE, EPPI Centre, Education Recourses Information Center (ERIC), ISI Web of Knowledge, NICE, ScienceDirect, and SCOPUS. The search strategy was adapted to meet the requirements of each database, under advice from the University of Teesside librarian. In each instance the database's thesaurus was consulted and main subject headings were used which covered the keywords for each component of the string. Results were limited to those articles and papers written in English and to the age of children concerned (primary ages).

From the results, 72 articles were retrieved which met the inclusion criteria and were read fully and assessed for relevance to the topic area. Those which did are presented in the review.

3.2 Introduction

Monk (1998) identified the purpose of SRE as twofold: (1) to prepare children for their rights and responsibilities as future sexually active citizens, and (2) to address their present needs as sexual beings. This second purpose, as Piercy and Haynes (2006) point out, is problematic because it confronts the social norms which present children as sexual innocents:

> The question as to what material should be delivered and at what age, given the chronological and maturational differences in a classroom setting, is a matter of considerable debate which is further compounded by this traditional model of childhood innocence. (Piercy and Haynes, 2006: 12)

However there is evidence that good access to quality information about sexual and reproductive health improves clinical outcomes with regard to reducing unwanted teenage pregnancy (NHS Centre for Reviews and Dissemination, 1997), does not lower the age of first intercourse (Wellings *et al*., 1995) and generally gives young people a greater practical knowledge about sexual health (Wight *et al*., 2002). However, about a third of young people (Ogden and Harden, 1999) believe that SRE was offered too late in

their school career. There have thus been growing calls for SRE to be offered at much earlier stages in children's school careers.

There is a growing evidence base for 'what works' in SRE at secondary level. Evans and Tripp (2006) summed this up as comprising of:

- adequate time in the curriculum, a minimum of 12-14 hours according to Kirby (2001);
- strong emphasis on relationships in general in which those skills and values engendering 'self reliance' and 'mutual respect' are promoted (rather than behaviourally non-predictive constructs like 'self esteem');
- basis in theory. Almost all effective programmes have been based on either Bandura's Social Cognitive Theory (Bandura, 1986) or Azjen's Theory of Planned Behaviour (Azjen, 1991).

They comment:

> Central to these theories is the idea that in order to understand an individual's behaviour it is necessary to understand their perception of their social environment together with their intentions and motivation. These theories attach a central importance to the concept of self efficacy belief; that is, an individual's belief in their ability to perform a behaviour necessary to bring about a perceived beneficial outcome.
>
> (Evans and Tripp, 2006: 97)

It is therefore critical that an SRE curriculum does not simply give young people health knowledge, but also takes into account subjectively experienced realities. Hence it matters a great deal who is doing the teaching, their underlying theory being that young people will learn different things from their peers than they would from adult educators and that therefore all SRE curricula should contain opportunities for peer learning in some shape or form.

Most of the work done to date has focused on young people of secondary school age, with remarkably little experimental or theory based work being done specifically with primary age pupils.

We start by looking at the case that has been made for the downward extension of SRE into primary schools. Then we consider the attitudes and concerns of teachers and school nurses to primary level sex education. One of the principal issues for both groups concerns the extent to which parents/carers are generally supportive of primary school SRE and what they will tolerate in terms of the teaching of substantive issues to children of different ages, so this is addressed next.

3.3 The case for SRE in the primary school

As children begin to experience body changes in late childhood their need for information increases. Physical maturity comes earlier to the child in 21st century UK as a consequence of better nutrition, with many girls likely to

experience the onset of puberty and the beginning of menstruation before leaving the primary school, whereas 19th century girls might not have experienced puberty before the age of seventeen (Tanner, 1978). Whilst puberty may come to boys at a later point, both genders are much more likely to be bombarded in today's society by heavily sexualised images and discourse from TV, film, advertising, magazine and comic media and so on (Goldman, 2003). Children growing into adult bodies and surrounded by very adult images and language will not necessarily have the emotional and cognitive equipment to operate at adult levels and they need education and support that teaches them how to manage these disjunctions.

Thornburg (1981) noted that 85% of sexual information is first learned by the time a child reaches 13 and concluded that pre- and early adolescence is an ideal time to teach accurate sexual concepts and facts. Almost thirty years later - with media stories of increasingly early teenage parenthood – there is a commonly expressed view that 13 is far too late and that much younger children need to be made aware of the consequences of their actions before they start sexual experimentation.

Based on theories of child development, Juhasz (1983) also concluded that the primary school years are the ideal setting for basic sexuality programmes. There are some indications that pupils who possess basic knowledge about their bodies tend to believe more in their own decision-making abilities and to be less influenced by peer pressure as they enter adolescence.

Further pressure for the introduction of SRE at primary level comes from concerns about the risks of sexual exploitation and abuse of younger children. It is now believed that children must know enough to keep themselves safe from harm on those occasions when they cannot be under the care and protection of loving and responsible adults (Goldman, 2003). The dangers come not just from strangers, but often lie within families and also in areas where it is difficult to patrol children's safety, such as in their use of the Internet (Goldman, 2003).

Other authors (e.g. Coleman, 1999) have mentioned the need for children to be able to deal with relationships, including sexual relationships, with understanding rather than fear. Learning about this from an earlier age may assist in negotiating 'healthier' and more fulfilling relationships. It may also assist in better understanding of the influences of gender and power (Wight *et al.,* 2002).

3.4 Teachers' views

This section reviews what is known about the extent to which teachers themselves feel that teaching children about sexual health and sexual activity in primary schools is appropriate. It also examines at what age sex education is deemed appropriate by teachers and what they think should be taught. Finally it looks at whether teachers feel comfortable in this role and whether they feel supported within the school by the management team and beyond school by parents/carers. There is very little clear data at national levels on

teachers' views on this topic, making the empirical work undertaken for this study of some importance in filling that void. Landry *et al.* (2000) undertook a study in US public schools to see changes since a 1988 survey (reported in Forrest and Silverman, 1989), when teachers had noted how important it was for many of the topics they were delivering to be taught before grade 7. Landry *et al*. (2000) describe the conduct of this nationally representative survey of 1,789 fifth and sixth grade teachers. Nearly three-quarters (72%) of teachers reported that sexuality education was taught in their schools at one or both grades. More than 75% of teachers covering sexuality education included material on puberty, HIV transmission and issues such as drug and alcohol behaviour and how to stick with a decision. However, Forrest and Silverman note, when schools that do not provide sexuality education are taken into account, most topics were taught in less than half of 5th and 6th grade classrooms. All other topics were much less likely to be covered. Teachers felt that teaching of all topics related to sexuality was less than it ought to be, with particular gaps around sexual abuse, sexual orientation, abortion, birth control and condom use for STI protection.

Almost half of the teachers in the US survey reported 'pressure', whether from parents/carers, community or school administrators as an impediment to better teaching on these topics. More than 40% of teachers reported needing more assistance with training, resources or teaching strategies.

Landry *et al.* noted that the local environment and context varies hugely across the country, making it important for educators to decide on a local basis when children are ready or will need information and at what level. Even within classrooms there will be a great variation in children's precocity. Interestingly primary school teachers were much more likely to advocate for sexuality education at earlier ages than teachers in senior schools.

Another element that emerged from the survey is the extent to which US schools try to involve parents/carers in SRE. Slightly more than half the schools operated an 'opt in' policy which placed considerable administrative burdens on schools and teachers. It also means that significant numbers of children miss out on sexuality education even where it is local school board policy, either because parents/carers do not want them to receive it or because they have simply neglected to opt in.

A study by Annetts and Law (2007) gives a more up to date and Scottish perspective on this issue. In a study undertaken for the Scottish Executive, Annetts and Law surveyed 177 primary schools in Tayside, administered a questionnaire to teachers embarking on an SRE training course and then undertook semi-structured interviews with a number who had completed the training. The questionnaire survey of schools paints a rather reassuring picture, with the majority starting their sex and relationships education in the nursery or primary 1 and involving all teachers in delivery. SRE, according to these returns is embedded through the curriculum and most parents and teachers are comfortable with the situation. The questionnaire also indicated that there was widespread consultation with

parents but relatively little with pupils. Although Tayside had recently rolled out an extensive SRE programme, there was considerable variation in what was taught in schools, according to the questionnaires, and sometimes this bore little relation to the very clear guidelines about what should be taught at each age level provided by the Scottish Executive. Schools were least likely to teach about STIs and contraception. More surprisingly perhaps, in view of the Scottish Executive's guidance that schools should promote 'relationships based upon love and respect. The value of stable family life, including the responsibilities of parenthood and marriage' (Scottish Executive, 2001: 6), 35 schools (almost a third of the sample) did not teach 'Permanent and Responsible Relationships'.

The interviews with individual teachers attending the SRE training course that also formed part of this research, perhaps give a more realistic picture of what SRE looks like in practice rather than the limited range of responses in a questionnaire return. Teachers reported being generally happy to see SRE as part of their role and responsibility. Most were happy with the curriculum espoused in their LA and with the sorts of material available. There were stories told, however, of schools deleting the word 'clitoris' from all teaching materials or worksheets and worries about covering topics like homosexuality and contraception. Attendance on the course increased the confidence of those teachers, allowing them to feel more comfortable about tackling such topics, but – as one interviewee noted – it is not easy to cascade confidence to other teachers, even if knowledge is shared. Peer learning (finding out how other teachers handled tricky situations) during attendance at the course was valued as highly as the formal classes and training, and some held the view that support sessions beyond the course once teachers were putting materials into practice would be a good thing.

3.5 Teachers' support for SRE at lower stages of the school

Cohen and Byers (2004) reported a survey of 336 elementary and middle school teachers in New Brunswick in Canada. Canadian guidelines from 1999 implied that sex education should begin in elementary schools and that this position was supported by parents/carers, but up to this point teachers had not been surveyed to examine the topics which they thought should be taught at each level. The majority of teachers agreed that SRE should be provided in their schools. From a list of ten suggested topics, teachers rated personal safety, sexual coercion and sexual assault, STIs, puberty, sexual abstinence and sexual decision making in dating relationships as extremely important topics to be covered. Reproduction, birth control methods and safer sex practices and the correct names for genitals were perceived as 'very important'. Sexual pleasure and enjoyment were seen as less important than the others but were still rated as 'important'. Teachers supported a developmental approach in which students learn the fundamentals of sexual health in elementary school (e.g. personal safety, correct names for genitals) and, as they develop, build on this foundation to learn more complex topics. However, the authors warn that teachers' views on an abstract curriculum may not be matched by appropriate knowledge

levels or understanding of appropriate techniques for dealing with difficult or controversial topics.

The inability of such survey studies to get beyond abstract or 'public' accounts can in part be remedied by undertaking more intensive qualitative studies. Such research can be more revealing about the actual situation on the ground. Milton (2003) described the views and experiences of teachers in four primary schools in Australia, for example, and although sample sizes are small, these studies perhaps tells us more about the ground level difficulties of developing the ideal curriculum. In New South Wales, sexuality education had moved from being an option in upper primary classrooms to becoming an 'expected' part of the curriculum by 1999, though parental permission was still necessary to allow children to take part. SRE content in study schools varied, accommodating variations in teacher confidence, parent support and children's needs. However, this meant that some schools could take the line that children of this age were not sexually active and therefore did not need to know about contraception and safer sex. No school officially taught about gender identity or sexual orientation. Teachers' confidence in tackling difficult issues was hampered by uncertainty about parents/carers backing them and by insufficient opportunities to share experiences through CPD.

Price *et al*. (2003) reported a survey in the US using a nationally representative sample of schools. They were interested in whether teachers were prepared to answer students' informal questions on sexuality. Teachers' willingness varied considerably (73% to 14%), depending on the question. Teachers were more likely to respond in front of the class to traditional questions about menstruation, puberty, STIs etc. They were more likely to refer to other school personnel anything that hinted at abuse and to refer students to parents/carers/guardians with regard to anything which involved a value judgement. Since we know that parents/carers provide very little in the way of sexual health information to their children, many young people are being caught between the parties in respect of getting their questions answered and will therefore be resorting to peers for information.

Two articles looked at the views of preschool educators in the role of sexuality education. Kakavoulis (1998) examined the views of nursery school teachers in Greece, by means of a short questionnaire with a non-representative sample (n=284). By way of explanation of the unlikely focus on this age group Kakavoulis cites an earlier Norwegian study (Gundersen *et al*., 1981) which had noted teachers' observations that sex-typed behaviour was evident from the earliest stages of kindergarten and that sexual words and phrases were also in use by children at this point. The author claims widespread support from nursery level educators for incorporating some element of sexuality education. This led to a comparative study in Scotland (Menmuir and Kakavoulis, 1999), where the sample was an opportunistic one, with questionnaires administered to 107 staff undertaking CPD. Scottish staff appeared to differ from their Greek counterparts in believing that families were more appropriate venues for sexuality education for children of this age, though they were not confident that parents/carers would have the resources to deliver what was needed.

Roffman and Tykinski (1998) also see early educators as uniquely qualified to provide positive, supportive and age appropriate sexuality education for the youngest children in the education system by virtue of the intimate environments in which they work and the nurturing relationships they develop with their charges. However, the authors acknowledge that in practice most early educators would be reticent to raise the topic as they would feel under-trained, would feel ignorant about age-appropriate needs in this context and would be wary of the emotionally charged debates on the topic. The authors describe an experimental curriculum for sexuality education developed in Baltimore (US) using development work with educators. The teachers of four-year olds decided on a study of body parts, discussions of gender roles and a unit on the five sensory systems as a way of exploring the world. Teachers in the year above focused on nutrition and healthy choices and arranged for a new mother to bring her baby in regularly through the year so that children could observe a baby's development. The ensuing curriculum was well received by both children and parents/carers, but is not properly evaluated.

Whatever teachers' theoretical views on curriculum coherence or pupil need, it is also evident that fear of parental or community opposition is a major barrier to wholehearted implementation of such curricula. In several studies of school administrators (Reis and Seidl, 1989; Scales and Kirby, 1983) fear of parental opposition was a barrier to successful SRE in schools, and Cohen *et al*.'s (2001) study demonstrated the fears of New Brunswick teachers which precluded the inclusion of certain topics in the curriculum and affected their willingness to teach.

3.6 Involvement of school nurses

The role of the school nurse in supporting sex education is now well acknowledged (Few *et al*., 1996; Hadley, 1999; Evans, 2000). Over two thirds of primary schools in England involve the school nurse in the provision of advice (OFSTED, 2002). Nurses offer one-to-one counselling and support young people with specific problems or concerns, but also have a role in the classroom in terms of the basic delivery of the curriculum. Given this dual role, school nurses can walk an interesting tightrope in terms of the way they are required to behave and respond to children's concerns. When operating in a one-to-one setting school nurses operate under health policy and their own professional code, and they are therefore able to offer confidential advice and refer children onwards to the appropriate services. Within a classroom setting, however, they must obey the school's SRE policy and take their rules of engagement from custom and practice in the education world. A focus-group study by Hayter *et al*. (2007) highlighted that school nurses in primary school classrooms in an ethically homogeneous (white) area of England, felt that they were under surveillance in both an overt and covert way. Head teachers were likely to prowl nearby corridors to 'keep an eye on things'. Class teachers, obliged by law to be present whilst the school nurse was engaging children, were prone to reporting issues to senior staff, fearing that they might come under criticism if they didn't. Cases were reported of nurses being invited to tell year 6 children about puberty, but 'without mentioning

sex'. Fears that inappropriate levels of information might inadvertently 'sexualise' children were evident. The authors acknowledged that schools are forced to act conservatively in an era when they are often accused of foisting their liberal values on children, and recommend that school nurses be pragmatic in accepting these dilemmas and anticipate and plan work with the school so that the school has confidence in what is being delivered.

3.7 Parents'/carers' views

Clearly one of the principal impediments to teachers' confidence in delivering SRE is a constant worry that they are not supported by parents/carers and therefore may fall foul of community backlash. The evidence from the literature is overwhelmingly that parents/carers recognise their own shortcomings as the principal sex educators of their children and they want schools to be an authoritative source of up to date and relevant information. A questionnaire study by McKay *et al*. (1998) of parents/carers in Ontario, Canada, for example asked for parents'/carers' views on the appropriateness of 15 different topics for students in grades 4 to 12 (ages 10 – 18). The overwhelming majority (82%) of parents/carers agreed that sexual health education should be provided in the primary grades of schools. The topic 'Building equal happy relationships' received the highest level of parental approbation, but 75% of parents/carers also wanted supposedly controversial topics like sexual orientation, birth control and abortion taught at one or more grade levels. Interestingly, helping children and young people avoid sexual abuse and building equal, happy relationships both received over 80% parental support for being taught at grade 4 and remained popular for all other grades. Many (83%) parents/carers wanted puberty taught at grades 5 and 6. Some topics (i.e. abstinence, sexual decision-making, reproduction, sexual orientation) were selected by only a small percentage of parents/carers at grade 4 but by 75-95% of parents/carers for grades 7-8. Other studies using the same survey instrument come up with similar levels of support for school educators on teaching of sexual health topics (Langille *et al*., 1996; McKay, 1996).

Weaver *et al*. (2002) examined the attitudes and experiences of New Brunswick parents/carers to SRE at school and at home. Over 4,200 parents/carers of children from kindergarten to grade 9 took part in the questionnaire study. Again, a high percentage of parents/carers (94%) saw the school as a very appropriate place for SRE, but 95% also felt it should be a shared responsibility between school and home. Despite this wish to be involved, most had not discussed any SRE topics in detail with their child. This last finding concurs with data from studies with young people about the proportion of sexual health knowledge which was passed on to them by parents/carers (e.g. Ansuini *et al*. 1996).

Curiously, some studies show that whilst believing themselves to be a good source of information for their offspring about 70% of parents/carers surveyed by McKay *et al*. (1998) felt that most parents/carers (i.e. other people) do not give children appropriate SRE. Parents/carers in the Weaver *et al*. study (2008) were also asked about the appropriateness of topics for

inclusion a different grade levels. Almost 60% wanted kindergarten to grade 3 children taught about personal safety, 42% wanted the correct names for genitals taught to the youngest children and 40% wanted issues of body image discussed with the youngest. At grades 4 to 5 issues around menstruation and puberty were seen as most important. By the time children were in grades 6 to 7 issues around sexual activity and abstinence were seen as a high priority.

Australian research (Berne *et al*., 2000) also found strong support for schools from parents/carers wishing their children to be better informed than they were themselves as young people.

Walker and Milton (2006) compared the experience of teaching sexuality education at primary level in Australia and England and discussed the need for doing away with an either/or approach and focused instead on building partnerships between home and school on SRE matters. Partnership can take many forms from creating school policy to helping children with homework, but in the same way as teachers are heavily reliant on good training to develop as confident teachers on these subjects, so both Walker (2001) and Milton (2003, 2004) highlighted the need for parents/carers to be able to access training and resources to support them as active partners alongside educators.

3.8 Young people's experiences of SRE

As noted above, young people's own recollections or understandings can often be at variance with that of their parents/carers on matters relating to sex and relationship education. What does the literature tell us more generally about young people's own views on the topic?

Black *et al*. (2005) carried out a questionnaire survey with young people attending a sexual health service in Glasgow in 2003, focusing on young people's SRE experiences at school. The majority of respondents were aged 16-18, and predominantly female, representing the pattern of service use. Almost 16% of the group could not recall any SRE at all. Of those who could recall any, the most remembered occasions related to teaching on reproduction, puberty, safer sex, avoiding unwanted pregnancy and STIs. Few could recall education on the social and negotiation skills around the building and sustaining of loving relationships.

A study at two primary schools in England explored the extent to which the taken-for-granted values underpinning the sex education provided in their final year of primary school (age 10-11) are in line with their own developing sexual attitudes and values (Halstead and Waite 2001a, 2001b). By this age both girls and boys refer to a variety of different kinds of love, particularly family love and sexual love, and the authors describe the complexity of the feelings evidenced by children. Since love features so extensively in the discussions of children, Halstead notes (2005) that it is odd to find that a common complaint about SRE by young people is that 'there was no chance to talk about their feelings' and 'they tell us about the danger, never the love

and enjoyment' (Measor *et al*., 2000: 123, 126). Halstead and Waite (2003) argued for a curriculum on SRE which combines the mechanistic side of SRE with the growing interest in emotional literacy.

3.9 General points arising from the literature review

- It is difficult for the general public to accept that the innocence of younger children should be brought to an end by introducing discussion about matters of a sexual nature, but there is strong evidence that SRE at an early age produces good sexual health and wellbeing in the future.
- There is a paucity of evidence on 'what works', in relation to primary level SRE. In the absence of evidence, the usual assumption is that what has been shown to be most effective in adolescence will also be true for younger children.
- Earlier engagement with good quality SRE, it is theorised, will make children more comfortable and empowered, happier with their own bodies, and will allow them to negotiate a highly sexualised social world. Further it will keep them safer against abuse and assist them to approach future relationships with understanding rather than fear.
- Whilst a majority of primary schools now report that SRE in some form or another is tackled in P6 to P7, there is still a reluctance to address contentious issues like abuse, sexual enjoyment, sexual orientation, STIs. .
- Primary teachers report 'pressure from parents/carers' and their own lack of training as the principal impediments to delivering better SRE.
- Teachers are less willing to answer pupil's own questions and concerns than they are to deliver material in a traditional didactic way.
- Small studies show some willingness amongst those in early education to tackle related topics at younger ages before children become self-conscious about such matters, but have a continuing concern about the extent to which this would be backed by parents/carers.
- The majority of primary schools involve school nurses in SRE delivery. Difficulties can arise because school nurses are managed within the NHS but must act within the parameters set for them by the school.
- Although teachers fear parental displeasure as a barrier to their delivery of effective SRE, parents/carers recognise their own shortcomings as sex educators and wish schools to be an authoritative source of up to date and relevant information.
- Parents/carers often wish to be involved in SRE, but in practice do not discuss SRE topics in detail with their child.
- Some studies stressed the need for building partnerships and implied that parents/carers and teachers could become better partners if they were trained on how to tackle such difficult matters.
- Young people's recall of SRE teaching in primary schools tends to highlight memories of embarrassing classes. Their recall of the quality of sex education given to them as younger children may well overlook sessions in which SRE talk has been embedded within the context of discussions of loving relationships, building self esteem etc.

4 Local authority questionnaires

4.1 Methods

The questionnaire was distributed to each of the 32 LAs in Scotland. It was piloted in one LA area, providing useful feedback about the structure of the questions before it was finalised and distributed to the remaining 31 LAs. The contact in each LA had been identified by the Director of Education or equivalent.

The finalised questionnaire was sent in May 2008. Two postal reminders were issued, and following this, individual telephone calls were made to LA representatives. Only one LA failed to return the questionnaire.

The questionnaires were analysed section by section, and relevant documents were scrutinised alongside. For example questions 1-6 on the questionnaire asked about LA policies. These answers are presented below alongside a discussion of any policy documentation that was returned by LAs.

4.2 Policies

4.2.1 Questionnaire responses

Twenty two of the respondents were aware of existing LA policies relating to SRE, 13 of those policies were then supplied to the researchers. A further two LAs reported that policies were being developed. Five had no knowledge of any LA policy, and two responded that guidelines existed but no policy.

Absence of a formal policy document was not indicative of LAs being inactive around SRE. Each of the LAs offering no written policy were active in guiding their schools through other means e.g. curriculum support or training. Arguably, policy is evident in the types of support and guidance provided by council officers in addition to the formal documentation. In many cases the formal policy was augmented (and in some cases contradicted) by other documentation. In this section, we concentrate simply on the stated policies of the LAs.

Policies were of various ages; written between 2000 and 2008. They were usually written by teams within the LA. In only one case was a single LA employee – the Head of Service - involved in designing the policy. In one case the respondent was unsure who had written the policy. At a strategic level the staff involved included Quality Improvement Officers, Education Officers, Policy Officers, Health Promotion Officers, Staff Tutors and Staff Development Officers. Nine LAs included head teachers and/ or depute head teachers. Seven also included class teachers. Parents/carers played a role in three LAs.

In all cases the LA collaborated with local Health Board staff to write the policies, and in two cases school nurses had been involved. There was limited evidence of other external agencies collaborating in the policy process. LGBT Youth was mentioned by one respondent and Dialogue Youth was

involved in another LA. Religious groups were mentioned in only four LAs. These included Jewish, Roman Catholic and Scottish Episcopalian representatives. There was a variety of approaches to the policy development, in terms of the composition of the group involved and the seniority of the personnel, which may indicate a difference in commitment to supporting the policy.

Fifteen LAs had plans to review their existing policy within the next two years. A review cycle was identified in only three LAs; two operated a three-year cycle and one an annual review. Thirteen policies had been ratified. In eleven cases this involved the LA alone, in one case the NHS and 'churches' (unspecified), and in another LA the sexual health strategy group.

4.2.2 Documentary evidence – sources informing the policies

This section is based upon the thirteen examples of documents that were returned with the questionnaires. Various documents had informed policy development. Clearly the date of the inception of the policy impacted upon this as only the most recent policies could make reference to the Health Promotion and Nutrition (Scotland) Act 2007, (Scottish Government 2007) or to the *Curriculum for Excellence* (Scottish Executive 2004). That notwithstanding, the research team found other patterns and omissions in the use of sources.

For example, only two LAs made reference to the UN (United Nations) Convention on the Rights of the Child. These were two of the five LAs who emphasised pupil voice in their policy. Only one LA referred to the Children (Scotland) Act (1995). Two LAs referred to the McCabe Report (McCabe2000), and a further seven referred to the resulting Standards in Scotland's Schools Act 2000) and / or the associated SEED circular 2/2001 (Scottish Executive Education Department 2001). More recent policies were less likely to draw form this clutch of documents.

The Ethical Standards on Public Life Act (Scottish Parliament 2000) was drawn on by three LAs, who drafted their policies in 2000, 2003 and 2008 respectively.

A group of publications from Learning and Teaching Scotland (LTS) was popular amongst earlier policy writers, although also used in 2008 by one LA. These were *Health Education 5-14 Guidelines* (LTS 2000), together with a set of three documents that focussed on SRE in Scottish Schools: *A Guide for Parents/carers and Carers (*LTS undated*), Effective Consultation with Parents/carers and Carers* (LTS 2000), and *Summary of National Advice* (LTS 2001)

Respect and Responsibility (Scottish Executive 2005) is mentioned in only six policies. *Guidelines for Teaching Relationships and Moral Education* (Scottish Catholic Education Service undated) is mentioned specifically in only two.

Healthy Respect – the Scottish Government funded national health demonstration project is mentioned as a key resource in only two policies. In both cases the policies were wider than education – one being a Children's Services policy and one a region-wide sexual health strategy.

4.2.3 Documentary evidence – content of the policies

In all cases the policies were written to cover SRE in both primary and secondary schools, and therefore some of the points raised below are not specific to primary schools. However, as the partner to this report, the study of secondary schools in Scotland (van Teijlingen *et al*., 2007) did not conduct a LA questionnaire it is useful to make these points here.

The authors seemed to view the purposes of their documents differently. Some provided a framework of principles in a fairly concise document. Such policies sought to guide in general terms, but allowed a considerable element of autonomy to the school. Others sought a greater degree of consistency between schools by outlining the expected curriculum in more detail, and in some cases linking to comprehensive curriculum guidance.

Most policies were written within Education Departments (albeit with input from other agencies) for schools. The exceptions to this were Edinburgh, whose policy was aimed across the Children and Families Department, Shetland, whose policy was written for 'Education and Social Care, Schools Service' and Midlothian who furnished us with a Sexual Health Action Plan.

Most policies were specifically about SRE, again with one exception, where the LA had a general health policy, largely guided by Health Promoting Schools and offering less specific detail about sexual health.
Some common themes throughout the policies were:

- values and attitudes;
- the importance of stable family relationships
- respect for self and others;
- the delivery of accurate and age appropriate information.

One policy stressed the value of relationships by renaming the subject 'relationships and sexual health'.

With a single exception, policies emphasised parental involvement in SRE. Equally, all bar one referred to interaction with other agencies, (although in only two cases did 'other agencies' specifically include community education). Only one policy did not mention staff training. Monitoring workers from other agencies was explicit in some documents, which insisted that schools should lead any SRE programme and that approaches by other staff must be approved beforehand by the school/head teacher or even the LA.

Six policies addressed confidentiality; in five this was linked to child protection.

Perhaps more interesting is what was missing from the policies. Whilst the majority of policies made some mention of diversity and inclusion, only two specifically mentioned groups who might be disproportionately affected by barriers to good and appropriate sexual health education, including LGTB people, those with a disability, asylum seekers, ethnic minorities, gypsy and travelling children and sex workers, calling for their staff to address these barriers. Two LAs specifically mentioned meeting the needs of children who are excluded from school. A single LA stood alone in emphasising the need to signpost young people to appropriate services and only two LAs mentioned a strategy for supporting young women in pregnancy and parenthood.

Eight policies mentioned ASL (Additional Support for Learning) pupils and six mentioned Roman Catholic schools. Five policies advised on appropriate responses to parents/carers who chose to withdraw pupils from SRE. Only one mentioned provision for children excluded from school. Transition to secondary school was considered in only three policies.

Although six policies mentioned ethos, the strongest focus overall was on the taught curriculum. The notion of nesting SRE in a wider approach towards positive relationships was not always evident in the policies. In one case the LA advocated a whole school approach another took a unique perspective by emphasising trusting relationships as a firm basis for teaching SRE. Another LA was unique in discussing the links to skills learnt across the curriculum e.g. self esteem and self awareness which may be developed by other school-based activities but would have a relevance to SRE. One respondent chose to enclose an anti-bullying policy in their reply, thereby making the link between sexual health and relationships in general.

Most policies appeared to leave issues of pedagogy in the hands of the schools, although in some cases the value of discussion was emphasised. In four cases specific materials were recommended for use. One LA permitted use of authorised materials only.

Young people's views were mentioned in only five cases. One of these respondents enclosed a report based on consultation with primary pupils which will inform curriculum development and staff training.

4.3 Support for schools

Thirty of the 31 responding LAs were able to identify LA personnel with responsibility for supporting SRE in primary schools. One LA offered no response to this question. The positions held by such staff were mainly strategic, including Head of Service, Quality Improvement Officer, Education Officer, Guidance Adviser, Curriculum Officer, Health Development Officer, Education Support Officer and Depute Director of Education. Two LAs also mentioned individuals who might work directly in schools such as staff tutors and a community link worker. One LA had a SRE Officer. The responsibilities of these staff were linked to strategic direction, curriculum planning, and some cases organising training, and in a small number of cases the brief description of the role included liaison with the local Health Board.

By contrast the support that schools could access from the NHS and other partners appeared to link more closely to the operational aspects of schooling. All respondents identified NHS or Health Board and/or school nurses specifically as offering support to schools in the form of delivery, planning, staff support and / or training.

A small number of LAs reported a multi-disciplinary sexual health team or sexual health strategy group with a remit to support schools. For example in one case the strategy group included the local Health Board, social services, the police and faith groups, whereas Another had a team which included the Health Board, the police, Open Secret (voluntary sector organisation to support victims of child abuse) and Interact (health promotion partnership between LAs and the NHS Board).

4.4 Staff Training

4.4.1 Questionnaire responses

Responses about the numbers of teachers trained in the last five years showed a considerable variation across LAs. In general, urban LAs appeared to offer more training than rural LAs, but this was not always the case. While one LA had difficulties in training a geographically dispersed staff, some rural LAs had high figures for training.

Five LAs had offered no training to primary teaching staff in the last five years, although one of these plans to do so soon. Twenty six LAs did offer training. The numbers of staff who had been trained also varied widely, with ten LAs reporting over 100 primary staff trained (highest number was 372), seven reporting under one hundred (lowest number 2) with the remainder being unable to provide data. Only 13 LAs volunteered this as a percentage of all teachers, with figures ranging from 1.5 to 70%. In one case, every school, both primary and secondary had an identified trained member of staff who was responsible for the delivery of the programme.

Twenty two LAs described 'other staff' as having been trained, most commonly school nurses. However there were also reports of youth workers (4), classroom assistants (8), early years workers (1), supervisory assistants (1), looked after children nurse (1) and home-school workers (2) being included in training. One LA included 'anyone deemed relevant by the head' and another included 'any community partner who requests to attend'. Figures for non teaching staff were unavailable in most LAs, other than for school nurses. This could suggest a poor level of interagency working and that the lessons garnered from the Healthy Respect[2] demonstration project about the value placed on interagency training by teachers had not percolated into primary education training. Alternatively it may mean that the numbers of non teaching staff included in training go unrecorded by LAs.

[2] Healthy Respect was one of four Scottish demonstration projects set up by the then Scottish Executive. The overall aim was to improve the sexual health of young people in Scotland and the first phase ran for four years in the Lothian Region of Scotland. An independent evaluation was commissioned to run alongside the intervention (Tucker *et al.*, 2004).

Where training had been offered, this was most commonly delivered by Health Board staff (21). Thirteen LAs used both NHS and Health Board staff to deliver, but it was unclear from the questionnaire responses whether these were separate or collaborative efforts. Only three LAs trained without the support of any other agency. Two used an independent consultant, one collaborated with a voluntary sector organisation, one reported input from the Catholic Church and one received input from a domestic abuse project. Only two mentioned *Healthy Respect,* the Scottish sexual health demonstration project. A little more detail was provided within some of the training materials provided by LAs.

Training was not necessarily available as an ongoing programme. Eighteen of the 26 LAs offering training had programmes in place in the current year. Three had delivered most recently 1-2 years ago, two LAs' most recent training was over two years ago, and the remainder were unable to answer the question. Interestingly, the Health Board in which the highest level of training was reported had trained staff intensively at the launch of the programme in 2004, but since then less attention had been paid to this area.

We had anticipated that the existence of the Healthy Respect initiative would have had an 'effect' that would lead to higher numbers in the NHS Lothian region but this was not uniformly the case. In one LA, no training had been undertaken at all, and another was unable to provide figures for this.

Barriers to training appeared to follow a similar line to that identified in the study of secondary schools (van Teijlingen *et al*, 2007). Costs and cover were most frequently referred to as preventing the take up of training opportunities (6:8), with lack of time closely following. For two LAs the timing of courses posed problems of access, with specific mention of optional twilight courses offered out of school hours. Dundee's staff training pack expanded on the difficulties posed by twilight sessions: tired staff and little opportunity to develop group cohesion. However for some staff, twilight sessions remained the only training option available. There was some tension between the providers of training and one LA over the duration and timing of training. This questionnaire response complained of an inflexible attitude by the delivering organisation.

Competing and changing priorities at managerial and local levels were also highlighted as posing challenges for training. Interestingly only two mentions were made of rurality and distance. Three respondents reported that low levels of staff confidence and ease in dealing with the topics were a disincentive to engaging with the training on offer.

Poor availability of training / trainers in the area was referred to as an inhibitor, and ensuring high quality training was also mentioned as problematic. Moray offered the incentive of free resources, including the latest version of *Living and Growing*, to those schools which sent staff to the training event.

4.4.2 Staff training – documentary evidence

A small number of LAs provided details of training programmes and a selection of these is summarised in this section. It was clear that some areas adopted a targeted approach with key teaching staff being offered more intensive training. For example, Glasgow City initiated a pilot programme for 2007-2008 focusing SRE training on particular staff members. Similarly Stirling and Moray offered intensive training to key staff. In Dundee and Angus, more experienced staff adopted a mentoring role, demonstrating lessons to other staff and offering support. This included support to staff attending parents/carers' evenings who were expected to raise awareness with parents/carers about the importance of SRE and of research in this area.

Renfrewshire provided information and background papers on a training day which was offered on three occasions. This located sexual health and relationships education within the wider Scottish framework of relationships and sexual health education and emphasised the expectations placed on all schools to implement the content of the McCabe (2000) Report and *Respect and Responsibility* (Scottish Executive 2005). The majority of participants were from the primary sector but staff in secondary schools, special schools, nurses, disability settings and community learning were also represented. The aims of the day were to raise levels of knowledge and confidence among the participants and to clarify their roles in delivering SRE. Themes such as attitudes and early experiences of participants themselves, language, working with parents/carers, sexual orientation, sources of support such as school nurses and specialist agencies and dealing with difficult questions were explored.

Outlines of training days for Levels 1 and 2 CPD training were included by Glasgow. Each level involved two one-day sessions and these were geared to the needs of secondary school teachers. However the dominant themes of the Level 1 training, particularly that of the first day which focused on confidence building, climate setting, dealing with difficult questions and consultation/involvement with parents/carers, are equally relevant to primary settings. The second session revisited these themes, went on to discuss puberty, friendship and internal organs of the body and appeared from the outline to touch on issues of greater concern within the secondary setting. Level 2 training began with legal issues, values and early messages about sex, including positive models of sexuality, diversity, inclusion and risk and continued with discussion of the role of the school nurse and evaluation of materials. Here the overall approach encompassed key themes for primary education but assumed a greater degree of understanding amongst the target audience. As with the Renfrewshire training sessions, the approach was highly interactive with a mix of presentations, working sessions and group activity with strong emphasis on building staff confidence in working on SRE.
A training outline from a Falkirk two-day training event focused on early years and primary teachers. As with those referred to above, the initial sessions were based on sharing teachers' own SRE experiences prior to exploring the needs of children. In addition, parental involvement formed the basis for further sessions. The training also covered sexual abuse prevention, a topic that was not explicitly included elsewhere in the resources received by the

research team for this study. Resources, new curriculum activities and lesson planning comprised the remaining sessions. In Moray, three dates were offered in 2008 for primary staff and partners in primary settings alongside those supporting pupils with ASL needs to take part in training on the use SHARE materials and *Living and Growing*. These events were organised in response to requests from staff for training and around 50 participated. Follow up evaluation was planned to take place after one year

The Tayside Training Pack offered comprehensive guidance for those running training days and paid particular attention to the themes of reassurance, boundary setting and dealing with the anxieties of participants Worksheets focusing on values, history, media images and findings from research were used to highlight the role of education on SRE as well as to impart information. The content was clearly directed towards specific ages and levels of understanding and drew on a range of resources on protective behaviours for primary children and a number of research studies. Topics covered included attitudes and beliefs, legal issues, particular needs of children with additional learning needs. While most of the exercises were designed for work with teachers, a number could be used in SRE lessons with children and others and were suitable for use in workshops with parents/carers. The pack also emphasised the value of involving other professionals in workshops and health fairs.

In addition to CPD training, Perth and Kinross reported that 4 teachers were funded to undertake training on *Called to Love* (Scottish Catholic Education Service undated), the Roman Catholic SRE package.

4.5 Resources / materials

Twenty five of the responding LAs claimed to promote particular materials for use in teaching SRE in primary schools[3]. *Living and Growing* was the most commonly recommended source material. Other resources were cited once or at most twice in the responses. These include: Respect packs (2), Called to Love (2), Health for Life (2) SRE Framework Sexual Health and Relationships Education (From *Healthy Respect* website) *Positive Steps* programme, BBC Interactive Whiteboard programme, Healthy Living books (Noreen Wetton), Growing Up Video (BBC), Some of your bite ain't nice DVD, 5-14 Guidelines, Health Wise SRE pack, Lets talk about sex (FPA), Lets hear it for the boys (Sex Education Forum), How did I begin, Mummy laid an Egg, (Franklin Watts) Ed loves Sarah loves Tim.

Fifteen responding LAs had produced their own curricular packs or resources. Of these, ten were enclosed on return. The extent to which these packs guided the specific activities in the classroom varied.

The City of Edinburgh produced an extensive Core Curriculum for PSE which spans primary and secondary, providing lesson plans for the entire

[3] The resources in this section are not fully referenced, they are simply reported as cited by the participants

course. Sexual health and relationships closely follows the Sexual health and Relationship Framework (Little detail is included in the Core Curriculum – referred onwards to the Framework). P1-5 explored healthy relationships and issues which challenge and develop those relationships e.g. bullying, loss, health lifestyles and growing up, dangers and risks. Teaching about sexual health takes place in P6 and P7.

Dundee also took a highly structured approach providing detailed lesson plans, and assessment outcomes. Although the research team was provided with the primary school pack, we were advised that this dovetailed with a similar secondary pack, providing for smooth transition.

Glasgow, in collaboration with NHSGG&C, produced a comprehensive 0-18 health education programme, (dated 2000), *Glasgow's Health*, in which lesson plans and resources were centrally planned for use throughout the LA. For primary schools a pack designed specifically for composite classes was included. The pack was accompanied by a detailed introduction outlining aims, teaching approaches, contributions of other agencies, parental liaison and management issues.

Another collaborative resource was produced by North and South Lanarkshire Councils together with NHS Lanarkshire. This detailed resource (CD) offered lesson plans, materials and resources for all lessons from P1 – P7.

Angus provided an overview of SRE framed within the 5-14 curriculum, in which learning was sub-divided into 'physical', 'emotional' and 'social'. Whilst stopping short of lesson planning, a 'focus for learning' was provided for each of the three categories at each level (A-F), together with 'key learning activities which suggested the pedagogy to be adopted. Resources were also identified specifically, e.g. by page number.

A similar (but not identical) format was provided by Eilean Siar. However, the latter also provided an overview which outlined the general approach to be adopted, with specific mention of the importance of the school environment for promoting good health drawing on the notion of the health promoting school. They also provided guidelines for the involvement of external agencies.

Falkirk produced a Sexual Health and Relationships 3-12 curriculum pack, using funding from the Scottish Government. Building on principles which underpinned the McCabe (2000) report and *Respect and Responsibility* (Scottish Executive 2005), Falkirk also drew on findings from a consultation exercise undertaken with primary school children in 2005. From nursery to P7 the study units and outcomes were clearly defined and teachers were provided with a structure to help to evaluate / reflect on their work. In each school year an individual module dealt with 'relationships' 'growth and development' and 'personal safety'. The programme took a progressive and cross-linked approach in all three areas. At times, a distinction was made between what *must* be covered and what *may* be covered in response to

questions from children and young people. Teaching methods and resources were not prescribed on a lesson-by-lesson basis but suggestions of suitable methods and a list of resources were supplied.

Drawing from *Respect and Responsibility* (Scottish Executive 2005) and the *Curriculum for Excellence* (Scottish Executive 2004), West Dunbartonshire Health Promoting Schools Unit (in partnership with NHSGGC) produced a 'Sexual Health and Relationships Education Programme; Primary Schools Resource Pack (non denominational setting), which provided lesson plans and suggested resources for P6 and 7. It was produced in response to teacher requests for support, The pack went beyond being simply a teaching resource by including a framework for a 'whole school approach' including elements such as involving parents/carers and carers, staff training, access, dance workshops, management issues. The pack emphasised the role of the Health Promoting Schools Unit in supporting teaching staff, co-teaching and developing school policy. One school in W Dunbartonshire was highly recommended for the Pamela Sheridan Award (FPA) in 2005 for its multi-faceted approach to SRE, and the work of this school provided a framework for the document.

An inter-LA project (Angus, Dundee and Perth and Kinross) which worked in collaboration with NHS Tayside produced supporting materials for primary schools to complement *Living and Growing*. This included a protocol for inter-agency working, opportunities for evaluation of joint work, together with lesson plans. The three LAs worked separately, in addition to this, to produce guidelines and materials for SRE.

One unusual curriculum pack, *Feel, Think, Do*, produced collaboratively by NHS HS, NHS Forth Valley, Stirling and Clackmannanshire Councils was designed as a sexual abuse prevention programme aimed at P6/7. Supported by a DVD, it included a comprehensive set of lesson plans, and guidelines for running a parental session. Evaluation was built into the programme.

In Clackmannanshire a consultancy firm had been commissioned to review and update the primary and secondary PHSE programme, including SRE.

4.6 Approaches to learning about SRE outwith the formal curriculum

4.6.1 Informal curriculum

Twenty seven LAs reported that they promoted SRE related activities beyond the formal curriculum while three did not. Of these, 26 LAs promoted whole school or whole year group activities, such activities included whole school assembly (17), circle time[4] (23), drop ins (22) on-line support/information (15), distribution of reading materials and leaflets (26).

[4] Circle time is an activity which is frequently used in primary schools to encourage group or class discussion of certain issues. It is bounded by certain rules which foster respect fro each other's viewpoints

In addition, mention was made of health weeks (6) and health days or events (9). These were popular, with some organised in collaboration with health services or community learning. Drama workshops (4) were viewed by those who used them as very useful mechanisms. Other approaches included peer mediation (1), friendship benches (1) buddy systems (1), anti bullying weeks (5) domestic violence workshops (1). An interesting innovation in Perth and Kinross, Angus and Dundee City was the *Cool2Talk* website where young people could post questions or queries which were answered within 24 hours by a professional team, although this is mainly aimed at secondary aged pupils. Mentoring input by school nurses and literature (including fiction) were also mentioned as means of supporting pupils in SRE. From this it is clear that a range of approaches were advocated and that they varied considerably within and between LAs.

However, as was pointed out by one respondent, schools may be free to instigate these types of approaches, or to choose not to do so. For this respondent, the LA role was to encourage and support such activities where the schools chose to engage.

4.7 Interaction with parents/carers

The LAs' approaches to school interaction with parents/carers revealed a broad picture of approaches. Some LAs had clear guidelines as to how schools should manage this interface, and these were evident in the documents which were provided. In other cases there was some ambivalence about the role of the LA and that of individual schools and heads. One LA, which claimed not to offer any specific guidelines to schools, referred to their guidance for head teachers, indicating that within this LA, the head teacher was responsible:

> Head teachers shall establish clear procedures to inform parents/carers and carers about the purpose and content of sex education and to take account of their views

However the majority of LAs did advise schools about ways to work with parents/carers. From the questionnaire responses it was clear that 27 LAs advised schools to send information to parents/carers outlining the contents of the SRE curriculum. Two LAs did not offer this advice to schools, one failed to answer this question and the final respondent gave an unclear reply.

Of those LAs that encouraged written communication with parents/carers, two had produced their own leaflets to send to parents/carers, and one of these had involved a parents/carers' group in the design of materials. These included sections outlining the aims of SRE, teaching and timing and the expectations of the school about parental support. Attention was drawn to how the content of SRE responded to the different stages in primary school and sources of further information and advice were outlined. The booklets were written in an accessible style and provide clear and concise information.

Only one LA described the distribution of booklets to parents/carers from P1-S2. The leaflet '*The Keys are Openness and Honesty'*, outlined the likely topics for SRE for different stages of primary school and offered strategies for parents/carers in dealing with the topic. A number of other resources were included. For example *Talking with your child about relationships and sexual health,* produced by Health Scotland addressed parents/carers of 4-9 year old children and set out to reassure them about their role, stressing the need for dialogue between parents/carers and children and drawing attention to the influence of attitudes and beliefs.

A series of scenarios which parents/carers might encounter was followed by a section of likely questions from children (and suggestions for answers) for parents/carers. A short section detailed issues for parents/carers of disabled children and a final section summarised sources of further information for parents/carers and children. A further booklet, *Talking with your teenager about relationships and sexual health* focused on the 10-13 age group and broadly developed the earlier themes. The tone of these resources is conversational and reassuring and although targeted at the general population, they provided worthwhile information and advice.

Twenty six LAs encouraged schools to invite parents/carers to make individual contact with the school to raise questions, and one of these ensured that the member of staff with responsibility for SRE was named in the school handbook. Twenty four encouraged schools to provide information at parents/carers' evenings and twenty three suggested that schools should consider holding specific SRE events for parents/carers.

Less popular were suggestions that parents/carers should take a more active role in planning and design. Fifteen LAs advised schools to actively engage with parents/carers when designing the curriculum, and the same number suggested that they work with parents/carers' fora. Only eight thought schools should utilise a committee of parents/carers to advise on SRE.

Clearly LAs were more comfortable with notions of informing parents/carers about the SRE curriculum, rather than engaging more actively with them. One council identified a potential difficulty in following statutory guidelines to modifying the curriculum in the light of parental opinion, commenting that, 'involving parents/carers in the curriculum might prove too challenging for professionals guided by local/ national guidelines'.

4.8 Special arrangements made for teaching and learning

4.8.1 Religious groups

Of the responding LAs 26 contained denominational primary schools and, of these, 22 reported liaising with the Catholic Church about SRE, three did not liaise and in one case the respondent was unsure. Sixteen respondents stated that the LA had specific expectations of these schools with respect to SRE. The majority of respondents referred to Scottish Catholic Education Commission guidelines or the *Called to Love* programme, which was produced by the Scottish Catholic Education Service, with support from

Healthy Respect. In one case the LA had evaluated and approved a package produced by the local diocese and in another the LA had a specific programme which had been designed for Catholic schools in the area. A small number of LAs referred to their own guidelines and stated that all schools were expected to follow LA policies, although these LAs failed to elaborate what this meant in any detail.

No religious groups other than Roman Catholics were mentioned in the questionnaire responses.

4.8.2 Vulnerable children

Questions about meeting the needs of particular groups of vulnerable children elicited a sparse response. Eight LAs made different arrangements for looked after children. In three cases SRE was reported to be delivered by a looked after children's nurse. Four LAs had made provision for ethnic minority children – this appeared to be mainly through support with language and in translating communications sent to parents/carers. Five catered specifically for travelling children, with one mentioning the Gypsy Traveller's Information Service. Some general comments were made about 'adapting the curriculum' and 'responding to needs'.

One LA volunteered that it made special arrangements for LGBT children and families, stating that the Equality and Diversity Officer had responsibility for training all staff.

The group for which most provision was reported was children with learning disabilities. Nineteen LAs had arrangements in place and several referred to specific staff training for this group.

In some cases the support for children with learning difficulties was simply described as an extension of the policy to provide age appropriate, sensitive SRE to all children. By contrast, other LAs reported the provision of resources and programmes to cater for individual children with additional support needs.

Some examples were cited of individualised support for those with complex needs. For example, learning disability nurses were allocated to children with specific complex difficulties in on LA. Here the LA collaborated with the local School for the Deaf to look at and adapt the *Feel, Think, Do* programme (which focuses on safety and child abuse). A specialist school nurse provided support for children in special schools in one LA and in another, enhanced programmes were in place for those needing additional support (autism), including mainstream settings.

Twenty LAs reported making some provision to support continuity over the transition between primary and secondary, Seven LAs made no provision and three failed to respond to the question. Of those that offered further details, four LAs referred to 'cluster meetings' as a means of supporting continuity of SRE during the transition from primary to secondary school. In

one LA, this consisted of regular meetings of staff from primary and secondary schools with the Health Promoting Schools Unit to look at the progression and development of SRE programme. On LA reported that one of its secondary schools held joint parent evenings with the feeder primary schools with a specific focus on SRE.

Elsewhere, individuals were charged with ensuring liaison between schools. This was most commonly guidance staff from secondary schools, but in two cases the school nurse represented continuity between primary and secondary.

Other LAs pointed to their curricular programme for schools, which in some cases were framed to ensure continuity across the transition.

4.9 Issues of content relating to SRE in primary schools

The final section of the questionnaire invited open-ended responses to four questions:

- What are the main messages that should be delivered to primary pupils?
- What topics, if any, are inappropriate for inclusion in the primary school curriculum?
- What are the main challenges to the delivery of SRE in primary schools?
- What good or innovative practice can be identified in local schools?

Overall, most LAs agreed that the content of SRE should be designed to be consistent with national and local guidelines. Consensus was also expressed about the value of themes of respect for others and for oneself and the development of healthy and informed choices. Beyond this, the need for understanding of how bodies work, and of general health and wellbeing issues was expressed. Reference was made to the need to understand changes at puberty, reproduction and the development of emotional and social skills. The importance of dialogue was emphasised by some LAs and this included finding an adult to talk to about anxieties or questions, promoting the work of agencies such as Childline and other sources of advice and help. One LA stressed the importance of parenthood and marriage but for the majority, this was addressed through understanding of relationships with family and friends. Only one LA explicitly referred to keeping safe. Topics regarded as inappropriate for inclusion in the primary school were described by one LA as:

> Any material etc which would act against the World Health Organisation definition and any content or delivery which work against promoting equality and celebrating diversity

Ten LAs claimed that no topics were specifically excluded. One, in particular gave a very fulsome response, which is quoted below:

> Learning should be child centred. SRE should be based on meeting needs. Children are individuals and programmes need to be universal but targeted. I do not think the question is therefore valid. Children have lots of questions and experiences and we all need to find ways of answering these in an understandable way. Children have access to so much information and this increases their curiosity.

In a similar vein another LA stated that 'it should be child centred' commenting that schools were encouraged to follow the *Getting it Right for Every Child* agenda (see Scottish Government 2008).

However, several respondents qualified their answers with statements that topics which were not included in the SRE programme would not be covered (3) and two suggested that age and stage determined the content of SRE, thereby leaving some 'wriggle room' for schools to determine the content for their programmes. One LA reported that homosexuality would not be raised and contraception would, in primary schools, only be addressed in very general terms. Thirteen LAs made no response to this question.

Challenges in this topic area were numerous. A recurring theme was staff confidence to deal with this topic, whether perceived or real:

> Occasionally teachers will identify their own lack of skill or knowledge. They may feel they are not competent to deal with some of the issues that might be raised by children as part of an SRE class, lesson or programme. In reality they are often very good at mediating this kind of work.

Nineteen thought that teacher confidence to deliver SRE was a key issue. Comments linked to the theme of staff confidence included embarrassment, questioning by some staff as to whether this was a legitimate topic, resistance to the area generally and to participation in training on SRE. For some LAs, maintaining participation by teachers in the upper stages was problematic

However, the LAs also identified a range of obstacles to furnishing teachers with adequate training to become confident in this area. These included lack of capacity in the LA to deliver training, difficulties in releasing staff to attend training, costs of cover, competing training priorities and shortage of time. One LA which did provide training reported difficulties in persuading teachers to attend, and another commented that it was difficult to convince teachers that SRE was their responsibility.

A further consistent theme was that of anxiety about parental views of school involvement in this topic area. Parental attitudes were viewed as important in determining what was included and excluded in the programme. In one area where the programme was negotiated with parents/carers, not all schools covered the same topics, which could lead to some inequalities and inconsistencies. Parents/carers generally were viewed as offering challenges

to the delivery of SRE, although two responses conceded that these were often due to misunderstanding or to the impact of the vociferous actions of a minority, particularly those involved in pressure groups, which were seen as exerting undue influence.

Short term or inadequate funding, transitions, competing priorities were all referred to as likely to undermine attempts to offer and sustain a comprehensive programme. The influence of wider societal cultures and political 'nervousness' were also mentioned. One LA highlighted tensions between schools delivering programmes based on national guidance on the one hand and schools' autonomy to develop their own programmes appropriate to area, and expressed the view that this stymied attempts to improve SRE.

Few LAs were willing to offer specific examples of innovative practice, and the majority of respondents declined to answer this question. However, there was some evidence of the type of work that was considered to be innovative. This included partnership with other agencies, especially the Health Boards, good communication with parents/carers, and a focus on transition mediated by a comprehensive 3-18 programme. One LA also cited a school responding to pupils' wishes by instigating single sex sessions.

4.10 General points arising from the questionnaire

- The ways in which LAs interpreted their role varied, with some providing a framework of principles, and others providing some level of direction about what should be taught or how it should be taught. A small number of LAs were highly directive. There is a dilemma between providing structured guidance across the LA (to ensure even provision) and allowing schools sufficient autonomy to respond to local need. A similar dilemma exists in meshing national guidelines and LA policy
- Status of policies differs according to which body or individual has been responsible for ratification (if at all). There was also some confusion about what constituted ratified policy, what were guidelines and what weight these carried in practice
- The majority of responding LAs claimed to have a policy, although some chose not to produce these for the study. However, those who did not have written policies were clearly not without guidance for staff, as was evident from their direction of schools' activities through the curriculum
- In spite of rhetoric about interagency partnership, most policies were formal educational policies, aimed at schools. A minority were interagency policies aimed across children's services
- Little evidence was provided of partnership between LAs and other partners to develop programmes / materials or training. Where this took place it appeared to have been led by Health Boards
- LAs appeared cautious about involving other agencies in the delivery of SRE. A small number of LAs prohibited the use of materials not approved by variously the head teacher, LA or Director of Education (or equivalent).

- All LAs encouraged high quality communication with parents/carers around SRE, but some also identified problems, largely due to parents/carers being perceived as likely to take different viewpoints from the LA, and were assumed to lead to friction with schools
- Answers to the questionnaire and the associated documentary material pointed to an emphasis by LAs on the taught curriculum, rather than related issues such as whole school approaches to positive relationships. However, a number of notable exceptions were identified. As Health Promoting Schools legislation embeds there may be changes here (those LAs which most strongly emphasised whole school approaches drew from HPS thinking)
- Provision of training across the LAs was uneven. Generally, urban LAs provided better opportunities than rural LAs. Accessibility of training was a widespread problem. Non-teaching staff appeared to be very poorly served with SRE training.
- There was very little mention of religious groups other than Roman Catholic. Policy towards Catholic schools consisted largely of directing them to materials produced by the SCEC. There was little mention of how other aspects of the LA policy did or did not apply to denominational schools.
- In relation to provision for the specific groups of young people who were at greatest risk of poor sexual health, only those with learning disabilities were widely catered for. Few LAs offered guidance for working with LGBT, travellers, ethnic minorities, looked after children or any other groups.
- Some evidence emerged of the difficulties that small rural LAs face in implementing governmental health education requirements. In addition a number of comments were made about the issues facing teachers delivering SRE in composite classes.
- Certain issues were consistently reported to be barriers to successful delivery of SRE. Teachers' confidence and willingness to engage, the range of parental responses, shortage of time / money and skilled staff to provide training and competing priorities were themes that emerged repeatedly and echoed findings from a previous study undertaken within the secondary school setting (van Teijlingen *et al*, 2007).

5 Questionnaire survey of primary schools

5.1 Methods

5.1.1 Sampling strategy

A stratified random sample of primary schools across Scotland was devised to include a proportional number of denominational primary schools and also schools from different rural strata: this sampling strategy was used to calculate the numbers of primary schools to be contacted in each of the thirty two LAs across Scotland. Data were supplied by the Scottish Government which included contact information, denominational information and details on rurality of the location of each of the 2159 primary schools across Scotland.

Due to budget limitations, it was decided between the research team and the steering group that an achieved sample of 20% of Scottish primary schools would be aimed for in this study (N=432). Taking into account the 70% response rate in the previous study in secondary schools (van Teijlingen *et al.,* 2007) it was necessary to over sample by an additional 10%. Therefore, the sampling strategy was devised to include 30% of primary schools (N=647).

In Scotland, primary schools can be broken down onto four sub groups for their denominational status see table 5.1. When calculations were made by LA, no Episcopalian or Jewish schools were included within the final sample as this would have resulted in overrepresentation of these two groups at both local and national levels. Therefore the denominational strata consisted of two subgroups – non denominational and Roman Catholic.

Table 5.1: Breakdown of Scottish primary schools by denomination

School Type	Number (nationally)	% (nationally)
Non-denominational	1827	84.6
Roman Catholic	328	15.2
Episcopalian	3	0.05
Jewish	1	0.14
Total	**2159**	

The second strata used to calculate the sample was rurality. The data sent from the Scottish Government was broken down into six sub groups; large urban areas (population >125K), accessible small towns (population 3-10K but within 30 minutes of 10K), accessible rural areas (population <3K but within 30 minutes of 10K), other urban areas (population >10K), remote rural areas (population <3 and more than 30 minutes from 10K) and remote small towns (population 3-10K and more than 30 minutes from 10K). See table 5.2 for breakdown of primary schools which sat in each of these categories nationally.

Table 5.2: Breakdown of Scottish primary schools by rurality

Area Type	Number of schools in these areas (nationally)	% (nationally)
Accessible rural areas	455	21.075
Accessible small towns	164	7.596
Large urban areas	543	25.151
Other urban areas	500	23.160
Remote rural areas	430	19.917
Remote small towns	67	3.103
Total	**2159**	**100.002 (due to rounding)**

Appendix 1 shows how the number of primary schools from each stratum was calculated to give the total number of questionnaires to be sent out in each LA. In total 654 questionnaires were sent out. This is greater than the number previously stated as it takes into account rounding up of decimal places.

5.1.2 Questionnaire development

A questionnaire was devised between the research team and the steering group to capture the relevant information. The questionnaire centred around four main categories; the approach of the primary school to delivering SRE, staffing and training, engagement of parents/carers and children in developing the SRE curriculum and the appropriateness of topics to be included within an SRE curriculum. Answer formats were mainly tick boxes, with some opportunity to write descriptive answers or clarify statements. The questionnaire was intended to elicit descriptive data rather than highly statistical data to give an understanding of the current picture of SRE in Scottish primary schools. Prior to distribution, the questionnaire was piloted by two colleagues in Aberdeen University's School of Education, with recent experience of teaching primary school SRE, providing useful feedback on the structure of questions.

The Director of Education, or equivalent, was contacted by letter before the study took place. The letter included information about the purpose of the study, what was required of the LA and the primary schools in their locality and a copy of the questionnaire which was intended for the primary schools. All thirty two LAs agreed to take part and allowed us to contact primary schools in their localities.

Once permission had been obtained from the Directors of Education, primary schools were chosen at random from the lists provided by the Scottish Government using the sampling strategy outlined in appendix 1. Each chosen school was sent a letter of invitation, information sheet, questionnaire and self addressed envelope to return it. Three attempts were made to remind schools about the questionnaire and the importance of their responses in an effort to generate a higher response rate. One reminder letter, questionnaire and self addressed envelope were sent out after a few

weeks to those schools that had not responded. Thirdly a reminder letter was sent out to try and generate more responses and was finally followed up with a courtesy telephone call.

All data were entered into SPSS v16 for analysis; open responses were coded and analysed for emergent themes. Findings are presented below by LA and denominational status of the school.

5.2 Findings

5.2.1 School questionnaire response rates

Six hundred and fifty four questionnaires were sent out in total. Of those, 554 were sent to non denominational and 100 to Roman Catholic primary schools. Two hundred and ninety nine responses were received in total, representing a response rate of 45.7%. These have been broken down by denomination and LA (table 5.3).

Table 5.3: Response rates broken down by LA and denominational status

Local Authority	ND responses (total sent)	RC responses (Total Sent)	ND response rate [%]	RC response rate [%]	Total
Aberdeen	7 (13)	0 (1)	53.8	0	50
Aberdeenshire	28 (45)	-	62.2	-	62.2
Angus	11 (15)	0 (1)	73.3	0	68.7
Argyll	9 (25)	0 (2)	36	0	33.3
Clackmannanshire	3 (5)	0 (1)	60	0	50
Dumfries and Galloway	13 (30)	0 (2)	43.3	0	40.6
Dundee City	2 (8)	2 (4)	25	50	33.3
East Ayrshire	5 (13)	2 (2)	38.5	100	46.7
East Dunbartonshire	4 (9)	1 (2)	44.4	50	45.5
East Lothian	5 (10)	1 (1)	50	100	54.4
East Renfrewshire	4 (5)	0 (2)	80	0	57.1
Edinburgh City	8 (24)	2 (5)	33.3	40	34.5
Eilean Siar	5 (11)	-	45.5	-	45.5
Falkirk	5 (13)	2 (2)	44.4	100	46.7
Fife	29 (39)	3 (4)	74.4	75	74.4
Glasgow City	11 (32)	6 (19)	34.4	31.6	33.3

Local Authority	ND responses (total sent)	RC responses (Total Sent)	ND response rate [%]	RC response rate [%]	Total
Highland	27 (50)	0 (1)	54	0	48.2
Inverclyde	4 (4)	1 (3)	100	33.3	71.4
Midlothian	2 (7)	1 (2)	28.6	50	33.3
Moray	12 (14)	1 (1)	85.71	100	86.7
North Ayrshire	10 (13)	0 (3)	76.9	0	62.5
North Lanarkshire	7 (23)	3 (14)	30.4	21.4	27.0
Orkney Islands	2 (7)	-	28.6	-	28.6
Perth and Kinross	8 (23)	1 (1)	34.8	100	37.5
Renfrewshire	6 (12)	1 (5)	50	20	41.2
Scottish Borders	5 (18)	0 (1)	27.8	0	26.3
Shetland Islands	3 (8)	-	37.5	-	37.5
South Ayrshire	3 (11)	0 (2)	27.3	0	23.1
South Lanarkshire	10 (29)	2 (9)	34.5	22.2	31.6
Stirling	7 (12)	1 (1)	58.3	100	61.5
West Dunbartonshire	4 (6)	1 (4)	66.6	25	50.0
West Lothian	6 (15)	3 (5)	40	60	45.0
Total	265 (554)	34 (100)	*N/A*	*N/A*	45.7%

5.3 Analysis of questionnaire responses

5.3.1 Policy

Respondents were asked if they were aware of any policies set by their LA to guide the school's teaching of SRE. Nationally, 79.3% (n=237) of schools stated that they were aware of such policies, whilst 15.7% (n-47) stated they were not aware and 5.0% (n=26) did not answer the question. Awareness of these types of LA policy differed by denominational status of the school, with 84.1% (n=211)[5] of non-denominational and 78.79% (n=26) of denominational schools stating they were aware of LA policies. Nationally, 37.5% (n=112) of schools said that the SRE curriculum was guided by policies

[5] Respondents did not always answer each question therefore figures are based on the number of responses given to each question.

other than those provided by the LA, 55.2% (n=165) stated that SRE teaching was not influenced by other policies and 7.4% (n=22) declined to answer (table 5.4). Non-denominational schools were guided by many policies other than those from LA, with the majority citing local school policy and policy offered by the Scottish Government, whereas respondents from denominational schools stated that other than LA policy they were only guided by the diocese policy when delivering SRE.

Table 5.4: 'Other' policies which guide SRE curriculum

Policy	Number
'Local schools' policy	30
Roman Catholic Guidelines	28
Scottish government	18
Learning and Teaching Scotland	12
School health education policy	2
Child protection	2
New learning community guidelines	1
Ellon Community School Network Policy	1
Healthy respect	1
CSG policy	1
'Many'	1
Better behaviour, better learning	1
NHS	1
08/09 improvement plan	1

Respondents were also asked about the development of materials for their SRE programmes. 78.9% (n=236) utilised a commercially available resource to develop their SRE programme, 15.1% (n=45) did not and 6% (n=18) declined to answer. Respondents named a total of 53 separate programmes and toolkits which were used to aid the delivery of SRE in school. Of these the most cited was 'Living and Growing' (n=150). 'Education for Love' was mentioned by some denominational schools (n=11). A table including the full range of responses is included in Appendix 2. The majority of schools utilise only one programme or toolkit to deliver SRE. However, a small number use up to six (table 5.5).

Table 5.5: Number of programmes/ toolkits used to deliver SRE

Number of programmes/ toolkits	Overall Number	Overall %	ND number	ND %	RC number	RC %
1	157	52.5	145	54.7	12	35.3
2	52	17.4	44	16.6	8	23.5
3	12	4.0	10	3.8	2	5.9
4	5	1.7	4	1.5	1	2.9
5	1	0.3	1	0.4	-	-
6	1	0.3	1	0.4	-	-

One hundred and fourteen schools stated that the materials used to deliver SRE were developed by themselves, sometimes with other partners. Of these schools, 21.1% (n=24) developed materials along with the LA, 14.0% (n=16) developed materials 'in house', whilst 1.8% (n=2) joined forces with local secondary schools. 41.2% (n=47) of schools stated that 'other agencies' were involved in the development of the materials whilst 21.9% (n=25) stated 'other'. This included involvement of faith groups and collaboration within school clusters.

5.3.2 Current SRE Programmes

From the 299 responses received from the questionnaire, 95.7% (n=286) of schools nationally stated that they delivered an SRE programme as part of the taught curriculum, leaving 4.3% (n=13) which did not formally teach SRE. When broken down by denomination, responses showed that 95.4% (n=253) of non-denominational schools and 97.1% (n=33) denominational schools stated that they taught SRE formally as part of the taught curriculum.

SRE programmes in schools had been running between 1 year and 40 years with a mean of 10 years (sd=7). Table 5.6 shows the length of time SRE had been delivered in schools broken down by denomination.

Table 5.6: Number of years SRE has been part of the taught curriculum

Programme length (years)	Non-denominational	Denominational	Total
0-5	33.94% (74)	45.16% (14)	88
6-10	33.49% (73)	25.81% (8)	81
11+	32.57% (71)	29.03% (9)	80
Total	218	31	249

Respondents were asked to state in which years SRE was delivered through the taught curriculum, 122 Schools stated they began delivering SRE formally in P1, whilst the majority were delivering SRE by P6 (n=257) and P7 (n=277). This was the case in both denominational and non-denominational schools (see table 5.7).

Table 5.7: Year groups SRE formally delivered to broken down by denomination

Year group	Overall number	Overall % (cumulative)	ND number	ND % (cumulative)	RC number	RC % (cumulative)
P1	122	40.8	104	39.2	18	52.9
P2	124	41.5	106	40	18	52.9
P3	132	44.1	114	43	18	52.9
P4	137	45.8	118	44.5	14	41.2
P5	170	56.9	148	55	19	59.4
P6	257	86	229	86.4	28	82.4
P7	277	92.6	246	92.8	31	91.2

When asked in which areas of the curriculum SRE was delivered, responses were categorised into five main areas; health 58.5% (n=175), personal and social development (PSD) 14% (n=42), integrated into many areas 10% (n=30), religious education 7.4% (n=22) and science 2% (n=6). Twenty two respondents failed to answer this question. In non-denominational schools SRE was most frequently taught in health classes (n=169) whereas in denominational schools it was most frequently delivered in religious education sessions (n=20).

Whilst schools taught children about SRE in formal taught sessions, they also engaged with pupils in many other ways. Most frequently circle time 83.6% (n=250), provision of appropriate reading materials 59.2% (n=177) or web-based information 24.1% (n=72) and whole school assemblies 52.8% (n=159) were used to engage with children about SRE. Many schools held regular themed events 40.5% (n=121), or provided provision for individual counselling/ advice 41.8% (n=125). Respondents also noted twenty separate activities which they used to incorporate learning about SRE such as an 'ask it basket' where children could write down questions and have them answered anonymously, and one-to-one 'bubble time'.

5.3.3 Staff training and delivery

Nearly half (42.8%) of the schools stated that they had one or more teaching staff who had received formal training in SRE whilst 28.8% (n=86) told us that none of their teaching staff had received formal SRE training. There was a lot of variation as to how many trained teaching staff each school had on roll, this ranged from one to eighteen with the majority only having one or two trained staff (Table 5.8). The data from non-denominational schools told a similar story with 30.9% (n=82) of schools having no trained staff on roll whereas Roman Catholic schools had a much lower percentage of teachers without formal SRE training at 11.8% (n=4). Only 12.9% (n=18) schools had formally trained teachers within the school who were not currently delivering the SRE programme (15% in non-denominational schools and none in denominational schools). However, 25.4% (n=58) schools stated that all staff delivering SRE thought the taught curriculum had received formal training but, 50.9% (n=170) told us that they had at least one member of staff currently delivering their SRE programme who had not received formal training of any kind in the area.

Table 5.8: Number of trained staff in school

SRE trained teachers	Overall number	Overall %	ND number	ND %	RC number	RC %
0	86	28.8	82	30.9	4	11.8
1	36	12	35	13.2	1	2.9
2	32	10.7	31	11.7	1	2.9
3	17	5.7	12	4.5	5	14.7
4	15	5	11	4.2	4	11.8
5	5	1.7	4	1.5	1	2.9
6	5	1.7	2	0.8	3	8.8
7	3	1	2	0.8	1	2.9
8	5	1.7	3	1.1	2	5.9
9	2	0.7	1	0.4	1	2.9
10	-	-	-	-	-	-
11	-	-	-	-	-	-
12	2	0.7	1	0.4	1	2.9
13	-	-	-	-	-	-
14	3	1	3	1.1	-	-
15	1	0.3	1	0.4	-	-
16	-	-	-	-	-	-
17	-	-	-	-	-	-
18	2	0.7	2	0.8	-	-
Total	214	71.6	190	71.7	24	70.6

Only a few schools told us when the staff training had taken place and this length of time had huge variation dating back to 1993 (table 5.9) it can be seen that the majority of training had taken place in the last ten years or so.

Table 5.9: Year teachers were trained in SRE

Year of training	Overall number	Overall %	ND number	ND %	RC number	RC %
1993	1	0.3	-	-	1	2.9
1996	2	0.7	2	2.2	-	-
1998	1	0.3	-	-	1	2.9
1999	1	0.3	1	1.1	-	-
2000	4	1.3	3	3.3	1	2.9
2001	6	2	4	1.5	2	5.9
2002	13	4.3	13	4.9	-	-
2003	13	4.3	9	3.4	4	11.8
2004	13	4.3	11	4.2	2	5.9
2005	7	2.3	6	2.3	1	2.9
2006	15	5	12	4.5	3	8.8
2007	17	5.7	15	5.7	2	5.9
2008	16	5.4	16	6	-	-
Total	109	36.5	92	34.7	17	50

However, it is not only teaching staff who deliver SRE programmes in schools across the country 62.2% (n=207) of schools nationally said that they involved other professionals when delivering the SRE curriculum and this figure was slightly higher for the non-denominational schools (70.6%, n=187) than denominational schools (58.8%, n=20). The majority of schools who responded to this question utilised the services of a school nurse (75.2%,

n=158). This was the same when responses were broken down by denomination 75.1% (n=142) for non-denominational schools and 76.2% (n=16). A breakdown of who the other professionals were can be seen in appendix 3 but these were mainly the school nurse teaming up with other professionals such as the local priest.

5.3.4 Engaging with parents/carers

The majority of schools (79%, n=237) kept parents/carers informed about the delivery of SRE by sending information home for parents/carers to look at. This was the same when broken down by denominational status of the school (see table 5.10). Parents/carers were encouraged to contact the school to discuss the SRE curriculum (68.6%, n=205), with some schools hosting special SRE events to engage with parents/carers (51.2%, n=153). Less that half (40.1%, n=120) of the schools who responded to our questionnaire provided information about the SRE programme in their school handbook, discussed this at the annual parents/carers evening (25.4%, n=76) or in school forums (25.8, n=77). A small number of schools stated that they had engaged with parents/carers when designing the SRE curriculum (20.1%, n=60). This was marginally higher in denominational schools (23.5%, n=8).

Table 5.10: Engagement of Parents/carers in SRE

Activity	Overall number	Overall %	ND number	ND %	RC number	RC %
Do not engage	26	8.7	23	8.7	3	8.8
Information in school handbook	120	40.1	105	39.6	15	44.1
Information sent home	237	79.3	208	78.5	29	85.3
Encouraged to contact school	205	68.6	186	70.2	19	55.9
Annual parents/carers evenings	76	25.4	71	26.8	5	14.7
Specific SRE events	153	51.2	134	50.6	19	55.9
Engaged in design of curriculum	60	20.1	52	19.6	8	23.5
School forum	77	25.8	66	24.9	11	32.4
School committee	12	4	11	4.2	1	2.9

Schools did not just utilise each of the above methods of engagement with parents/carers in isolation. Rather they incorporated a number of these methods into their strategy, with the majority of schools using three ways of engaging parents/carers in the SRE programme (see table 5.11)

Table 5.11: Number of ways of working with children

Number of activities	Number of schools	Percentage of schools
1	37	12.4
2	56	18.7
3	83	27.8
4	57	19.1
5	37	12.4
6	20	6.7
7	4	1.3
8	1	0.3
9	1	0.3

5.3.5 Engaging with children

Most schools encouraged children to give informal feedback about SRE to contribute to evaluation of the curriculum. Likewise, many schools stated they provided a facility for students to leave anonymous comments about the programmes, but very few schools invited children to formally evaluate the SRE curriculum and a small percentage of schools did not involve children in the development or evaluation of the SRE programmes.

Table 5.12: Engaging with children in development/ evaluation of SRE

Activity	Overall number	Overall %	ND number	ND %	RC number	RC %
Do not involve	56	18.7	51	19.2	5	14.7
Informal feedback	219	73.2	195	73.6	24	70.6
Anonymous comments	214	71.6	192	72.5	22	64.7
Formal evaluation	64	21.4	57	21.5	7	20.6
Pupil council	119	39.8	107	40.4	12	35.3

5.3.6 Boundaries

The following section outlines responses from schools about topics they felt should be covered by the time children leave primary school and the level of depth in which these should be covered.

The vast majority felt that reproduction and how life begins (table 5.13) should be covered in detail before children leave for secondary school. This was the same for both non-denominational and denominational schools. A smaller percentage felt this should be briefly covered, whilst only a small percentage felt this should only be covered if the topic was raised by the children themselves or not covered at all.

Table 5.13: Topic - Reproduction and how life begins

	% Cover in detail	% Cover in brief	% Cover if raised by children	% Do not cover
Overall	74.9	17.7	1.3	1.7
Non-denominational	74.0	18.1	1.5	1.5
Denominational	82.4	14.7	-	2.9

Again, the vast majority of schools felt that children should have covered the area of physical and emotional development (table 5.14) by the time they leave for secondary school. Both non denominational and denominational schools were in agreement that this should be covered in depth, with a small percentage believing this should only be covered briefly. No schools which responded to this question felt that physical and emotional development should only be covered if the children themselves raised the topic and only one non-denominational school felt that this topic should not be covered in primary school.

Table 5.14: Topic - Physical and emotional development

	% Cover in detail	% Cover in brief	% Cover if raised by children	% Do not cover
Overall	83.9	13.0	-	0.3
Non-denominational	83.8	12.8	-	0.4
Denominational	85.3	14.7	-	-

Responding schools, in the majority of cases, felt that it was important that children were taught in depth about families and caring relationships (table 5.15). This percentage was marginally higher in denominational schools. Only a small percentage felt this should only be briefly covered. A very small number of non-denominational schools felt that teaching about families and caring relationships should either only be covered if raised by the children or not covered at all.

Table 5.15: Topic - Families and caring relationships

	% Cover in detail	% Cover in brief	% Cover if raised by children	% Do not cover
Overall	89.0	7.0	0.3	0.3
Non-denominational	88.3	7.5	0.4	0.4
Denominational	94.1	2.9	-	-

Personal hygiene (table 5.16) was another topic schools felt was important to be covered either in depth or briefly. This was consistent when data was broken down by denominational status of the school. Again only a tiny percentage felt that this should not be covered at all.

Table 5.16: Topic - Personal Hygiene

	% Cover in detail	% Cover in brief	% Cover if raised by children	% Do not cover
Overall	87.6	9	-	0.3
Non-denominational	87.2	9.4	-	0.4
Denominational	91.2	5.9	-	-

Again, the vast majority of schools felt that the topic of body image and self worth (table 5.17) should be covered in depth by the time children leave for secondary school. Responses from both non-denominational and denominational schools were in agreement that this should be covered in depth with a small percentage believing this should only be covered briefly. A small number of non-denominational schools felt that this should only be covered if the children raise this topic themselves or felt it should not be covered at all.

Table 5.17: Topic - Body image and self worth

	% Cover in detail	% Cover in brief	% Cover if raised by children	% Do not cover
Overall	74.6	18.1	1.7	1.3
Non-denominational	74.0	18.1	1.9	1.5
Denominational	79.4	17.6	-	-

Most schools which responded to this section of the questionnaire, regardless of denominational status, felt that children should cover how to deal with their feelings and emotions by the time they left primary school. This was marginally higher for responding denominational schools. Only a small percentage of non-denominational schools felt this should only be covered if the topic was raised by the children themselves or, not covered at all.

Table 5.18: Topic - Dealing with feelings

	% Cover in detail	% Cover in brief	% Cover if raised by children	% Do not cover
Overall	88	8.7	0.3	0.3
Non-denominational	87.2	9.4	0.4	0.4
Denominational	94.1	2.9	-	-

Again, the vast majority of schools felt that children should learn about personal safety either in-depth or at least briefly by the time they leave primary school and this was true regardless of denominational status. A small number of schools felt that this should only be covered if the children raise this topic themselves or felt it should not be covered at all.

Table 5.19: Topic - Personal safety

	% Cover in detail	% Cover in brief	% Cover if raised by children	% Do not cover
Overall	83.6	9.7	1.3	0.7
Non-denominational	83.4	10.6	1.1	0.8
Denominational	85.3	2.9	2.9	-

Overall the majority of responding schools felt that children should have covered menstruation, pregnancy and birth before they begin secondary school but findings did differ slightly when broken down by denominational status. The overwhelming majority of denominational school respondents felt that this topic should be covered in depth with only a very small percentage feeling that this topic should be briefly covered. However, whilst the majority of non-denominational schools felt that menstruation, pregnancy and birth should be covered in depth or at least in brief, a very small percentage stated this should only be covered if the children raised the issue. Likewise, a small percentage felt this should not be covered in primary school at all.

Table 5.20: Topic - Menstruation, pregnancy and birth

	% Cover in detail	% Cover in brief	% Cover if raised by children	% Do not cover
Overall	74.9	21.1	0.3	0.3
Non-denominational	72.8	23.0	0.4	0.4
Denominational	91.2	5.9	-	-

When posed with the topic of contraception and family planning issues opinion was divided both overall and when data was broken down by denominational status of the responding school (table 5.21). Overall, a slightly higher number of respondents felt this topic should only be covered briefly. This was followed by a similar number feeling it should not be covered at all at primary school level.

A small percentage of respondents felt this should be covered only if raised by the children whilst again, few felt this should be covered in depth. These figures were reflected in responses from non-denominational schools. Conversely, only a very small percentage of respondents from denominational schools felt that contraception and family planning issues should be covered in depth or even briefly. A small percentage felt it appropriate to cover these issues if it was raised by the children themselves, but the majority felt this should not be covered at all by the time children left for secondary school.

Table 5.21: Topic - Contraception and family planning issues

	% Cover in detail	% Cover in brief	% Cover if raised by children	% Do not cover
Overall	14.4	33.1	14.0	32.4
Non-denominational	15.8	36.6	14.3	26.8
Denominational	2.9	5.9	11.8	76.5

When asked about sexually transmitted infections (table 5.22) opinions were again divided across the board, both overall and when divided by denominational status. Respondents from non-denominational schools were divided, with more feeling this should not be covered in primary school or only touched upon briefly. A similar percentage felt that it should be covered only if raised by the children. Only a very small percentage felt that this should be covered in any detail. No respondents from denominational schools felt that sexually transmitted infections should be covered in depth and only a very small percentage felt it appropriate to briefly cover the topic or cover it if it was raised by the children. The overwhelming majority felt this should not be covered at all by the time children left for secondary school.

Table 5.22: Topic - Awareness of sexually transmitted infections

	% Cover in detail	% Cover in brief	% Cover if raised by children	% Do not cover
Overall	6	28.8	21.7	36.8
Non-denominational	6.8	31.3	22.3	32.5
Denominational	-	8.8	17.6	70.6

The final topic respondents were asked to consider was around gender stereotypes and discrimination (table 5.23). Again, opinion was divided across all categories. More respondents from non-denominational schools felt that this should be covered in depth or at least briefly, with only small percentages feeling this should only be covered if raised by the children or not at all. The majority of respondents from denominational schools felt that this should not be covered in primary school with some stating they would cover it only if it was raised by the children. A small number felt this should be briefly covered with only a very small percentage stating this topic should be covered in detail.

Table 5.23: Topic - Gender stereotypes and discrimination

	% Cover in detail	% Cover in brief	% Cover if raised by children	% Do not cover
Overall	29.1	31.8	15.7	17.4
Non-denominational	31.7	33.6	14.7	14.0
Denominational	8.8	17.6	23.5	44.1

In addition to being asked to respond to a set of predefined topic areas in terms of their appropriateness as part of a primary school level SRE programme, respondents were given the opportunity to list two topics which they felt were inappropriate to cover with children at primary school. Figures 5.1 and 5.2 show the responses given and the frequency of that response. Many respondents simply reiterated topics which were listed in the predefined response section. However, other topic areas were raised which respondents felt were unsuitable for discussion with primary aged children.

Topics raised by respondents which differed from those already discussed included: gay relationships, pornography, casual sex, demonstration of contraceptives, deviancy or alternate sexual conduct, mechanics of sexual intercourse, sexual abuse, mechanics of gay sex, masturbation, the correct terms for genitalia, viewing of live birth videos and sex aids. Some respondents felt that there should be no in-depth discussion of any of these topics with children in primary school whilst others felt that it was inappropriate to offer any personal information if the children asked. However, a small number of respondents felt there should be nothing deemed unsuitable for discussion with children of this age group.

Figure 5.1: Topic boundaries - non-denominational respondents

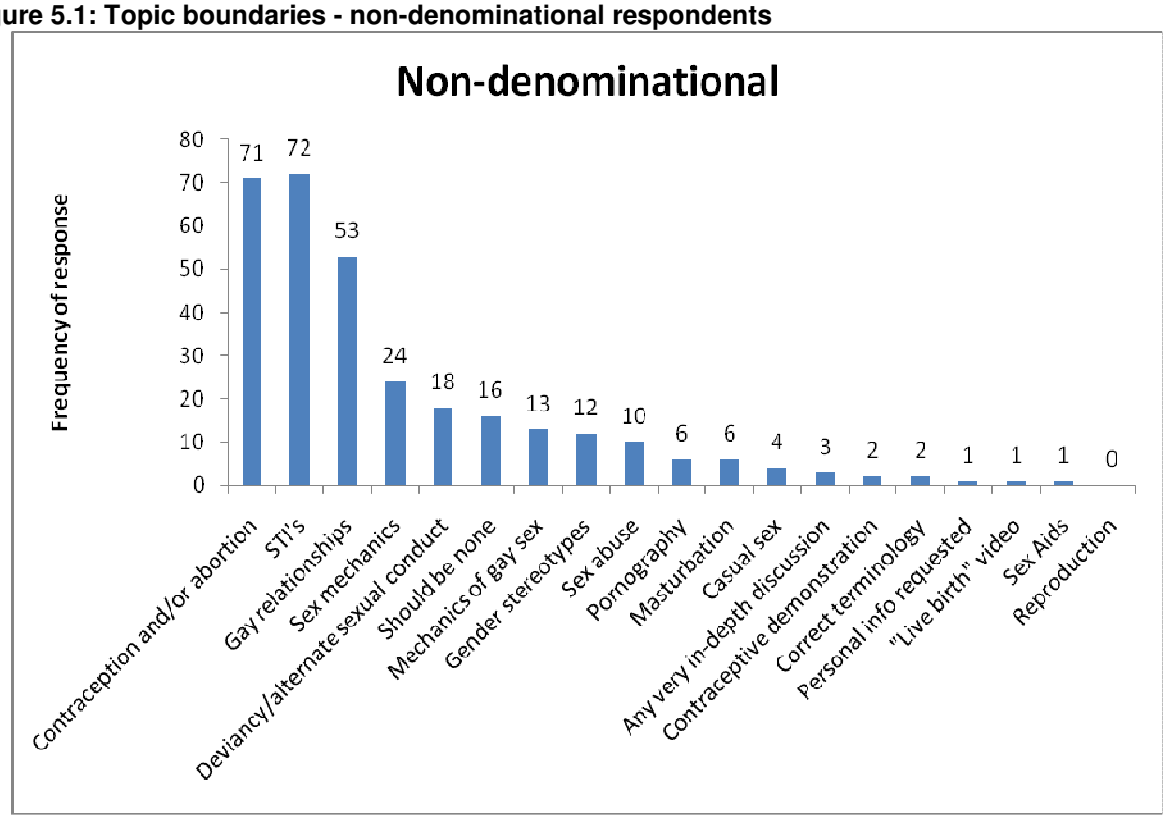
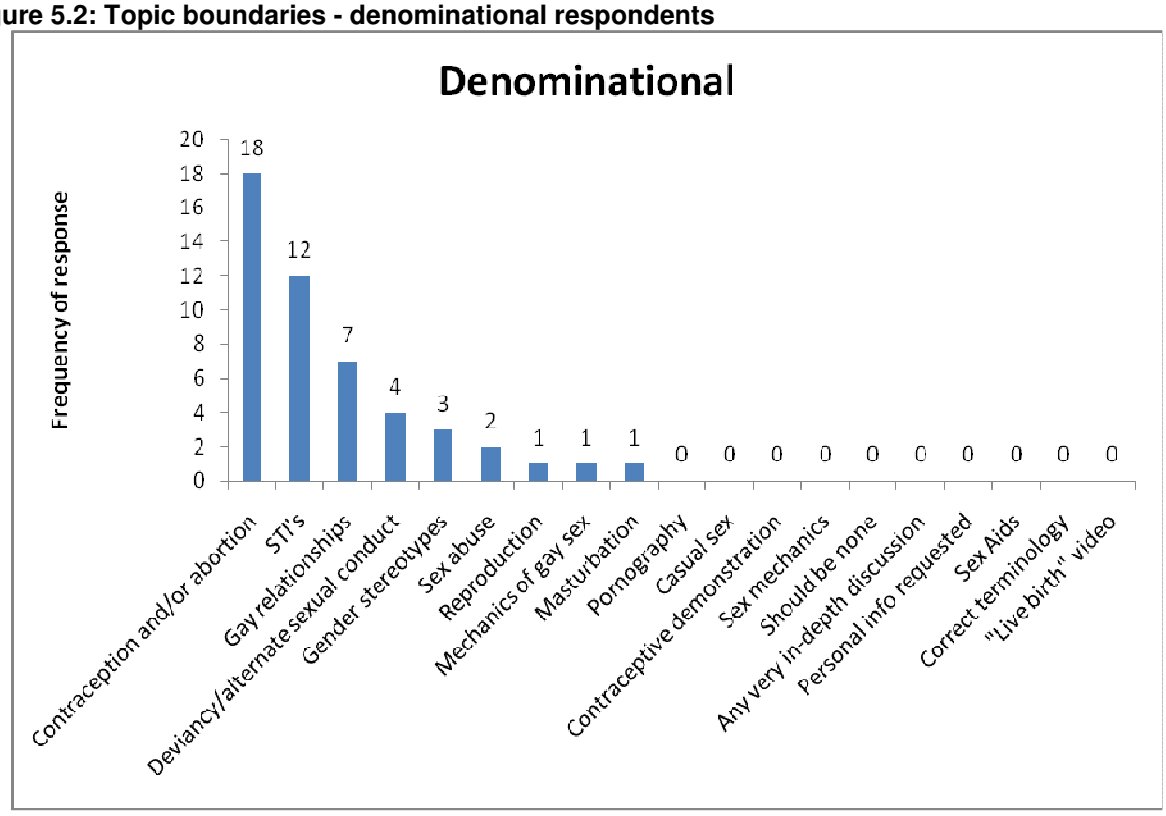


Figure 5.2: Topic boundaries - denominational respondents



5.3.7 Issues with the current SRE programme

Respondents were asked whether any issues had been raised about their current SRE programmes by pupils, staff, parents/carers or faith groups. It can be seen from table 24 that 21.1% of responding schools reported issues raised by parents/carers (n=66). These findings were reflected in returns of both non-denominational and denominational schools. The second highest number of issues were raised by staff; 17.7% (n=53) of schools noted staff raising issues, with denominational schools showing the highest percentage. Faith groups reported fewer issues raised overall (7%, n=21) but this was experienced by a larger percentage of denominational schools than non-denominational ones. Likewise, issues raised by pupils (6.4%, n=19) were more likely to be reported by denominational schools.

Table 5.24: Issues raised about the current SRE programme

	Overall number	Overall %	ND number	ND %	RC number	RC %
Pupils	19	6.4	15	5.7	4	11.8
Staff	53	17.7	45	17.0	8	23.5
Parents/carers	66	21.1	61	23.0	5	14.7
Faith groups	21	7.0	17	6.4	4	11.8

Respondents were asked whether any pupils had opted out of the current year's SRE programme. Overall, 9.7% (n=29) of schools stated that pupils had opted out. The number of pupils not taking the SRE programme ranged from 1 to 5. Reasons for opting out of the SRE programme included religious or cultural beliefs, parents/carers feeling the programme was unsuitable for their child or, in one case, because the child had suffered abuse. Children who were taken out of the SRE programme were mainly withdrawn from the class and taught in another class whilst the lessons were going on. Some parents/carers had opted to deliver the curriculum themselves.

Finally, respondents were asked to rate the successes and difficulties they have experienced delivering their current SRE programme. When describing successes many schools noted the importance of a good teacher – child relationship to be essential to effectively delivering SRE. Many schools said that SRE was delivered later in the academic year to make sure a rapport had been forged between all parties and respondents felt that this was why their SRE programme worked so well. Having such a relationship provided the opportunity for children to ask questions without feeling embarrassed and facilitated openness between teacher and child so that the children were open to learning the facts about SRE and correcting any myths they may believe.

Respondents who delivered SRE in many year groups felt that this was particularly successful because they were delivering age appropriate materials year on year and were building each time from firm foundations.

Some schools noted the importance of interagency working and relationships with parents as factors which positively influenced the success of their programmes. Many respondents felt that the biggest success they had when delivering SRE was the children's enthusiasm for the subject and the level of maturity they showed when dealing with sensitive issues

Difficulties with SRE curriculum were identified in the availability of high quality resources. Many respondents felt that materials became outdated very quickly and that policies surrounding the delivery of SRE were constantly changing and boundaries shifting leaving staff confused or unclear about where they stand.

Lack of staff training and reluctance by some members of staff to engage with SRE was cited repeatedly by respondents as having a detrimental effect on the curriculum.

Delivering age appropriate to materials composite classes was cited by many as being difficult, some respondents noted that finding class rooms to deliver separate sessions in these instances could be very difficult. This lack of facilities was also reflected by some respondents when trying to deal with individual pupils who had been withdrawn from the SRE lessons.

Trying to deliver SRE in an already overloaded curriculum was a struggle for some responding schools as was a lack of dedicated time within the curriculum.

Relying on parents to educate children with factual information about SRE was also deemed as difficult as some respondents felt that children were given inaccurate information or that parents did not have any interest in taking responsibility for this subject.

5.4 General points arising from the school questionnaire

Policy

- The majority of respondents were aware of LA policies which had been put in place to guide teaching of SRE. When developing SRE programmes schools were influenced by many factors and are guided not only by their own school policies but also the wider communities in which they are sited.
- Schools not only developed SRE teaching materials 'in house' but also in conjunction with many external agencies such as the LA, secondary schools and faith clusters. SRE programmes, in many cases utilised one commercially available resource to inform teaching materials. However a smaller number of schools took information from multiple commercial resources.

Current provision of SRE

- Over 95% of primary schools stated that they delivered SRE through the taught curriculum. This was similar for both non-denominational and denominational schools (95.7% and 97.1% respectively).
- Many schools delivered SRE across all school years but in most cases SRE began in P6. In most non-denominational schools SRE was delivered through the health curriculum whilst in denominational schools it was housed within the religious education sessions.
- Schools not only delivered SRE through the taught curriculum but also engaged with children in other ways, such as the use of circle time and provision of reading materials.

Staff training

- 42.8% of responding schools had at least one teacher who had received formal SRE training. The number of formally trained staff within a school varied greatly from as few as one to as many as eighteen. 28.8% had no formally trained staff within their school, the remainder of schools did not respond to this question.
- Many schools enlisted the help of other professionals, such as a school nurse, when delivering the SRE curriculum.

Engaging with parents

- The majority of schools engaged with parents about the delivery of the SRE curriculum (79%), parents were encouraged to contact the school to discuss any issues (68.6%), some schools provided information about the SRE curriculum in their school handbooks (40.1%) and some included information about SRE in their annual parents evening (25.4%). A small number (20.1%) had involved parents when designing the SRE programme.

Engaging with children

- Many schools also valued input and evaluation of the SRE programme from the children themselves. Children were encouraged to give informal feedback (73.2%), leave anonymous comments (71.6%) and some schools formally evaluated the programme (21.4%).

Boundaries

- There was some debate about the subjects which should be covered in detail by children by the time they leave primary school. The majority of schools felt that reproduction and how life begins, physical and emotional development, families and caring relationships, personal hygiene, body image and self worth, dealing with feelings, personal safety, and menstruation, pregnancy and birth should all be covered in detail. There was some uncertainty about the appropriateness of covering topics such as contraception and family planning issues, awareness of sexually transmitted infections and gender stereotypes and discrimination in any detail with children.
- Respondents also listed other topics which they felt were inappropriate to deliver in a primary school SRE programme. These included homosexual relationships, intimate details about homosexual practices, sexual abuse, pornography, masturbation, casual sex, use of correct terminology for genitalia, and sex aids. Only a very small minority (n=16) felt there should be no boundaries at all.

6 Case Studies

6.1 Introduction and overview of the case studies

In this section we draw together findings from the case studies and present an analysis. Firstly, the rationale for selection of the case studies is outlined. Then we describe the methods used across the case study schools. The case studies are presented separately, as each school was selected for different reasons, and each was illustrative of their own approach. This is followed by a section which reports on the views of children, drawing from across the six case studies. Finally, cross cutting themes which emerged from the case studies, are highlighted at the end of this section, and discussed further in the synthesis.

6.1.1 Rationale for selection of the case studies

The case study schools were selected, in discussion with the advisory group, to yield a snapshot of ongoing work in primary schools across Scotland. Efforts were made to select a range of schools that adopted different, but innovative approaches. In the first instance, a number of those schools initially selected declined to participate. Reasons given included staff shortages and heavy workload. One head teacher indicated reluctance to be involved without offering a reason – simply failing to reply to letters or to return phone calls.

Of the six participating schools, four were selected purely on the basis of their questionnaire responses, and one was identified by the LA questionnaire. To select the denominational school, we followed guidance of the SCES to identify an active diocese, and then selected a school within this area from the questionnaire responses. Table 6.1 provides details of the case study schools.

6.1.2 Methods

A range of methods were used in the case studies. Data collection in school consisted of an exploration of curricular plans and teaching materials in order to gain an overview of the work which was being undertaken. In addition a range of interviews were held with staff. Where possible this included an interview with the member of staff with overall responsibility for SRE, interviews with two teachers who had recently taught SRE (interviewed together or individually) and an interview with the school nurse. In addition, one focus group with approximately five parents/carers and two focus groups of six children in P7 who had recently been taught SRE were also sought. Interviews and focus groups lasted approximately forty minutes. Table 6.2 provides information about the numbers of participants in each school.

Information about the study and the research team was provided to schools who distributed this to potential participants, along with written invitations. Different information sheets were designed for the various groups of participants and written in user friendly language. Signed consent was

obtained from participants. Both parental consent and the child's own consent were sought before interviewing children.

Table 6.1: Details of Case Study Schools

School Number	Area	Number on roll	%Free school meals	% ethnic minority pupils	Reason for selection	Selected from	Denominational
1	Accessible small town	143	11.2	5-10	Diocese pro-active Good practice	School questionnaire findings and in consultation with SCES	Yes
2	Urban area	182	28.0	0-5	SRE well integrated across school, regional framework. parents work, active involvement of children and young people	Recommendation in local authority questionnaire as demonstrating good practice	No
3	Urban area	150	35.5	5-10	Extensive training of staff, comprehensive materials,	School questionnaire	No
4	Remote small town	169	10.7	-	Collaborative development policy, staff tutors, well integrated	School questionnaire	No
5	Accessible rural	85	-	-	Extensive training by local authority	School questionnaire	No
6	Urban area	191	2.6	0-5	Cluster approach – authority wide framework, training and pack	School questionnaire	No

Blanks indicate numbers not available on Scottish Government database

Table 6.2: Interviewees

Case Study	School Staff	School Nurse	Parents/carers	Children P7
1	Head and principal teacher, 2 teachers	1	6	6 boys 6 girls
2	Head teacher, teacher (telephone),	1	1	8 girls 7 boys
3	Principal teacher with responsibility for SRE, P1 teacher, P7 teacher	1	3	6 boys 6 girls
4	2 teachers (P6 and P7), staff tutor, probationer	0 (ill)	None	7 boys 6 girls
5	Head teacher, principal teacher and class teacher of P6/7, class teacher P4/5	0	2	3 girls 5 boys
6	Head teacher, teacher resp. for SRE and 2 class teachers,	0	4	6 girls 6 boys

Parents/carers were self selecting – all parents/carers of children in P6 and P7 were invited. In practice, as expected, only small numbers attended, with the maximum group size being six parents/carers.

Pupils were selected in a way that ensured random sampling, but also allowed children to be interviewed in friendship groups. Six pupils were invited to each focus group. Two of these had been randomly selected, based on register numbers. Each randomly selected child identified two friends to be included in the group. In five schools a group of boys and a group of girls were interviewed separately. In the sixth school (Case Study 2) for ethical and practical reasons three mixed groups were interviewed. In this school there were 17 pupils in P7, and the head teacher expressed a view that it would be unkind to exclude five pupils from an activity that was viewed with some excitement by the class. Logistically, to accommodate the numbers and the gender mix within the allotted time, we opted for three mixed groups.

A mix of games and discussion formed the basis for the focus groups with children and young people. These participative instruments included vignettes, card selections and filling out diagrams on flip charts, and a 'secret box'. All were designed as informal and light hearted approaches which would encourage discussion on the key areas. All were devised by the research team.

Some difficulty was encountered in accessing school nurses for interview because their schedules were not always compatible and some were on sick leave at the time of the interviews. The involvement of parents/carers also varied considerably.

All interviews were recorded with the permission of participants and assurances were given regarding the storage, transcription and use of the

data, confidentiality and reporting of the study. Interviewees were reminded that they could withdraw from the study at any point and were again invited to contact the researchers if they required more information about the study. Where possible two researchers were present at each interview and transcripts were read and analysed by two researchers using a grounded approach.

6.2 Case Study 1

6.2.1 Reason for selection

The diocese in which this school was located was identified by the SCES as being particularly pro-active in the support of SRE in its schools. This school was in the same LA as Case Study 6. The individual school was selected at random from the questionnaire responses from denominational schools in this LA.

6.2.2 Approach to the formal curriculum

Catholic primary schools in Scotland are encouraged to follow an approach advocated by the SCES named *Education for Love*. Within this diocese a programme for primary schools entitled *Alive O* designed by a working party of priests, head teachers, teachers and parents/carers expanded on the *Education for Love* approach to provide a detailed set of planning and teaching materials. This programme had been in place for about five years, and the responsibility for minor updates and distribution of materials lay with the diocese.

Moral and sex education was delivered mainly as part of religious education although links were identified with PSD and health education. The *Alive O* programme was visited in each year of the primary school. SRE topics were discussed in the context of biblical stories. For example in P1 the concept of 'this is my family' was discussed alongside 'this is the family of Jesus'. Similarly, relationships with others were illustrated by the parable of the Good Samaritan, and P5 pupils were introduced to the development of babies in the womb by reference to the story of Mary and Jesus. In P7 children were taught about sexual intercourse in the context of God's gift of 'a special kind of love'.

One of the perceived strengths of the programme, in the eyes of parents/carers and staff was the level of prescription. *Alive O* provided a comprehensive set of carefully designed, attractive materials to which all teachers adhered closely.

6.2.3 Informal curriculum

Staff and parents/carers were keen to point out that learning about relationships was very much part of the ethos of a faith school. Commenting on the links between the school ethos and the teaching of *Education for Love* the head teacher commented:

> It's about my family, love in the family, people who love me, we grow together and love – that's all the main themes that run through it. And that dovetails very nicely with it (school ethos) because the ethos there is the same. We like to think that the whole ethos is embedded and shines from that programme as well.

The principal teacher later confirmed this point saying:

> I don't think our formal and informal curriculum is necessarily divided. I think they actually sit well together.

Pupils concurred with the descriptions of good relationships within the school, commenting for the most part that they would be happy to approach teachers either directly or indirectly (via an anonymous question box) for information. In this school, uniquely amongst the case studies the pupils also identified support staff, particularly office staff, as being significant sources of support. Whilst trusting the information from teachers the boys identified the lack of a male input to the teaching as an issue. One boy commented:

> It depends on your teacher, because if you are a boy and you ask a female teacher she would know about it but she wouldn't know what its like, if you see what I mean.

6.2.4 Staff support / training

At the point of introduction of the *Education for Love* programme, approximately five years prior to the case study visit, an extensive programme of training had been delivered across the diocese, which was remembered clearly by the head teacher and some of the current staff:

> When that happened the RE advisor, who is a priest based at the diocese centre, conducted a kind of road-show and he made himself available and we had, I think almost a full morning of him and being given a presentation on it. Various speakers who were involved in the piloting came along and spoke to us about it. We got good hands on experience –had a good look at it.

Since that time staff had not attended any further training, but described a strong culture of in-house support, ensuring that new teachers were familiar and comfortable with the programme.

A recurring theme in staff interviews was the supportive nature of the programme itself. The obligation placed on teachers to remain strictly within the boundaries of the programme was described as comforting for teachers, who valued the clarity of knowing exactly what was to be covered. The following comment is typical of this sentiment:

> It would be the only programme of study where we wouldn't go off as teachers and think 'I've got a wee idea here, I could take that forward, develop it'. ..So as a class teacher you don't have the freedom of that area and that is reassuring because you have to be very clear on the message that you're giving to the children.

Should pupils raise issues that were outside the area to be studied, firm protocols were in place which involved explaining that the issue would not be discussed today, as it was not part of the planned lesson. Later, discussions with the head teacher, and possibly the parents/carers would determine the appropriate course of action. However, staff did emphasise that they would not ignore an issue, although the course of action for some topics would be to refer the child to his/her parents/carers. It was described as very unusual for children to raise questions which were beyond the boundaries set by their particular stage of the curriculum.

6.2.5 Parental involvement

The programme of study was described by both staff and parents/carers as a useful framework for their shared responsibilities towards their children's development. When the programme was launched there had been a large meeting to introduce it to parents/carers. Since that time materials had been made available at parents/carers' meetings, and specific mention of the *Education for Love* programme was made at the induction to P7. Letters were sent home prior to delivery of lessons which focused on sex education, and children were encouraged to take worksheets home to share with their parents/carers The parents/carers who were interviewed were, for their part pleased that they could be confident that they knew what was and was not included in the programme:

> I'm confident in what my children have been taught, I know what they are being taught and I am happy with that.

Furthermore one parent commented that she felt that her knowledge of the programme guided her in what she should be talking about at home.

Additionally parents/carers felt that they were well prepared by the school for any questions that might be raised by the children as a result of the lessons. Parents/carers felt included in the programme as they thought their children were encouraged to come home and discuss these issues with them. Good communication with the school was remarked on a number of times by parents/carers.

The group of parents/carers that were interviewed repeatedly described SRE in denominational schools as being different, and in their eyes, superior to that of non-denominational schools. They felt that this set them apart from other families whose children had been educated in different ways, and this made them wary of the influence that children from other schools may have on their own progeny.

6.2.6 Diversity

The Catholic faith approach to SRE delivers a very particular, faith specific message which arguably does not resonate with all lifestyles. The school staff were acutely aware of this, and took various stances towards

other viewpoints. Other religious groups were welcomed in the school, and, parents/carers of other faiths, particularly Muslims, were reported to favour the approach of the *Education for Love*, sharing a similar view of sex and sexuality.

Staff were sensitive about the situation of children from non standard families, and where appropriate would re-phrase their discussions, for example replacing discussions of mother's and father's love to discussions of being loved by those at home. Whist being keen not to criticise children's families they trod a narrow line, as shown in this excerpt:

> (We say) 'that's fine, that's your family, that's perfectly alright for you. You've got people in your life who you love and who love you' and that's not our place to judge or make a comment on that. But they do know that as Catholic Christians they should be trying to live their life in the way we are directed.

However, the school was not prepared to acknowledge same sex relationships in its dealings with children. On one occasion a parent had broached this subject with the school, but the response was intransigent:

> 'We did have a parent who wanted us to explain same sex relationships to children and to inform children that this was perfectly alright and OK. That wasn't our place to do that, that's not part of the programme of study. That is something that is very reassuring for us because we can then say 'whatever you are doing that is your relationship that is not part of what we teach within a Catholic school'. (head teacher)

6.2.7 Interagency working

The most dominant partners were the SCES and the local diocese. The moral and sex education programme was strongly directed by the church in the ways described above.

Additionally, the school benefited from scheduled sessions delivered by the school nurse. Her role was to address issues of puberty with P6 pupils, then to consolidate work introduced by the teacher about sexual intercourse in P7. This was carefully orchestrated to fit with the programme delivered by the school. The pupils reported valuing the single sex sessions delivered by the school nurse, although they commented that they did not feel they knew her well enough to approach her with questions. Although she had been in post for over 11 years she did not have a strategic role in the planning of the SRE programme. She remarked that her role in delivering in a Catholic school was similar to work in a non-denominational school.

6.3 Case Study 2

6.3.1 Reason for selection

This school had a strong record of work on SRE and has taken an active role in linking the SRE programme with other elements of the curriculum. The individual school was selected on the recommendation of the LA. A collaborative approach between the LA and Health Board in this area produced a set of planning guidelines for SRE which were linked to the 5-14 curriculum and which were introduced through an interagency training programme. Designed to be flexible, they provided a framework which was adapted and refined by this school. The school had less than 200 children on the roll, was located within a housing estate on the edge of a city and included a relatively high number of armed forces families in the catchment. Few children were from ethnic minority families, reflecting a lack of cultural diversity in the surrounding population.

6.3.2 Approach to the formal curriculum

The overall approach was guided by a framework developed collaboratively by the LA and the Health Board. However work in this school appeared to be based on a thoughtful interpretation rather than simply following a prescribed approach. The programme aimed to be flexible but consistent across primary and secondary:

> We thought it was kind of logical and it was better to use their kind of programme because then there was a consistency within our group. All the feeder schools into the secondary were all doing the same thing so when they went up to the secondary school there was a base level that the teachers knew all the things that the schools had been covering. (Teacher)

The programme was viewed as embedded within the ethos of *Curriculum for Excellence* in emphasising the collaborative nature of learning led assessment and linking with other aspects of the curriculum. The head teacher also suggested that a focus on emotional intelligence was integral to the SRE work:

> It ties in with the whole area, about relationships and sexual health classes and it makes it very, very clear in this school that all the children and parents might refer to it as 'sex ed' but we're very clear it is now relationships and sexual health and part of well-being, it puts a great emphasis on health and wellbeing within the school.

Nevertheless the head teacher commented that their programme went beyond that envisaged by the *Curriculum for Excellence*:

> It's far too little, far too late… if a school were of the mind to say all we have to do is written in the outcomes and those were easy, then literally children would be leaving primary school with some

> knowledge of menstruation and body changes but not be in anyway equipped for the emotional turmoil that is going to hit them as sexually active teenagers.

The holistic aims were in keeping with the health promoting agenda of the school. In practice, the guiding principles set out to help children to develop an awareness of their own bodies and how they might change, be sensitive, tolerant, to be aware of and have respect for their own and others' needs; to feel able to ask questions and seek advice and support from adults.

In turn this implied that staff would be confident and competent in creating a climate where children actively sought information and often advice. Some work in P4 and P5 was reported by children but most took place in P6. Children interviewed recalled work on changing bodies, supporting your friends, sex and relationships information, choices and being healthy, the implications of drinking alcohol for keeping safe and respectful relationships, including respecting differences.

A reflexive approach was adopted towards materials. *Living and Growing* was viewed by staff as providing a useful format and the lesson plans were thought to be particularly useful for less experienced teachers. However they felt the programme was limited and had supplemented this with the *BBC Interactive* whiteboard programme *(BBC Active)*. This combination was seen as offering opportunities for more collaborative working in which children were actively involved:

> Pupils working together finding things out, sharing ideas and listening and talking to each other in that way (teacher).

Group work, including mind mapping, was extensively used. This was clearly appreciated by the children who participated in interviews and reported that it gave them an opportunity to raise questions and make suggestions for future work. For example, these children felt confident about asking teachers for information as part of the day to day learning:

> She'll either tell you then and there or she'll get a video or DVD and we'll watch it. We use the mind maps to see what we already know and… if there were things you wanted to find out about. (focus group, P7)

Teachers felt that the use of interactive methods and in particular group work was productive for all children, but especially for those who were quieter or whose poor literacy skills might exclude them from other approaches. Such active approaches enabled children to explore each other's views within a classroom setting. Peer assessment was also noted as important by one teacher and some team teaching took place on this topic.

Making connections to related work in other curricular was also emphasised. For example this teacher commented on the value of linking with science lessons in the planning and preparation of SRE:

> There were some really good overlaps between the health programme and the science of it as well. (Teacher)

The ethos of SHARE which is used in secondary school was also felt to influence the primary school programme through its emphasis on active and experiential learning. Participants in the study reinforced the theme of the teacher as the main facilitator of SRE and stressed the importance of their ability and confidence to customise the programme to fit the circumstances.

6.3.3 Informal curriculum

> The aims of SRE are… to develop an 'emotionally literate, nurturing school with the aim of equipping children with the language of dealing with and expressing their emotions. (head teacher)

A holistic approach underpinned the work and setting the right tone for staff, parents/carers and children was viewed as vital:

> I think that makes a big difference – if they have got trust in the staff that is there and if the pupils have trust in themselves and they are confident within themselves then I think a lot of the informal things that go on are positive. (Head teacher)

This effort to create a climate in which children perceived themselves as active participants in a joint enterprise was noted across the school:

> When they are sharing their ideas and sharing their thoughts and opinions if you can set out the right tone in your class, if you can make it honest and open, where people's ideas are valued …on the whole I found that approach a much more positive experience than the sort of traditional style, yeah. (Teacher)

This theme of openness was echoed by children in the focus groups:

> If we've got any questions or that, she gives us a chance as well to giggle and stuff and then after a while she'll say, 'calm down', and everybody has calmed down and then…
>
> She gets on with it
>
> Yes. Like, free just to ask any question…if you're wondering what it is and she'll just answer it. (P7 children)

Identifying planned outcomes at the start of the topic clarified what was appropriate for discussion and teachers felt that this helped to demystify the topic. Within this framework children were able to explore and break down stereotypes and correct misconceptions. The children interviewed recognised the effort made by the teachers, as the following quotations suggest:

> And Miss M just keeps it, tried to keep it as confidential as she can.

Yes she does.

Because she tries to get times for us to come to her.

She makes time on her own lunchtime to talk to you.

Yeah, it is quite good and it'll be just like you and the teacher in the class when everyone else is out.

Some of the girls had an argument and we came to talk to Miss M and arranged a time so we could come and talk with her and we sorted it out. (P7 children)

6.3.4 Staff support/training

Development days had been organised around the planned outcomes for the programme which primary schools would focus on in planning and delivery. However because the head was a regional trainer, most training was undertaken in the school as and when required and in response to needs identified:

> The language of sex, now they (staff) are totally comfortable doing that, so there is no need for training on that issue. But next year or the year after there might be (a need to do this)…so {we are} responding to the training needs, the support needs.
>
> (Head teacher)

The training focused on helping staff to respond to the needs of children and to develop strategies for encouraging children to make safe choices, and become comfortable in discussion of sex and relationships.

One teacher who was interviewed for this study had no specific training but relied on more experienced colleagues. This teacher felt that some kind of training would be beneficial in order to help focus, to think about the context and the main messages.

Support, good communication and the opportunity to chat informally with other teachers were generally agreed to be available in the school. The staff group appeared to be prepared to share information and to offer support to each other. A clear lead was evident from the head teacher who had a regional role in inter agency training with the Health Board on SRE to an interdisciplinary group. This extended her existing training role within the school which included updating information, legal aspects, and seeking out new resources.

All staff were signed up to the philosophy, vision and methods but some were less comfortable in the use of language. This issue was addressed through the in-school training. One popular method was a role play with some teachers playing children requesting information and others responding as

staff. Another approach used in the school was to team teach with less confident staff:

> If I had a member of staff who was really desperately uncomfortable saying, I'm not really sure about this' I would go and train with them. I would go in and just say to the kids, 'look I'm coming in for this you know and model what I hope would be, if not best practice then good practice and share that and generally it works fine. There's no point in forcing people who are uncomfortable, who are going to blush to the roots. (Head teacher)

Overall, the approach emphasised the need to respond honestly and accurately to concerns about the issues:

> There is very nitty gritty information that they want to know like how to use a condom. It comes in time and they want to know the legal aspects of things - so there are facts that they need to know.
> (Head teacher)

6.3.5 Sustainability and continuity

Some criticism was voiced about the level of continuity between primary and secondary school which could lead to unnecessary repetition:

> I would love to say it's a seamless flow, but it's not. There is a little bit of repetition of what we've done and I think, in the secondary schools in general, it's too little too late. But the subject is covered, so… there is some continuity but not as much as I would like and it would be interesting to see once we've reviewed properly the use of the interactive programme, see if there is anything there that can be built on. (Head teacher)

However it was clear that the framework enabled some contact between primary and secondary schools over the methods, content and style of sex and relationships education.

6.3.6 Parents/carers

Building relationships with parents/carers was seen as important for a number of reasons and efforts were made to go beyond traditional parents/carers' evenings and to include them in the delivery if not the planning of SRE.

At the beginning of the term in which SRE would take place, letters informing parents/carers were sent out. These identified the resources and invited parents/carers into school to view them and chat to teachers. A number of parents/carers took up this offer and some took materials home. When enough parents/carers expressed interest, the school organised a short information sharing session. One teacher expressed a view that this made for mutual benefits since it ensured parents/carers' support for the work and it helped both parents/carers and teachers to deal with questions and issues as they arose.

Parents/carers appeared to be confident in the approach adopted by the school overall. For some the good relationships that developed in a small school helped to embed the SRE work. For this parent, it was important that teachers themselves undertook the work:

> They get to know the kids quite well, with it being a small school, you know, they are able to talk to them. There is not any embarrassment with the teachers either. So I think because they know each other, I think that's one good thing. I think if it was somebody from outside coming in and teaching them then they would be embarrassed because they don't know that person. (Parent)

Although some parents/carers had initially wanted to withdraw their children from SRE on grounds of their religious beliefs, following discussion with the school, they were happy for their children to be included. Key to this was knowledge of what was included in the programme during specific weeks:

> It's just about being open and honest and a little bit reflective about the needs of the children in your class and if family has a differing need of some kind then just about trying to be as accommodating as possible. You know, just to be flexible and reflective to the needs. (Teacher)

6.3.7 Diversity

The school catchment was not ethnically diverse but staff and parents/carers were aware that there were different starting points for many of the children which had implications for the SRE work:

> That comes in under respect as well. There are a lot of single parent families. We have same sex families so we have this whole issue of there isn't one size fits all for family – your family is unique to you. So you might go to church, you might not, might go to a different church or your neighbour might come from a different family background and have different beliefs. It comes very much under relationships and respect for each other and it's not just tolerance of it. One of the programmes deals with a very light touch on same sex relationships and it's dealt with, but it is very much tied into the respect and its not just one wee skill and happy ever after, type thing. (Head Teacher)

One parent whose son was autistic felt that the school responded positively to his needs and through regular contact, work at home and school was complementary:

> The school has been quite good - they usually keep you up to date with anything that is going on. We get the leaflets home and any problems they ask you well just come in or phone so quite often I

> come in anyway and I will blether to them in the morning because I take him in. So any problems I usually chat to the teachers beforehand so they are aware of what is happening and so that way I can tell him, you are getting this or you are getting that.
>
> (Parent)

This level of partnership between home and school was particularly important for SRE:

> As I say he was told all about (his changing body) in school because when he came home he said, we need to do this, we need to do that…and at least he is listening to them. I have tried to tell him so much but it just goes over his head…he does take heed… and he asks the teachers but other times he will come in… he is quite willing to talk about it. (Parent)

6.3.8 Inter agency working

As with other schools included in these case studies, the school nurse delivered an annual lesson on puberty. In addition a child support worker had previously helped with delivery of SRE but this was no longer the case. Children found the session with the school nurse useful, with most preferring single sex groups for the talk on periods and bodily changes. They welcomed the dual approach:

> The school nurse gives loads of information and shows us how you do everything and then the DVD teaches you as well and then the teacher just answers all your questions and you can feel confident about asking them (P7 boy)

Regional training had been organised on an inter agency basis and the partnership with the Health Board was viewed positively with the collaboration providing complementary input to the work. However some concern was expressed about a perceived lack of political support for sex and relationships work at national and local levels.

6.4 Case Study 3

6.4.1 Reason for selection.

This school was located in a LA that had undertaken a consultation exercise with children and young people about their views on SRE, and had produced a widely circulated booklet of the findings. Hence we were drawn to an LA that appeared to take a child-centred approach. The specific school was selected on the strength of questionnaire responses including a recent overhaul of the SRE curriculum, and on taking a proactive approach to communications with parents/carers.

6.4.2 Approach to the formal curriculum.

The principal teacher was responsible for health and well-being across the school. Over the past two years she had been leading a working group developing the health curriculum, and had placed a specific focus on the SRE programme. Coincidentally, the LA produced new guidelines shortly after the school had redesigned its curriculum, which closely matched the approach chosen by the school. The driver for significant change in the SRE curriculum in this school was a concern about the sexual health of the local community. The principal teacher explained:

> The main reason we changed our sexual health and relationship programme was I had looked at the statistics for our community as part of a project I was doing, and the teenage pregnancy rate and also the sexually transmitted infection rate was significantly higher than the national average. So we knew we had to do something.

A second important issue raised by staff was that of child abuse. The reported level of abuse in the community was high, and therefore another important factor in designing the new curriculum was to equip children with the vocabulary to talk about such issues and the knowledge to recognise inappropriate relationships, and where possible to avoid potentially hazardous situations.

Changes had been introduced across the school in the academic year prior to the case study visit. One of the main changes was to introduce children from an early age to a vocabulary for talking about their bodies, and an understanding of the difference between boys' and girls' bodies. This was introduced through play in P1 and P2 using dolls. The P1 teacher described how she had used an active learning approach to encourage use of the vocabulary:

> I did it in quite an active way, I experimented a wee bit with active learning, and I set up the baby bath and the dolls and they actually then went on to sort of talk and use the language, 'oh you need to clean their penis'.

She remarked that she had been surprised at how easily the children had picked up the language, commenting that it had been 'no big deal to them'.

Higher up the school, teachers were now required to play a bigger role in the delivery of SRE. Whilst previously, the teaching had been fairly limited in scope, and largely delivered by the school nurse, now the topic was wider and all staff were expected to have an input. For example in P3, learning outcomes included 'discuss how we all change and develop at different times' and 'understand their own family tree', then in P4 children learned 'living things come from living things' and 'babies come from a woman's womb'.

In the upper stages of the school issues around puberty, and sexual relationships were taught alongside issues of safety and media influences. Two staff (including the principal teacher) had been trained on the '*Feel, Think, Do'* programme which focused on safety and risk management, with the aim of addressing child abuse. This programme was used in the upper stages. Pupils recalled the work undertaken around safety with some clarity, and the girls had valued the opportunities to express their feelings through written work, which was treated in confidence. A key principle in the style of delivery across the age range was open communication and discussion.

6.4.3 Links between the informal and formal curriculum

Much emphasis was placed on supporting children to develop relationships with their peers. Staff described many families as 'dysfunctional', often with very complex webs of relationships, and suggested that this had an impact on the children's behaviour towards others. The school housed a nurture group, run by a voluntary sector organisation, which visited the school on a weekly basis. Additionally, support staff and some teachers ran 'Circle of Friends' groups, aimed at supporting individual children who had difficulty relating to their peers.

Staff felt that their positive relationships with the children and their understanding of the children's lives provided a vital platform for successful delivery of SRE. Consequently delivery of SRE was always timed to be later in the school year, when staff felt they had sufficient understanding of the children in their care.

Staff also commented that SRE was not simply confined to a particular slot in the timetable, that events could give rise to discussions at any time. This was viewed as a fruitful way to teach, taking the opportunity to reinforce language and encourage discussion, as described here:

> If they're watching something on television, on Eastenders there's HIV/AIDS or something, as other things come up then we'll deal with it, they would talk about it, they wouldn't just sweep it under the carpet, it would be part of what they do. (Principal teacher)

6.4.4 Staff training and support

The principal teacher was aware that the new approach had presented a challenge to some teachers, but she felt that in-house training which took place as part of the school in-service programme, had introduced staff to the materials and offered support with any issues. Some staff, she reported, had initially been reluctant to embrace the changes, due to lack of confidence.

However, she felt that these teachers had been persuaded of the need to change tack by the local statistics for sexual health.

Although two staff had been trained on the '*Feel, Think, Do'* programme none had attended any courses on SRE more generally.

When asked about training, one member of staff did feel that she would benefit from SRE training. Her concerns lay with teaching P7 children. She reported feeling uncomfortable with some of the material included in the formal curriculum, citing topics such as wet dreams and masturbation. She was also concerned about how to set boundaries around the class discussions.

The more open approach to discussion had led to her being surprised by the level of knowledge that some children already revealed, for example references to the Kama Sutra. She was concerned about her own role in answering questions raised by the children, that went beyond the prescribed topics (and therefore extending the discussion further than had been indicated to parents/carers) She illustrated her point by describing a question in which a girl asked her what an orgasm was. In trying to respond honestly to the question she was unsure as to whether this could lead to other consequences for herself. She said:

> I would like it (training) in terms of, in upper school, how to tackle the questions because I think it is up to you to use your tact and use your own kind of savvy. And you don't know, so there is not a balance. You don't know if you are crossing lines and if the parents/carers are then going to be angry.

In this school a significant issue which emerged was the need for staff training at key moments of change or development of the SRE curriculum.

6.4.5 Communication with parents/carers

Although the working group which designed the new SRE curriculum did not include parents/carers, the proposed changes were discussed prior to implementation with the 'Health Improvement Crew' consisting of pupils and parents/carers. Once finalised, an open meeting was held to which all parents/carers were invited, at which topics and materials were introduced for the various stages in the school. The school has undertaken to repeat this style of meeting every two years, so parents/carers will be updated about the SRE curriculum as children progress through the school.

The principal teacher reported some parental surprise at the proposed changes, and this had led to a detailed discussion with the thirty or so parents/carers who attended the meeting. She reported feeling that at the end of the meeting parents/carers understood the reasons for the change in approach, and that fears had been allayed. Parents/carers did, however, insist that they should be informed when SRE was to be covered as a topic and the school has agreed to send letters home prior to teaching SRE, outlining the

topics and the timing of the teaching. No parents/carers have subsequently withdrawn their children from SRE classes.

Three parents/carers attended the interview, and whilst their views were broadly similar, they cannot be seen as representative of the whole parent body. Two of the parents/carers had attended the meeting described above, the third had been unwell, and regretted the fact that there was only one opportunity to attend.

All three parents/carers felt that teaching children about sexual health and relationships was the role of the family and did not wish the school to undertake this role. One parent had considered withdrawing her child, but had not done so for fear of stigmatising her daughter. The feeling in this group was that children mature at different rates and only a parent can deliver the information to their child at the appropriate moment for that child. The following viewpoint elicited general agreement within the group:

> To be honest I don't think its right – I think the parents/carers should be teaching the children. (My daughter) is in P6 and I think that's too young. I would rather teach her what she needs to know when I feel it is appropriate.

The parents/carers also felt that information should be presented to children on a 'need to know' basis. For example, it was suggested that children with siblings of the same gender had no need to know about the differences between boys' and girls' genitalia until they approached puberty, whereas those with siblings of the opposite sex needed this information earlier. Similarly, it was agreed that one parent who had a relative in a same sex relationship should discuss this with her children, but that children in other families had 'no need' of this information and should be shielded from it. This group of parents/carers held a positive view of family relationships as demonstrated by this comment:

> Kids would rather just sit with their parents and hear all about it rather than sit with their friends because they get embarrassed, but they don't get embarrassed just sitting with their parents.

However, the parents/carers concurred that perhaps not all parents/carers were as willing to take full responsibility for educating their children, and they could see why, for benefit of all children, the school was likely to continue to play a major role in SRE.

6.4.6 Interagency working

The school nurse had played a role in the development of the new curriculum, being a member of the planning working party. Consequently there was a Health Board / LA partnership involved in the development.

However, the future plans both within the local Health Board, and those being made within this school meant that the school nurse's in delivery of SRE was to change. Previously she had played the major role in the delivery of

SRE and teachers had taken a fairly minor role, those in the early stages having no specific responsibility for SRE. However there was now a shift away from an approach where 'it was just the responsibility of the school nurse who zoomed in and zoomed out' (principal teacher) to one where this was a joint responsibility across the school.

At the same time the focus of the school nurses was moving increasingly to public health, for example vaccination programmes, leading to a reduction in the time available for health promotion such as SRE delivery. The school nurse feared being unable to continue her current input across a number of schools, so it seems likely that this aspect of her work may be reduced, although other contacts with the school would be retained.

A final role of the school nurse in relation to SRE was as a link in the transition to the secondary school, as she was able to provide the primary school with information about what was taught in secondary.

6.5 Case Study 4

6.5.1 Reason for selection

This case study school had a high level of training and a record of engaging with parents/carers on the topics. The school cluster had particularly good arrangements in relation to transition and developing a 3-18 package. Within this LA, a regional policy is under development for health education for 3-18 year olds. Although the new policy will not be released until later in 2009, the preparatory work exerted an important influence over work in this school, partly because one of two staff tutors employed across the area was based in the school. These tutors had a remit to train other teachers in SRE and to develop the regional policy.

The roll of this school was under 200. It was based in an affluent market town.

6.5.2 Approach to the formal curriculum

The overarching approach was informed by *Curriculum for Excellence* (Scottish Executive 2004), *Respect and Responsibility* (Scottish Executive 2005) and the *McCabe Report* (McCabe 2000). The planned regional policy would run across the whole school system from infants to secondary school.

The regional SRE policy and sexual health planning process was nested within a wider PSE policy. It formed the basis for a programme of study in primary schools. The SRE programme was based on this and on responses to research undertaken by the staff tutors with teachers. The preparatory work for the regional policy set out outcomes and devised a programme catering for the 3-18 age groups:

> We've tried to link them across the curriculum and to include just everything that you try to do when you write a programme of study. There is a group which is drafting and redrafting and then it will go to consultation with parents/carers. (Staff tutor SRE).

The aim was to address among other issues, children's transition to secondary school:

> We've spent a lot of time in the transition. One of the main aims was the transition. Although it's sexual health, it spills over into lots of transitional issues - self esteem and family backgrounds and all these things. Although it's sexual health, it's very much the citizenship umbrella it falls under. (Staff tutor)

This regional staff tutor on SRE was based in the case study school and had a responsibility for developing the new policy for all schools in the LA. As part of this remit, she introduced a wide range of new resources into the school which were subsequently reviewed and piloted with staff at infant, middle and upper school levels. This included a thorough review of the *Living and Growing* package. The staff tutor also had a training responsibility which

was discharged with individuals and groups within and beyond the case study school.

There was a consensus among staff that an early introduction to SRE was important for ensuing that the children build up knowledge of the topic gradually and could avoid 'being shocked' by revelations that 'came out of the blue'.

Materials drawn on in developing the programme included *Living and Growing*, *BBC Active, Prim-Ed* and *Health for All*. Because of the costs involved, emphasis was placed on adapting activities from programmes to enable widespread use rather than relying on the 'hard' resource. Thus use of whiteboards, mind-maps and worksheets was encouraged. This was viewed as having the additional benefit of encouraging teachers to adopt a flexible and targeted approach.

Values underpinning the work included encouraging respect for oneself and others, positive relationships, recognition that changes affect everyone and good preparation for adulthood. Building self esteem and confidence were key components of the programme.

Teachers identified a range of challenges which included being uncertain about the questions which children were likely to ask; fear of showing embarrassment; addressing the spectrum of development and circumstances of children in one class and confidence in teaching without being embarrassed. Additional challenges were linked to societal taboos around discussion of sex and relationships:

> You know the minute sex is mentioned, you can see primary 1 to 4 teachers all over the region going, oh no, that's too much. But when they actually look at the policy and realise that it's not about either having sex or being part of anything to do with sex as such, they're quite open to it. Also, I think the other thing is, we have hang ups about using proper terminology and children don't because, you know, what you learn at school is going to help you for the rest of your life. It seems to be the teachers and the health professionals think that is too much, you know, and the children just take it on board and away they go with it and they're fine. (Staff tutor)

Children who participated in the study highlighted the '*Ask It Basket'* as a valuable feature of SRE This was a means of asking questions anonymously which teachers would then answer or use to introduce material into the programme. Teachers were viewed by these children as important LAs on SRE because they were trained, held correct information and were truthful and they were 'always useful' although some participants felt you had to be careful about what information was disclosed to a teacher.

The school nurse was mentioned particularly by girls, as providing important information in an acceptable format. Similarly the staff tutor was referred to as having accurate information, being approachable and as

someone who would always be useful and who you could 'count on'. Some children felt uncomfortable however in discussing sex and relationships and one group of girls felt they would learn more in single sex groups. The separation of boys and girls for talks with the school nurse was also welcomed by children interviewed in this school. Interestingly they also felt that the overall programme was inclusive and found it difficult to identify gaps.

The programme was revisited at each stage to ensure that children did not miss out on key elements and that understanding was built up gradually in the early years:

> The programme is quite detailed right from the start. And as I say my P6 reaction to some of the earlier (parts of the programme) was that this was for the infants. But then if that's started down there and they're using the proper terminology and all that, then it will probably will just… I've hit my lot with an awful lot to take in. (teacher)

6.5.3 Links with the Informal Curriculum

Teachers recognised the importance of life outside the classroom and viewed this as part and parcel of their remit:

> We do PSE morning, noon and night you know. There is never a time that people don't come back from the playground and there's been a fall out, or somebody's sick so the relationship part of sexual health is there all the time. Which is very important but I think also the fact we know the children and the children know who to come to if they're unsure of something or if something's happened to them (teacher).

Thus the relationships built up between teachers and children formed a basis for exploring more sensitive or personal issues. This was reinforced by the use of ground rules for discussions in SRE which both staff and pupils agreed before lessons took place.

Confidentiality was recognised as bounded and the fine balance of providing support and being clear about the limits was well understood by staff. Teachers' encouragement of children to discuss SRE issues in the home was viewed as having a number of benefits, including the sharing of responsibility with parents/carers, supporting parents/carers in their roles as educators and ensuring parental agreement with the school approach to the topic

6.5.4 Staff support/training

Teachers were involved in reviewing resources and making judgements on how they felt about using these in the class. Teachers observed that this was very helpful in anticipating children's questions and responses and in enabling them to 'steer the conversation' in directions they

felt were appropriate. This approach was contrasted with an earlier regime, where:

> Once the gigglers had managed to pull themselves off the floor… they were actually shocked by too much information straight away and not being introduced (teacher)

The opportunity to work with and be guided by the practice of a staff tutor was enthusiastically received:

> We're lucky in that we've got her in the building because she comes into classrooms and you witness how she sets the rules for the discussion. And then I've seen her deliver some of the lessons, and we've had time to discuss the resources with her which has been a big thing. That has been magic; actually seeing someone work is the finest way to make you feel comfortable. When you actually see a demonstration that does wonders for your confidence. (Teacher)

The combined impact of training and ongoing support was reported as helping teachers to build their own confidence, expertise and feelings of competence. It was contrasted favourably with being 'taught' and 'talked at' on training courses. An important feature was the emphasis on making children feel comfortable and involved, as this teacher who was relatively new to this topic noted:

> Her approach is really good and seeing how they start off by agreeing a certain amount of rules for discussion and that it's ok to giggle. And if you don't want to contribute there is no forcing - just when you feel comfortable with it. As well as constantly asking the children for their opinions. I have to say I found, before you start, you go 'ooh' but I think that, and the CD resources last year, helped.

However the difficulty that some teachers expressed in dealing with this subject was also recognised as requiring additional support or mentoring from more experienced colleagues. A sensitivity on the part of those planning programmes to the needs of 'vulnerable teachers' who might have themselves experienced abuse was also noted as important and, in turn, highlighted a need for appropriately targeted training and support. At a practical level, the staff tutor recognised that modelling good practice and team teaching could offer a means of building up more knowledgeable and confident approaches to the topics.

6.5.5 Parental Involvement

Opportunities for parents/carers to comment on the overall approach and materials were provided at open days, parents/carers' evenings, and through written information. Staff were available for discussion on the topics and invited parents/carers to participate. Informal feedback suggested that parents/carers were broadly happy with the SRE work and developments.

Teachers were cautiously optimistic that parents/carers were supportive of the overall school approach. For the staff tutor, existing good relationships with parents/carers were a key component of this when she described an open session for parents/carers:

> I was there, and the school nurse and it wasn't as if they were coming into an agency or somebody that is going to sell them something. It was very much oh you know, how are you doing, it was very informal but it seemed to work. We had the DVDs playing and the books were lying about and the programmes of study. And everybody was very positive (staff tutors)

The previous year a letter had been sent to parents/carers informing them of the plans to introduce SRE further down the school and no adverse reaction had been recorded. This had recently been replaced with a more assertive approach with an information sheet reporting on current work on SRE, outlining the approach taken, planned topics for future work, and an invitation to discuss any queries with staff. This aimed to 'take the heat out of the topic' by treating it like any other aspect of the curriculum and it appeared to be well received. None-the-less some teachers remained wary of possible negative reactions from parents/carers. However those teachers who expressed such concerns were clear about their justification:

> The heart of what we're doing is just part of the health programme, it is just natural progression - this is what is going to happen as you grow up. It's not anything to be ashamed of, it's going to go on for years. Education has missed out this step of reassuring them. (Teacher)

Some teachers actively promoted the idea of partnership with parents/carers through encouraging children to raise the topics at home and suggesting that the school based SRE could foster open dialogue between children and their parents/carers at an early stage:

> And if we can help them along the way of being comfortable talking to their parents at this age, then whether it could have a knock on effect later on. (Teacher)

That children were developing confidence to talk openly about SRE was evident from this anecdote:

> One boy terrified his grandfather with his knowledge. His grandfather was left spluttering at the breakfast table, not quite knowing what to say…he was just making sure his grandfather had all the information he needed. (Parent)

In past years, two parents/carers had withdrawn their children from all SRE, the teacher believed on religious grounds. However this was viewed as unusual.

6.5.6 Diversity

The catchment area of this school was not ethnically diverse. The school had, however, recognised a need to take account of differences in experience and had consulted with parents/carers whose children were having difficulties in school and with those who were on the autistic spectrum. These parents/carers had expressed positive support for the inclusion of their children in SRE work. Individual work had taken place with such children and parents/carers with in general, children being retained within the whole class as much as possible.

Teachers felt that some children picked up a lot of misconceptions from the playground and from the media, resulting in inappropriate comments which often had to be addressed in SRE lessons. The strategy adopted was to discuss use of language with children and to explore the implications of certain words and sayings. Teachers noted that even negative statements by children could be opportunistically used explore a range of topics, such as prejudice or racism. This was sometimes done on an individual basis and sometimes as a class group.

6.5.7 Interagency Working

At a policy level, the working party overseeing the development of the regional policy included staff from nursery, primary and secondary sectors. Emerging drafts received comments from a school nurse group. LGBT Scotland was also involved in commenting on drafts although not included in the working party.

At an operational level there was also considerable contact between the school nurse, those teaching SRE and the children. The school nurse undertook a regular session with children and played an active role in following up questions arising from the 'Ask It Basket' where children posted questions or queries. This was viewed as important in both providing a health service dimension and in enabling the nurse to get to know groups of children on a sustained level.

The school nurse also participated in planning the SRE programme with school staff and exploring the implications of any new developments. This extended to going into the school and building up relationships with children more generally:

> She comes in and does things that have nothing to do with sexual health and the children get to know her on that level before she then goes on to talk about puberty. So she knows the children, you know, and she has a relationship. (Staff tutor)

For the school nurse this meant that she could anticipate difficulties or develop strategies that took account of different needs:

> (When you don't know the children) you can walk in and you don't know that that wee boy really is quite immature and he will be the one that'll go into fits of laughter. But if you have already got even

> just a small relationship with him, you kind of think, I'll let him away with it this time, you know.

In addition the school nurse took an active role with the staff tutor in training of teachers on SRE within the school. This was welcomed by teachers:

> Because when we have someone come in (to train) that is perfect. And at the moment I'm still working with the staff tutor and the school nurse. We all feel part of what she's doing and as I say she comes in and demonstrates…. And you felt like part of a team.

Teachers perceived the school nurse as providing a link for children making the transition from primary to secondary school. This continuity was viewed as a valuable source of additional support.

However as in other case study schools, there was little involvement with professionals beyond the school nursing service. At the time of the interviews, the school nurse was on sick leave and some questions were raised about whether the same service would continue to be available in future years.

6.6 Case Study 5

6.6.1 Reason for selection

This case study was conducted in a small (4.5 teachers) non-denominational village school. The school reported a regular turnover of pupils due to a policy of temporarily rehousing families in the area. A quarter of the children were bussed in from outlying areas. Selection of the schools was predicated upon its location within a Health Board which had provided an extensive programme of training for primary school staff. Additionally, the LA in which the school was situated provided a comprehensive set of materials to support the delivery of SRE. In particular this school was selected as the questionnaire response indicated that two staff had undertaken training.

6.6.2 Approach to the formal curriculum

The structure of the curriculum was defined by a package produced by the LA. A designated health and well-being co-ordinator employed by the LA had overall responsibility for producing and updating of the curricular package. Topics and themes were identified for each year group in the primary school and these were supported by suggested resources. *Living and Growing* was widely used, and this was enhanced by the provision of a linked set of resources designed by the Health Board.

The staff saw strong links between the health education aspects of SRE and the PSD programme of the school. This was evident in descriptions of how staff viewed the key messages they wished to deliver:

> A lot of it ties in with your PSD; it's about self respect and respect for others and it's about relationships, not just intimate relationships but relationships in general. So for us it is certainly much wider than just a sex element and the body functions and the names and that sort of thing, which is important. But in a way the moral issues, the relationship side of it is more important.

The teachers interviewed felt that they needed to develop this aspect of their teaching beyond that which was provided by the SRE classic *Living and Growing,* commenting that:

> There is a relationships aspect within Living and Growing, it's definitely there. But we do need to use, I think a much wider bank of resources. That in itself, if we had nothing else, there wouldn't be enough. But because you have everything else and you put it in with the wider resources and wider curriculum, it works fine.

Underpinning the LA guidelines was the notion of 'age appropriate' information. Certain key topics were deemed to be appropriate at specific points in the children's educational career. In particular, learning about menstruation took place in P5, and the school nurse delivered a 'girl talk' and a 'boy talk' to P7 pupils to form the basis of their learning about sexual intercourse. The age specific nature of this information was stressed in the

ground rules for SRE lessons in which it was agreed amongst the class not to discuss any of this information within earshot of younger children.

However, this led to some difficulties for a small school composed mainly of composite classes. How to manage the P4/5 classroom so that the P5 children were taught aspects of SRE without the P4 pupils being aware of what was being discussed, posed a logistical problem that was frequently mentioned as a key challenge to the staff. P6/7 classes caused similar difficulties.

In this school, boys and girls were taught together with no opportunities for single sex sessions. Presumably this would have been logistically difficult given the need to separate the P6 and P7 classes as well. However, when asked how they would feel about single sex sessions the girls expressed strong feelings saying:

> I would rather it.
>
> We would get more time to like actually ask questions, and wouldn't feel uncomfortable.
>
> You wouldn't get embarrassed in front of all the girls but you would in front of the boys.

The girls in this group also felt that some teaching methods were less embarrassing than others. In particular they valued the opportunities to do written work, especially worksheets as they felt these were private communications with the teacher:

> Sheets would be less embarrassing
>
> Interviewer: So you think worksheets are good…?
>
> You can actually say what you think

Although the LA issued clear guidance about the SRE curriculum, teachers reported a level of individual autonomy in the approaches they took, to meet the needs of the classes they taught:

> As long as the outcomes are being covered, we can, as any teacher would do, use our own personality and material; it's what you are comfortable with as well. And then, every class is different as well.

The notion of 'being comfortable' was a strong theme in the accounts staff gave of their SRE teaching, and linked with the training provided by the Health Board.

In addition to being guided by the LA, this school held a particular stance on SRE, which was promoted by the head teacher, and which she felt

was a result of her own training. This was the early introduction, and emphasis upon relationship education throughout the school. This was premised upon the encouragement of open communication, offering chances for children to explore choices and discuss issues openly. The head teacher offered the following account of the main messages which she tried to promote within the school:

> I think probably the main messages that we're trying to get across are about relationships… encouraging children to be able to identify where choices can be made at the simplest level, so we have started that programme early on in the school. So the main messages that we are trying to get across is really its OK to talk about these things and to get the words and so on out in the open, but really its to encourage the children to think for themselves.

6.6.3 Interagency working

Like other primary schools, this school drew on the services of the school nurse to deliver a talk on puberty in P5 and on sexual intercourse and reproduction in P7. The fragility of this relationship was clear from the fact that her recent illness had resulted in no Health Board input to the current year– there did not appear to be a system for covering for absence. Her illness also made her unavailable for this study.

Teachers remarked that they missed her input. They felt the school nurse had a role to play in supporting staff who were new to teaching SRE. By team teaching alongside the school nurse, a support was offered to those who were not yet fully comfortable with this role

6.6.4 Staff training

The level of staff training in this school was very high. Of four and a half staff, two had been trained in SRE by the Health Board. The head teacher had, in her previous post, undertaken this SRE training and felt that this had had an important influence on her stance as a head teacher, and the confidence she felt to place a strong emphasis on SRE.

Both staff who had undertaken this training reported that it had been transformational in their views of, and approaches to, SRE. In both cases it was now several years since the course, but they retained clear memories of the experience. The course had been three days in duration, which interviewees agreed was a considerable investment of staff time and of resources by the schools, LA and Health Board. The training sessions were delivered to a range of professionals working with children, including school nurses, youth workers and social workers – and this was reported as a strength of the experience. Hands-on workshops had introduced participants to the range of influences that impinged on young people's understanding of sex and relationships, such as magazines, TV programmes and web sites, giving staff some indication of the ways in which young people construct their knowledge in this area;

> A lot of the activities made you think, right, OK this is what the children are exposed to we need to be prepared for that. (Teacher)

Much emphasis of the training was to support teachers and others to feel comfortable in their delivery of SRE. As the head teacher remarked:

> I would (before training) probably have been the one with the red face had a child approached me about something, and a lot of the activities got rid of that. Everybody at training – we were using words that you would really not have thought you would ever be using, and it opened that up.

The class teacher who had undertaken training felt that it had been very helpful in helping her to understand how to set boundaries around classroom based discussions. Both teachers interviewed felt that the boundaries were a matter for professional judgement and that there was no prescriptive line between what could and could not be discussed in primary schools, but there was a judgement call to be made about what was appropriate in any particular setting. The teacher elaborated:

> That really has to be left to us to decide. That is something that was on the course as well. It was very much – you discuss what you think is comfortable and what you think is appropriate. So as a professional you have to use your judgement in these things as well. It's not something you can be pushed into talking about because somebody decides they are going to embarrass you or whatever. You are not going to take that on.

However, the head teacher was concerned by the reduced opportunities for staff training in SRE at the current time. She pointed out that, due to turnover, there is need for an ongoing programme of training to sustain the level of expertise.

6.6.5 Parental involvement

Interviewees recalled the moment when the new SRE curriculum had been introduced by the, then, new head teacher a few years ago. At this point a meeting had been held with parents/carers to discuss the changes. However, staff reported a disappointing attendance by parents/carers, and since then, information about the SRE programme had been sent home by letter, with parents/carers invited to view materials when they visited the school.

The school reported very little take up of the offer to view materials and no incidents of parents/carers voicing complaint or dissatisfaction with the programme. Nonetheless, staff were ever mindful of the potential for SRE to be a point of contention between the school and parents/carers and a number of comments were made about the potential for parents/carers to cause problems in this area. There appeared to be some stories in circulation about such events at other schools.

School staff interpreted the silence from parents/carers as satisfaction with the programme and indicative of the trusting relationships that were built up between the school and the families in a fairly small community. Staff did comment, however, that they were not sure that parents/carers really understood what SRE actually involved, as illustrated by this remark:

> I get the impression, I may be wrong, that parents/carers think that we're only thinking about the functioning rather than thinking about the whole thing, and the safety aspect.

For their part, the parents/carers we interviewed demonstrated very limited knowledge of what SRE involved. However, only two parents/carers attended the meeting in this school, so although their comments are interesting, they cannot be claimed to be representative of the parent body. The opinions expressed by these parents/carers concurred with the teacher's suspicions voiced in the quotation above. When asked for their views on the school's responsibility for teaching SRE to children, both parents/carers agreed with this sentiment:

> I think (school has responsibility for) the factual stuff; I think the moral stuff should be left to the individual.

When asked to express their views as to what was appropriate for the primary school curriculum, the parents/carers concentrated their remarks on the hazards of sex and strategies for safer sex.

> I think that bit of it should be really drummed in, the safeness of it. How dangerous – I have often said that to them.

Equally these parents/carers felt that primary school children should not be made aware of the pleasurable aspects of sex. One parent reported being horrified that her nine year old son had gleaned some knowledge about sexual pleasure, as described below:

> He said to me 'You have got a bit down below that if you touch it, it makes you feel good'. I nearly fell over. I said 'who told you?' And I was, like, 'I am not discussing that, that's disgusting, even though it's not.

Both parents/carers in this interview expressed the view that the school, rather then parents/carers had the main responsibility for teaching children about sex and relationships. One parent commented that she had little idea of what her daughter knew about sex and relationships:

> (She) never mentions anything, so to a degree what she knows and what she doesn't know I have no idea.

They had little expectation that detailed discussions of sex and relationships would take place in the home as their children grew up:

No there is nothing I would talk to them about apart from the basics anyway, I would never go into anything else. They find it all out themselves don't they?

6.7 Case Study 6

6.7.1 Reason for selection

The school was based in a suburban town with a predominantly white population. The catchment was relatively stable but had recently had introduced composite classes due to a drop in the school roll. This school had developed a new curriculum for SRE in collaboration with other primary schools in the same cluster and was selected for this reason.

6.7.2 Approach to the formal curriculum

The approach was nested in a strategy developed by the LA in line with national guidelines and in particular the Health Education 5-14 National Guidelines. In 2005 a working party which included teachers from this school produced an SRE pack which aimed to reflect the needs of school cluster area. As part of this remit, the working party viewed and edited the *Living and Growing* package and omitted sections which were deemed too explicit or using language considered inappropriate to the ages of children. Subsequently each head teacher was given a copy of the edited resource and consultation was undertaken firstly with teachers across the area and then, following amendments, with parents/carers. The programme was introduced in 2006 to the school cluster.

The comprehensive pack featured lesson plans including outcomes. The production of a planned programme which could be used in any of the schools was seen as important:

> Every school had exactly the same guidelines to follow. Because it is a close community it was very important because we didn't want, say, a school in (nearby community) to be taught a different area and then a parent talk to somebody else. So we were all singing from the same song book (head teacher).

The process of editing the *Living and Growing* tapes was time consuming but worthwhile in gaining the cooperation of all teachers:

> A lot of time was spent editing the contentious tapes…because we decided the contentious uncomfortable parts were the parts where they had the cartoons. There are three tapes which are edited versions and so far, we have never had feedback from any teacher from other schools, no negative feedback (teacher)

However it appeared that some teachers remained uncomfortable in dealing with this topic and some reliance was placed on the school nurse, to take on lessons if such a situation arose.

More recently, the P7 input had not taken place. A number of reasons were given for this: overload on the curriculum, the introduction of composite classes and anxiety about how children would react to the sections on sexual activity:

> We didn't manage to cover it last year, we just ran out of time, because it's one subject out of as you know, so many. (Teacher)

However a degree of uncertainty was also expressed by a teacher about delivering the content at this level:

> And it's the part that I have never taught, the actual sexual intercourse part of it… so I'll see how that goes …but again I feel that… it depends on how the children react. (Teacher)

The focus of the early years was on the emotional and physical aspects of growing up, 'the uniqueness of me' and how children's bodies change as they mature. A cross curricular approach was fostered, through science, religious studies, physical education, PSD, circle time science and environmental studies. In addition to *Living and Growing* which was the core programme, packages such as, *Tacade,* Family *Matters* and *Health for Life* were drawn on. Topics were revisited as required in the following years with a focus on reproduction, pregnancy and relationships in P7.

For one teacher the key messages were about encouraging openness and maturity about the topics. Others stressed maturation as a natural part of growing up, the importance of being sufficiently aware to keep safe and on creating a climate where children felt able to ask parents/carers for advice, to be able to act responsibly, confident and comfortable about discussing these issues.

Teachers emphasised the need to take account of the maturity and experience of different classes in planning the programme for each class. For example one P5 were given a talk on periods since they were deemed to be 'ready' for it but this was deferred for another group on the grounds that they were less mature. This judgement was exercised in the light of knowledge of the children, perceptions about their stage of development and their understanding of the topics:

> Up the school you can always begin by finding out what they know and linking it back as I am saying. Although it was primary 5, I felt it necessary to link back to P3, especially in the beginning when we were starting SRE in P5 but they had missed the primary 3 section talking about individual differences. (Teacher)

Parents/carers also felt the optimum time for SRE was difficult to assess:

> If you cover it too early they are not going to absorb any of it, they are just not going to take it in and they are just going to giggle … and if you leave it too late then…

It was clear then, that the guidelines provided a framework but that, despite the claim that it would be used similarly in all schools; the programme was modified and adapted by teachers within this school.

Children could raise questions either anonymously or directly in class and teachers reported a need to respond carefully to this, in some cases on an individual basis and in others taking a whole class approach. Teachers emphasised the holistic nature of the topic and how it could be accommodated into everyday activities and expressed a broad welcome to the *Curriculum for Excellence* as offering opportunities to nest SRE within other curriculum areas.

Parents/carers and teachers viewed teachers as generally overloaded and there was some consensus that they lacked the expertise of the school nurse. However the school nurse was seen as having only an occasional presence in the school which rendered her an unlikely source of advice and support to young people. Both groups also reported that some teachers would be embarrassed at taking on this role.

6.7.3 Informal Curriculum

Consideration of the whole child was seen to underpin the approach and this hinged on building up good relationships between children and staff:

> If we have got a positive relationship with the children we are not judging we are just educating them. If somebody has got a real problem then hopefully they will have a relationship with their class teacher or me or whatever, that they can come and speak about it. (Programme co-ordinator)

Achieving a balance between encouraging appropriate responses and openness among the children was viewed as inherently problematic by these teachers:

> (Children have) been quite open and so on to the point where sometimes it was inappropriate, where girls were talking about sanitary towels and things, and boys were sitting there. Yes it's to be natural; its part of life, but there is appropriateness as well. (Teacher)

Adverse publicity about the introduction of the *Living and Growing* Pack had created some anxiety amongst staff:

> It made everyone feel uncomfortable about it, teachers saying I am not even going to go there. I don't want to be on the front page of the news. (Teacher)

Teachers emphasised the ways in which embarrassment inhibited frank discussion of these topics in the wider society and that developing an open ethos in the classroom could have an impact beyond the classroom.

However they also recognised that this might not be the case in every class in the school.

6.7.4 Staff support/training

Overall the staff group were viewed parents/carers as generally supportive of the approach taken by the school to SRE:

> We are very much a staff that supports one another and even the parents as well, we get good support from the parents and if we are feeling, which hasn't happened but if there was something, I would imagine that you would discuss it with the head or your stage partner. (Teacher)

Within the school there was also support for those who felt uncomfortable about dealing with SRE:

> There is support there and as (a colleague) said, if anybody felt so uncomfortable about it we would get round it, you know in some way. I think every link in the chain is important, like any chain, because at the end of the day it is a progression from primary 1 to 7 and if one person opts out then…they have to realise there is a responsibility for the children and their colleagues. (Teacher)

Cluster training via in service days was on offer but there had been little recent take up of this. However within the school, the programme co-ordinator and principal teacher had undertaken training and cascaded this to others in the school.

6.7.5 Parental Involvement

Parents/carers interviewed for this study, were in broad agreement with the approach adopted by the school and appreciated the 'natural' approach which reinforced what they were already doing, acted as a counterpoint to TV and playground talk and tackled topics that children might not raise in the home. One parent felt that for some children, talking to someone that they don't know very well could usefully complement efforts inside the family. Another expressed a need for a balance to be struck between providing children with enough information and not destroying the spontaneity or romance of relationships.

A considerable amount of planning had gone into the launch of the SRE pack to parents/carers with an evening session organised for all schools in the catchment:

> Once the pack was made up it was circulated around the head teachers of the (local) Learning Community who then looked at it and then it was after that, we decided as a community that we would have a parent's consultation. A letter was sent out to all parents and they did this as a (local) Learning Community as well, to invite parents to come here to listen and the working party got

> together again and we launched the SHRE.[6] We did workshops to let the parents see the materials we were using, gave them the background of why we were doing this. (programme co-ordinator)

The attendance included some parents/carers who were uncomfortable with the new curriculum but nevertheless the programme went ahead and appeared to be well received by parents/carers at this school:

> I think the general feeling from parents is that they are quite relieved that it's being developed in the school (head teacher)

However parents/carers felt that they did not receive much information about the SRE programme itself. In particular they would have welcomed some warning of work on sensitive topics:

> It would be a good idea for parents to be warned just to be aware of something, because the children are different and girls especially might want to come home and talk to their mum about it.

However it was clear that parents saw the school as open to discussion on these topics and it was agreed that the leaflets and booklets which they provided were useful. For some parents however, the use of education 'jargon' was discouraging and excluding. General parents/carers' nights were viewed as offering useful information.

There was recognition by parents that teachers may be approached about personal matters that some children felt unable to broach at home. Some debate about the implications of this took place in the focus group. A number of parents felt that teachers should be given guidelines about which topics are open for discussion, in order to protect them. However, the parents were unclear about 'where the line should be drawn'.

6.7.6 Diversity

Parents in this group considered that sexual orientation was a legitimate topic for SRE in primary schools. They placed strong emphasis on the importance of respectful, loving and established relationships and were less concerned over whether these were same sex or heterosexual relationships.

For some, it was important to introduce this topic at the 'right time' although this was not specified. However parents were reluctant to expose children to any detailed information at this age:

> I think it is important, probably. Maybe not in the earlier stages of primary school but maybe in the later stages that homosexuality is mentioned. Obviously, without going into detail about any kind of physical acts, but I think it is important that it is mentioned just so that it is considered as a possibility .(parent)

[6] In this school the term Sexual Health and Relationship Education (SHRE) was used

The parents interviewed viewed poor parenting (by others) as likely to reduce opportunities for support with SRE. Hence it was felt that the school had a legitimate role in compensating for this:

> They are not going to get the same input as what maybe we would give to our children, and it's not the child's fault. They get left to wander; they just get left to have their own life. (Parent)

6.7.7 Interagency working

This was a more problematic aspect of the programme partly since access to the school nurse was sporadic, even for the talk on puberty which was regarded as a fundamental element of the work. In addition health promotion staff were thought to be scarce. Teachers reported that they had to be booked up months in advance and often meetings were postponed or cancelled. As a result inter agency work was less evident in this case study than in others.

6.8 Children's perspectives across the case studies

A mix of games and discussion formed the basis for the focus groups with children and young people. These participative instruments included vignettes, card selections and filling out diagrams on flip charts, and a 'secret box'. All were designed as informal and light hearted approaches which would encourage discussion on the key areas. All were devised by the research team.

The sessions explored:

- Children's views of SRE programmes and the teaching approaches adopted
- Children's views of who could be trusted to provide helpful information and advice,
- Other sources of information and advice

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6.8.1 Views on SRE programmes and teaching approaches

The children expressed positive views about the SRE programme in their schools. Most gave clear accounts of work that they had done, and volunteered opinions on how it was best approached. Discussions included consideration of how school work related to home based approaches and other sources of information.

Topics covered included respecting difference, supporting friends, making healthy choices, changes in the body, naming body parts, feeling good about yourself. Keeping safe was emphasised in some groups but not covered at all by others.

Certain approaches adopted by schools were highlighted as useful and few approaches were excluded overall. DVDs, circle time, interactive white boards, worksheets, group work and sessions with school nurses were all highly popular although some caveats were expressed about appropriate methods and timing of SRE. Drama, where it took place, was highly rated, as described below:

> Yeah the people from the high school showed us, people from the high school came in and acted out the bullying as well, that was quite good, to see it…instead of you being in it, seeing other people.

Some groups emphasised the value of a mix of methods rather than a single approach. Children provided thoughtful and clear views as illustrated by the replies given by one group to a question about circle time being a good place to do SRE compared to a whole class approach:

> Just because (in the circle time) we're more close to each other and so we don't have to speak aloud…and it's easier to keep quiet because you have to report to them or be given permission….

because if it is just normal (class) people start shouting out…we've got a little tablet that we pass…so if you hold the tablet you control it and if you're not holding the tablet you have to be quiet.

In some settings circle time only took place up to P5 but it was popular with participants in this study who looked back on it as a useful and enjoyable way of learning about a range of topics and raising some issues that they were concerned about.

For some the opportunity to ask questions or raise queries anonymously was very important and for this reason, 'ask it baskets' and suggestion boxes were useful in alerting staff to issues that were 'bugging' individuals and which could then, they hoped, be discussed more generally in the SRE programme. This illustrates the balance that exists for children in school between the desire to explore SRE fully, whilst avoiding embarrassment or potential ridicule.

Links with other areas of the curriculum were considered to be important although many of the references were not explicit. Children made connections between work on themes such as trust, looking after yourself and your friends, making choices and SRE and understood underlying themes well.

Children were also able to describe settings in which they felt SRE was *not* a suitable topic for discussion, such as whole school assemblies. It was evident that many felt that SRE was appropriate for certain age groups and that a need existed to 'protect' those deemed to be too young or not 'ready' for aspects of the topic. This resonates with teacher perspectives on the notion of children being 'ready' for certain aspects of SRE. It was clear that young people were strongly influenced by key teachers on these topics. However related issues such as bullying were considered to be appropriate for all pupils which suggests that it was the more sensitive or explicit elements of SRE, that they saw as problematic. This was mentioned in a number of groups:

Interviewer: What about assembly, do you do any (SRE) in assembly?
Boy: No, because there is young people
Girl 1: There's too many P4
Girl 2: They don't know much about it
Girl1: I don't think we do that (in assembly) because we are normally in with all the school so it's like P1 to P7 so…we don't talk about since P1 to like 3 are there.

In one group of P7 girls, some uneasiness was expressed about dealing with sex and relationships in school. Some girls said that they felt they were too young for this information. However this was a minority view with the majority of young people feeling comfortable with the timing, pace and content of the SRE offered in the school setting.

6.8.2 Asking for information and advice

The key issue in choosing whose information to value and who could be approached with questions was the issue of trust. Young people expressed very clear views about where they were likely to seek help with these issues, and there was some variability between responses, depending on the key relationships in individual's lives.

The school nurse was frequently mentioned, and the input was widely valued. The role of the school nurse was consistently described as covering changes in the body and she was viewed almost unanimously as the expert in this area. Another important aspect of the work with school nurses, was the opportunity to meet in single sex sessions and for many young people of both sexes this format was the real attraction of these lessons:

> Boy: She talked to the girls and she talked to the boys. She talked to the girls and she asked us and showed us about the stuff that we have to use… and we got some given to us as well. I think we're visiting her again, I'm not sure.
> Interviewer: So was that quite helpful?
> Girl: Yes.
> Interviewer: Do you think it's good having a talk with the school nurse as girls and as boys, separately, or do you think it's better doing it all together?
> Girl: Separately.
> Boy: Separately.
> Girl: Sometimes mixed.
> Interviewer: What sort of things do you need to do separately and what sorts of things are better mixed?
> Girl: Like what the boys have to do and what the girls have to do.

In addition to being good sources of information, school nurses were often referred to as being approachable. In such cases, the school nurse provided an important link between primary and secondary school being the one professional who saw children in both settings.

Few other visiting professionals were mentioned as having a role in primary school SRE. In one school a drama group provided an important external link while one of the few references to youth workers focused on a group which worked with young people in primary school and continued into SI. In another school, the staff tutor was referred to as a reliable and consistent source of information and advice but this was exceptional.

Overall there seemed to be a clear demarcation, in young people's minds between the role of teachers and other school staff in relation to SRE. Few non-teaching staff were mentioned as having a role in SRE. Teachers were universally regarded as sources of reliable and useful information. However, the importance of good relationships with those teaching SRE was reiterated across the groups interviewed for this study. Some teachers were described as approachable, easy to talk to and willing to answer questions. Continuity of relationships was also rated as important. Openness on behalf of

the teacher encouraged children to feel confident that they could seek information positively, as illustrated below:

> Girl: Well we use the Mind Maps to see what we already know and if you want to learn more…. like what you think is most important… maybe there's something you want to know more about.
> Interviewer: Alright.
> Boy: The teacher tells us like important things that could happen to you as you get older.
> Interviewer: And then what happens? If you said on your Mind Map I want to know more about this...how do you find out more about it?
> Girl: Because Miss X organises work sheets and stuff, or she'll like organise a discussion for the class or sees if other people know about it, and then she makes sure we know the stuff.

However, some girls were uneasy about the idea of a male teacher dealing with SRE topics and suggested that boys too were uncomfortable hearing about this from a female teacher. Moreover some felt that they learned less in mixed sex sessions since there was more distraction. Some consensus was evident among both boys and girls that they needed to know different things. This usually centred on issues of puberty, periods and maturation.

Parents/carers were referred to frequently as important but, perhaps unsurprisingly, mothers appeared to be the parent most likely to be on hand to help with this, for both boys and girls. One group of girls talked about how they often discussed such issues openly with parents/carers but a number of children expressed reluctance to engage with parents/carers at all on this subject. Fathers were viewed with more ambivalence by girls, and some boys, although for a few, fathers were an important source of advice. Mention was sometimes made by girls of parents/carers providing books that linked into school based SRE.

The role of the wider family as a source of reliable information was complex. Brothers were generally dismissed by girls although girlfriends of older brothers were sometimes useful as were older sisters. Grandparents/carers could sometimes offer support but some were viewed as unlikely to talk about these issues and some lived at too great a distance for this to be feasible. This also applied to extended family members who were living too far away to be sources of advice or information and overall it was clear that proximity and accessibility was important.

The complementary roles of home and school were identified by some children. For example, the opportunity to discuss issues with family after time to reflect and digest information provided in school was raised by one pupil:

> You don't really think about the stuff when you're there but when you go home you tell people about it and then you actually think about it yourself and then you kind of get the meaning that's under all the stuff.

In the following excerpt, the boys viewed their teacher as the authority on the topic but they felt more comfortable in discussing SRE related issues with their family:

> Boy 1: Because (teacher) she's trained and she's got the right information.
> Boy 2: And we know her.
> Interviewer: Are there any disadvantages to teachers covering it?
> Boy 3: Maybe if you do it with your mum and dad and friends you could be more comfortable around them. And teachers you can't really tell too much about it.

Friends were seen as very important confidantes, and talking to friends was repeatedly referred to as an important resource in making sense of, and coming to terms with new information. However, some ambivalence was expressed about the credibility of information given by friends of the same age. Older friends and people who 'have been through it' were viewed as more reliable sources. 'Knowing' someone in secondary school was important for young people and helped to smooth the path into this different setting. Young people again seemed to be making links between aspects of SRE and relationships more generally. Thus young people were selective in how they sought, digested and shared information.

6.8.3 Other sources of information and advice

When asked about other ways of accessing information, the participants demonstrated an awareness of a range of sources of information, although some were viewed with a degree of caution.

Some girls felt TV would not be a useful source as information was necessarily restricted for younger viewers. By contrast others reported that TV could sometimes offer frightening themes about sex and relationships. Another group felt that news or current affairs on, for example, the McCann case, could help in devising strategies for keeping safe.

The internet was also valued as offering anonymity but participants seemed well aware of potential dangers and most felt that care had to be taken to access the 'right' sites.

In the following quotation a book was deemed useful since it had information, it allowed the individual to learn at their own pace and the writer was a woman. However it was clear that the reader used this selectively and avoided or rejected information that did not 'fit' with her own feelings and framework:

> Girl 1: I read a Jacqueline Wilson book and it had all this stuff inside it about periods and growing up.
> Girl 2: She put that in a book.
> Interviewer: In a novel, and was that useful or was that just…

Girl 1: No, just, my mum said, oh is that a good book and I said, "It's okay!" When I saw some of it, I just skipped a few pages and just read the clean bits.
Interviewer: So do you think a book's a good way of learning about these things?
Girl 1: Sometimes.
Girl 2: Yeah, because you can read it on your own.
Girl 1: Yeah, because if it's a girl that's written it or something, then she would know what it's like, because she's been through it.

6.8.4 Summary points:

- The open ended questions and activities about SRE generally evoked responses around the sex education classes of the upper stages. When prompted, the children commented on other taught aspects of SRE but demonstrated little awareness of the impact of the informal curriculum
- The children had experienced range of teaching methods, and identified the value of different methods. For example some opportunity to raise questions privately in the class setting (e.g. through individual written work, or though anonymous question boxes) was seen to be important alongside more public whole class approaches
- The importance of good relationships with the adults delivering SRE was repeatedly mentioned. Young people recognised and valued open and honest discussions around SRE, and needed to be confident that their comment and questions would be treated sensitively
- Children valued single sex discussions at key points in their learning
- Children demonstrated an active role in constructing their knowledge about SRE, seeking information from sources they trusted
- The complementary roles of parents/carers (particularly mother) and school in the development of their understanding of SRE was identified by a number of participants. However, a minority of pupils were reluctant to have these discussions with parents/carers.

6.9 Cross Cutting themes from case studies

Each case study school presented a unique and complex setting, in which the influence of the various elements of the school and wider community came to bear, resulting in a range of different approaches to SRE, as described in the individual case studies. Here, we report here key issues that ran across the sample of case studies, emerging as significant matters in the delivery of SRE in the primary school.

6.9.1 Curricular guidance versus teacher autonomy

- All case study schools recognised a need to begin SRE early in the primary school and this was in line with findings from the literature review.
- Where LA frameworks and guidelines were in place, programmes were structured broadly in accordance with these, with schools appreciating the guidance offered
- However, programme fidelity was often sacrificed to professional judgement over what was appropriate to the context or the perceived needs of the children and young people. This was not the case in the Roman Catholic school, where the programme defined the boundaries of what should be taught.
- This notion of professional judgement was consistently drawn on to maintain control over the direction and pace of the programmes. This led them to treat so-called 'sensitive subjects' with caution and to adopt a number of strategies to protect themselves and the pupils
- Teachers clearly felt that they could be held accountable by parents/carers for overstepping what were often very unclear boundaries.

6.9.2 Teaching approaches

- Teachers were well aware of the cross curricular links with PSD, and the importance of the informal curriculum for SRE. There was a clear understanding of notions of 'holistic' approaches to relationships education, and sustained efforts to create a caring and supportive school ethos.
- However, teaching methods used in upper stages SRE frequently adopted fairly traditional adult led pedagogies, and this appeared to be linked to a need to control the flow of information.
- Genuinely interactive work in which children were actively involved was rare but was highly regarded when it did take place by staff, parents/carers and children (See Case Study 2).
- Assumptions about the 'readiness' of individuals, classes and year groups underpinned the approach in a number of schools. For example, teachers with composite classes to adopt cautious approach for fear that younger children might overhear lessons regarded as too advanced for them. This notion of 'polluting' the minds of younger children was powerful.
- The willingness to engage with 'ask it baskets' and informal advice was variable among staff – all were prepared in principle but some found

control an issue. However children were highly positive about this as a method for raising issues and questions that they felt unsure about

6.9.3 Teacher confidence and training needs

- Teacher confidence was a recurring theme, linked to teachers being comfortable, concealing embarrassment and lack of confidence over levels of knowledge
- Some interviewees expressed a desire for more training in SRE
- Those interviewees who had experienced training in SRE were enthusiastic about its transformative effect on attitudes, understanding and confidence However, most training had taken place a number of years ago
- CPD training on SRE appeared to be sporadic and where it existed, it was poorly taken up by teachers
- In house training was generally more common and also very well received. We heard no adverse evaluations of training. Often training was undertaken by a 'champion' within the school
- Training was a key mechanism in addressing the fears and uncertainties of teachers and of building confidence

6.9.4 Parents/carers

- In spite of fears of complaint, most teachers believed that parents/carers generally supported their work, and this was confirmed by parent interviews
- Parental involvement was largely in the form of information giving sessions rather than detailed consultation. The style of communication was very reactive to assumptions about possible negative feedback
- There was very little evidence of parents/carers withdrawing children from SRE and where this had been raised schools had usually been able to assuage parental fears and persuade them to allow their children to remain in SRE classes
- Parents/carers in the study felt that the information available to them was often limited and would have appreciated more contact in order to inform their own attempts at SRE in the home.
- The parents/carers in this study expressed diverse views about their own role in supporting and educating their children about sex and relationships. Overall, however, they emphasised the importance of school based SRE programmes
- Where schools adopted the practice of referring children to their parents/carers in response to a 'difficult' question, this would not always result in a satisfactory outcome for the child.
- Where children were encouraged to raise SRE issues in the home, there was evidence of more sustained interaction between school and family SRE

6.9.5 School nurses

- School nurses were the most frequent non-teaching staff involved in SRE in schools

- School nurses were popular with both children and teachers as offering an alternative voice, were viewed as experts and as acceptable professionals and able to offer a confidential role (this was stressed less in this study than in the study of secondary SRE).
- Their major role was a one off lesson on puberty, often undertaken in single sex groups
- They were often viewed as offering some continuity between primary and secondary school for teachers and pupils
- In some cases school nurses were drawn in as experts to answer questions, to deliver additional sessions or even in the planning of the curriculum
- The changing role of school nurses meant that their presence was uneven and unpredictable in schools. Schools, and school nurses, were concerned that this service may be less available in the future.

6.9.6 Children's perspectives

- The children had experienced a range of teaching methods, and identified the value of different approaches. For example some opportunity to raise questions privately in the class setting (e.g. through individual written work, or though anonymous question boxes) was seen to be important alongside more public whole class approaches.
- Our open ended questions and activities about SRE generally evoked responses that were largely around the sex education classes of the upper stages. When prompted, the children could remember other aspects of SRE but demonstrated little awareness of the impact of the informal curriculum
- The importance of good relationships with the adults delivering SRE was repeatedly mentioned. Young people recognised and valued open and honest discussions around SRE, and needed to be confident that their comment and questions would be treated sensitively.
- Children demonstrated an active role in constructing their knowledge about SRE, seeking information from sources they trusted
- The complementary roles of parents/carers (particularly mother) and school in the development of their understanding of SRE was identified by a number of participants. However, a minority of pupils were reluctant to have these discussions with parents/carers
- A repeating theme raised by girls in the studies was the desire for some time spent in female only groups, to provide opportunities to discuss their developing bodies without the embarrassment of male participants
- Many girls stated that they would only seek information from female confidantes such as mothers, sister, friends
- For their part, a small number of boys raised the issue that they received their education from women, either female teachers or school nurses. Whilst they respected the knowledge base of their educators they expressed some doubt as to whether they really understood how boys felt about SRE issues.
- Boys were less gender specific about seeking advice, with some preferring their mothers, others looking to male relatives.

7 Synthesis

In this section, the themes emerging from the literature review and the three strands of the mapping exercise (LA survey, school survey and six case studies) are drawn together. The issues which run through the data, identifying commonalities and differences between the perspectives uncovered in data collection are teased out in order to inform future discussion.

7.1 The case for SRE in the primary school

Despite a lack of high quality experimental evidence for the effectiveness of SRE delivered at young ages in promoting health and wellbeing, the literature makes the case for introducing SRE in the primary school, on the grounds that puberty, for many children, occurs before their transfer to secondary school. Equally important is the need to support children to make informed choices, which will help them to avoid difficulties in their teenage years. Some evidence exists that young people who possess basic knowledge about their bodies tend to believe more in their own decision making abilities in early adolescence (Juhasz, 1983). This concurs with findings in the review of SRE in Scottish secondary schools (van Teijlingen *et al.,* 2007).

Clearly, participants across the study were also committed to developing SRE in primary school for similar reasons. All responding LAs expected primary schools to deliver SRE as part of their planned curriculum, and many LAs had implemented a range of supporting mechanisms for schools.

Survey and qualitative accounts highlight the importance placed by parents, educators and young people themselves on making sense of their bodies, their relationships and the increasingly sexualised world in which they live. Although there is a strong desire not to intrude upon childhood with adult concerns, there is evidence that early puberty, media focus on the sexual side of events and the need to keep children safe from abuse all lend weight to the demand to address SRE issues in primary schools.

Despite this, there was some evidence in the study (confirming findings in the literature review) of fears about unfavourable press coverage, which resulted in cautiousness in the approaches taken. The questionnaire responses from schools indicated that whilst the teaching of SRE in primary schools was widespread, it was not universal. A small minority of responding schools (4.3%) stated that they did not formally teach SRE.

7.2 Guidance for primary schools in teaching SRE

In Scotland, LAs hold responsibility for the governance of their schools, in accordance with national guidelines. This administrative arrangement is not the case in other countries; hence the literature has little to say about the relationship between schools and LAs in respect of SRE.

Whilst all LAs accepted their responsibility to guide primary schools in their delivery of SRE, the interpretation of this role varied widely. The majority of LA participants (22) were aware of a formal written policy, but a substantial minority did not think such a document existed. However the absence of formal policy did not necessarily indicate an absence of support for schools, as some of these LAs provided evidence of extensive guidance.

The extent of the guidance offered by LAs was variable, with some detailing exactly what should be taught, when and how it should be taught, with provision of teaching resources and materials. Others offered less prescriptive guidelines, and some simply referred schools to the national guidelines, leaving the responsibility for curriculum planning with the school. Whilst LAs showed awareness of the holistic nature of SRE, and the need to locate it within an ethos of respectful relationships, most of the guidelines focused on the content of the formal SRE curriculum. There was little evidence of guidance towards an understanding of the diverse needs of different groups of pupils.

Roman Catholic schools, whilst bounded by national guidelines, looked to the SCES for guidance, and in some cases the local diocese was also active in producing guidance.

The questionnaire responses from schools indicated that non-denominational schools sought guidance from a range of sources other than the LA, including, most commonly, the Scottish Government and Learning and Teaching Scotland. Schools appeared to welcome and actively seek guidance. However, they perceived themselves as operating a delicate balance between adhering to guidelines that had been generated by bodies outside the school, and meeting the needs of classes or individual children with whom they worked. There was clear evidence in the case studies of teachers adapting programmes for reasons they believed to be in the best interests of their children. At the same time some staff expressed concerns at potentially being held to account for transgressing what were in some case unclear boundaries.

A different approach was evident in the denominational school selected for case study. Here the local diocese provided a detailed programme of study, to which the teachers were obliged to adhere. This provided a high level of consistency across the school.

7.3 Training and support of staff

The literature review provides evidence of some teachers being uneasy with the role of educator in SRE, and this was echoed in the empirical findings. Eighteen LA representatives made reference to teachers' reservations about their confidence to deliver SRE, indicating a widespread need for staff training. However, the availability of SRE training for primary staff was patchy across the country, with some LAs more active than others. In some cases training had been more active in the past, but had reduced in recent years. LA questionnaire responses indicated widespread problems with the provision of training mainly associated with logistics, such as cost, time,

availability of staff, issues of staff cover, distance of travel (cited by a rural LA) and competing curricular priorities. Some also mentioned the reluctance of teachers to engage with the topic as a barrier to effective training. There was little evidence of training for non-teaching staff, although not all LAs were aware of the training available for school nurses.

Equally the school responses indicated a variable level of training. Less than half (42%) of schools reported some level of staff training although it was unusual for this to extend beyond one or two members of staff. A quarter (24%) of schools had no SRE trained staff, and in 52% of schools the staff currently responsible for SRE delivery were not trained.

One of the factors that guided the selection of case study schools was evidence of staff training, so the schools we visited were not typical of the national picture in this respect. Where staff had been trained, they reported a considerable impact on their understanding of the issues facing young people, and an increased confidence in their ability to deliver SRE. In the schools where a head teacher had undertaken SRE training at some stage in his/her career, the effects of this could be seen in the priority placed on SRE within the curriculum, and in the approaches adopted. However, for many of those who had received training, this was now a distant memory and the opportunities for updating seemed to be limited.

Where staff identified a training need in themselves this was usually in relation to the content of the P6 and P7 curriculum. Teachers expressed most anxiety around the boundaries of the subject in primary school, and about how to handle questions from pupils about more advanced or sensitive topics.

7.4 Partnership with parents/carers

The language of partnership between schools and parents/carers is evident in the literature and widely embraced by the participants of this study. However, the fear of parental complaints identified in the literature was also widely reported at all levels across the study, resulting in practice in a rather cautious engagement with parents/carers around SRE.

At a strategic level, only two LAs reported parental input to their policy making. The majority of LAs encouraged schools to provide parents/carers with written information about the SRE curriculum, and / or to provide information at parents/carers evenings. It was less common to encourage parents/carers to take an active role in curriculum planning.

In keeping with this approach the school questionnaire responses indicated that 79% of responding schools did send information to parents/carers with 69% inviting parents/carers to contact the school if they wished to discuss the SRE curriculum. Half (51%) reported hosting SRE events for parents/carers.

However, the case studies demonstrated that engaging with parents/carers on this topic is not a straightforward process. Where efforts

were made by schools to hold meetings with parents/carers these were often poorly attended. Hence it was not easy to gauge parental opinion, and schools remained wary of potential difficulties. In reality, parental complaint was rare.

Parents/carers interviewed during the case studies held a variety of views about the school's role and their own role in SRE, and about the type of information that should be covered. Some parents/carers looked to the school to take the main responsibility for SRE; some felt it was a private family matter, whilst others viewed it as a shared undertaking. There was a range of willingness to discuss SRE with their children, with some parents/carers almost completely ignorant of what their children did or did not already know. This range of interpretation by parents/carers of their own role perhaps underlines the difficulties that schools face in meeting parental expectations. However, regardless of their feelings about their own children, the parents/carers were appreciative of the need for universal provision of SRE, and generally supportive of the efforts of the school to offer this.

7.5 Interagency working

Collaboration with Health Boards was by far the most common interagency relationship reported. At a strategic level, Health Boards had a role in the drafting of policy in all LAs where one existed. Two Health Boards had taken a leading role in producing curricular guidelines adopted by neighbouring LAs within the Health Board. Where training was offered to staff this was usually led or jointly delivered by Health Board staff.

However, the types of policies cited by LAs were almost universally education policies i.e. aimed solely at schools. In only two cases were the sexual health policies written to apply across children's services.

The delivery of SRE in the upper stages of primary school was very widely supported by an input from the school nurse. This was reported in every responding LA, and in 75.2% of school questionnaire responses.

We found no evidence in this Scottish study of the type of distrust reported in the literature review from studies elsewhere. Conversely, the case studies revealed a high level of trust in the school nurses on the part of teachers, pupils and parents/carers. The school nurses interviewed in this study articulated a strong belief in the value of this aspect of their work. Most commonly the school nurses were called on to introduce children to the more biological aspects of the topic, in the form of one-off sessions about puberty and / or sexual intercourse, pregnancy and childbirth. In some schools this was seen as an opportunity to deliver single sex sessions about the more intimate aspects of the topic. In others it was seen as a team teaching opportunity with the class teacher, and used as a support for teachers who were delivering these topics for the first time.

However, it was clear from the case studies that input from the school nurses was under threat. Staffing shortages in the Health Boards and other

priorities e.g. immunisation meant that the existing staff were thinly spread, and there was no cover for absent school nurses. Different management strategies also impinged on the consistency of school nurse involvement in this area. We heard of several cases of classes missing their input from the nurse due to illness (and we were unable to interview the school nurses in some case studies for this reason). Nurses themselves spoke of changing priorities within public health leading to new models of working, pointing to an uncertain future for the collaborative delivery of SRE.

7.6 Teaching and learning

Although some LAs provided materials and curricular guidance for the delivery of SRE there was little direct advice about suitable pedagogy, other than the occasional mention of discussion.

However, the literature review did offer some insights into 'what works', albeit from studies of secondary school children. Evans and Tripp (2006) highlighted the importance of taking account of young people's subjectively experienced realities. These authors drew attention to the value of peer education, pointing out that pupils will learn different things from their peers than from an adult. This was echoed in findings from the interviews with children who were judicious in their assessment of support and advice from adults and peers.

This philosophy chimes with the general approaches to teaching and learning that can be seen across modern primary schools in Scotland, with an emphasis on pupils as active constructors of knowledge, and a leaning towards project-based group work. However, in the delivery of SRE knowledge is bounded by what is deemed 'age appropriate' and much of the teaching is designed to protect pupils from too much knowledge at too early an age. Consequently, our findings in Scotland resonate with the observations of the literature review, that teachers adopt a more traditional didactic approach to teaching SRE, particularly in the upper stages of primary school. Evidence of pupil-led approaches was scarce.

7.7 Views of what should be included in the primary school curriculum

From the school questionnaire there appeared to be fairly consistent support for the inclusion of basic factual information about personal hygiene, puberty and reproduction within the primary school curriculum, and the need to locate the topic within the wider aspects of respectful and trusting relationships, and self respect. It was widely acknowledged that young people should enter their adolescence with sufficient information to be able to keep themselves safe. However the responses to questions about more potentially sensitive topics such as contraception, sexually transmitted infections, gender stereotypes and discrimination elicited a wide variation in opinions from school staff as to whether they should or should not be included, and whether they should be discussed if raised by the children. Notably, the denominational schools were fairly consistent in their responses with 76% feeling contraception should not be discussed, even if raised by the pupils, and 70.6% unwilling to discuss sexually transmitted infections.

Overall, the findings from the questionnaires and the case studies confirm those of the study reported in the literature review (Price at al 2003) that teachers were more likely to discuss factual questions related to the curriculum with the class, but were less comfortable with questions requiring a value judgement, or with questions that led them beyond what was deemed to be 'age appropriate' according to the curriculum. These types of question were more likely to be answered in a private conversation, or in some cases referred to parents/carers. However, given the wide discomfort that some parents/carers expressed about discussing SRE with their children, it was likely that some questions referred to the home would remain unanswered.

7.8 Children's perspectives

In common with the literature review, our open-ended questions and activities about SRE generally evoked responses that were largely around the sex education classes of the upper stages. When prompted, the children could remember other aspects of SRE but demonstrated little awareness of the impact of the informal curriculum.

The children had experienced a range of teaching methods, and identified the value of different approaches. For example some opportunity to raise questions privately in the class setting (e.g. through individual written work, or though anonymous question boxes) was seen to be important alongside more public whole class approaches.

The importance of good relationships with the adults delivering SRE was repeatedly mentioned. Young people recognised and valued open and honest discussions around SRE, and needed to be confident that their comments and questions would be treated sensitively. Children demonstrated an active role in constructing their knowledge about SRE, seeking information from sources they trusted. The complementary roles of parents/carers (particularly mother) and school in the development of their understanding of SRE was identified by a number of participants. However, a minority of pupils were reluctant to have these discussions with parents/carers

A repeating theme raised by girls in the studies was the desire for some time spent in female only groups, to provide opportunities to discuss their developing bodies without the embarrassment of male participants. Many girls stated that they would only seek information from female confidantes such as mothers, sisters or friends. For their part, a small number of boys raised the issue that they received their education from women, such as female teachers or school nurses. Whilst they respected the knowledge base of their educators they expressed some doubt as to whether they really understood how boys felt about SRE issues.

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9 Appendices

9.1 Appendix 1. Sampling strategy

- There are 2159 primary schools across Scotland (not including special or independent schools).
- The target was to receive responses from 20% of schools across Scotland
    - Therefore 2159/100x20=431.8 required responses.
- To achieve this we have decided to send out questionnaires to 30% of schools (with reminders for those who do not respond)
    - Therefore 2159/100x30=647 questionnaires sent out in total.

- Schools can be broken down by denomination (strata 1) (see table 1)

Table 1: Schools broken down by denomination

School Type	Number (nationally)	% (nationally)
Non-denominational	1827	84.6
Roman Catholic	328	15.2
Episcopalian	3	0.05
Jewish	1	0.14
Total	**2159**	

- Then by area type (strata 2) (see table 2)

Table 2: Schools broken down by area type

Area Type	Number of schools in these areas (nationally)	% (nationally)
Accessible rural areas	455	21.075
Accessible small towns	164	7.596
Large urban areas	543	25.151
Other urban areas	500	23.160
Remote rural areas	430	19.917
Remote small towns	67	3.103
Total	**2159**	**100.002 (due to rounding)**

For each LA the following calculations were carried out:

- How many schools there is (column 1).
- What 30% of the first figure would be (column 2).
- The % of the total number of denominational schools in that LA was calculated by:
    - Dividing the number of denominational schools by the total number of schools and multiplying by 100 (column 3, numbers in brackets denote number of denominational schools)
- Then the number of denominational schools in the sample was calculated by:
    - Dividing the number in column 2 by 100 and multiplying by the number in column 3

- The number given by this calculation was rounded up to the nearest whole number

The same principle was used to work out how many schools should be contacted according to their area type.

- Firstly. It was calculated how many schools there were in each of the 6 area types (column 6).
- For each area type the total % of schools in that type of area was determined by
    - Dividing the number of schools in that area (column 6) by the total number of schools (column 1) and multiplying by 100
- This figure was used to work out how many schools to contact within the required 30% by
    - Dividing the number in column 2 by 100 and multiplying it by the number in column 6
- The number given by this calculation was then rounded to the nearest whole number to give the number of schools to contact within these strata.

This process was repeated for each of the 32 LAs. The total number of schools to be contacted is 654 as opposed to the 647 proposed by calculating 30% of schools across Scotland. This is due to the rounding of figures within each LA.

Table 3. Calculations by strata

Local Authority	Column 1 Number of primary schools	Column 2 30% of primary schools	Column 3 % of denominational schools per LA (*)=number per LA	Column 4 Number of Denominational schools to be contacted (x% of 30%)	Column 5 Area type	Column 6 % of schools broken down by area type	Column 7 Number of schools to be contacted by area type
Aberdeen city (3-49)	47	14.1	6.383% (3)	**1** (0.900)	ARA 1	2.128	(0.300) **0**
					AST 2	4.255	(0.599) **1**
					LUA 44	93.617	(13.199) **13**
					Total Schools		**14**

Aberdeenshire (50-201)	152	45.6	0% (0)		ARA 77	50.568	(23.100) **23**
					AST 7	4.605	(2.099) **2**
					OUA 20	13.158	(6.000) **6**
					RRA 41	26.973	(12.299) **12**
					RST 7	4.605	(2.099) **2**
					Total schools		**45**
Angus (202-256)	55	16.5	3.636% (2)	**1** (0.599)	ARA 28	50.909	8.399 **8**
					AST 4	7.273	1.200 **1**
					LUA 2	3.636	0.599 **1**
					OUA 17	30.909	5.099 **5**
					RRA 4	7.273	1.200 **1**
					Total schools		**16**

Argyll (257- 342)	86	25.8	5.814% (5)	**2** (1.500)	ARA 3	3.488	0.899 **1**
					OUA 5	5.814	1.500 **2**
					RRA 69	80.232	20.699 **21**
					RST 9	10.455	2.697 **3**
					Total schools		**27**
Clackmannanshire (343-361)	19	5.7	10.526%(2)	**1** (0.599)	ARA 3	15.789	0.899 1
					AST 4	21.052	1.199 1
					OUA 12	63.157	3.599 4
					Total schools		**6**

Dumfries & Galloway (362-467)	106	31.8	5.660% (6)	**2** (1.799)	ARA 43	40.566	12.899 **13**
					AST 8	7.547	2.400 **2**
					OUA 18	16.981	5.399 **5**
					RRA 32	30.188	9.599 **10**
					RST 5	4.716	1.499 **2**
					Total schools		**32**
Dundee city (468-506)	39	11.7	30.769%(12)	**4** (3.599)	LUA 39	100	11.7 **12**
					Total schools		**12**

East Ayrshire (507-554)	48	14.4	16.667%(8)	**2** (2.400)	ARA 13	27.083	3.899 **4**
					AST 14	29.166	4.199 **4**
					OUA 15	31.25	4.5 **5**
					RRA 4	8.333	1.199 **2**
					RST 2	4.166	0.599 **1**
					Total schools		**15**
East Dunbartonshire (555-591)	37	11.1	22.622%(8)	**2** (2.511)	ARA 4	10.810	1.199 **1**
					AST 3	8.108	0.899 **1**
					LUA 20	54.054	5.999 **6**
					Total schools		**11**

East Lothian (592-626)	35	10.5	11.429%(4)	**1** (1.200)	ARA 10	28.571	2.999 **3**
					AST 9	25.714	2.699 **3**
					LUA 6	17.142	1.799 **2**
					RRA 8	22.857	2.399 **2**
					RST 2	5.714	0.599 **1**
					Total schools		**11**
East Renfrewshire (627-650)	24	7.2	4.167%(1) Jew 25% (6) RC	**0** (0.300) **2** (1.8)	ARA 3	12.5	0.9 **1**
					AST 3	12.5	0.9 **1**
					LUA 18	75	5.4 **5**
					Total schools		**7**

Edinburgh City of (651-744)	94	28.2	15.957%(15)	**5** (4.499)	ARA 2	2.127	0.599 **1**
					AST 5	5.319	1.499 **2**
					LUA 87	92.553	26.094 **26**
					Total schools		**29**
Eilean Siar *Western Isles* (745-782)	38	11.4	0% (0)		RRA 37	97.368	11.099 **11**
					RST 1	2.631	0.299 **0**
					Total schools		**11**

Falkirk (783-831)	49	14.7	12.245% (6)	**2** (1.800)	ARA 11	22.448	3.299 **3**
					AST 2	4.081	0.599 **1**
					OUA 36	73.469	10.799 **11**
					Total schools		**15**
Fife (832-973)	142	42.6	9.859% (14)	**4** (4.199)	ARA 46	32.394	13.799 **14**
					AST 23	16.197	6.899 **7**
					OUA 73	51.408	21.899 **22**
					Total schools		**43**

					LUA 171	100	51.3 **51**
					Total schools		**51**
Highland (1145-1329)	185	55.5	0.541%(1) Ep 1.622%(3) RC	**0** (0.300) **1** (0.900)	ARA 22	11.891	6.599 **7**
					AST 3	1.621	0.899 **1**
					OUA 17	9.189	5.099 **5**
					RRA 19	64.324	35.699 **36**
					RST 24	12.972	7.199 **7**
					Total schools		**56**

Inverclyde (1330-1355)	26	7.8	42.307% (11)	**3** (3.299)	OUA 24	92.307	7.199 **7**
					Total schools		**7**
Midlothian (1356-1385)	30	9	23.333% (7)	**2** (2.0999)	ARA 8	26.666	2.399 **2**
					AST 6	20	1.8 **2**
					OUA 16	53.333	4.799 **5**
					Total schools		**9**

Moray (1386-1431)	46	13.8	6.522% (3)	**1** (0.900)	ARA 13	28.260	3.899 **4**
					AST 5	10.869	1.499 **2**
					OUA 7	15.217	2.099 **2**
					RRA 15	32.608	4.499 **5**
					RST 6	16.043	1.799 **2**
					Total schools		**15**
North Ayrshire (1432-1484)	53	15.9	18.868% (10)	**3** (3.000)	ARA 5	9.433	1.499 **2**
					AST 7	13.207	2.099 **2**
					OUA 33	62.264	9.899 **10**
					RRA 8	15.094	2.399 **2**
					Total schools		**16**

North Lanarkshire (1485-1611)	127	38.1	37.795% (48)	**14** (14.399)	ARA 17	13.385	5.099 **5**
					AST 11	8.661	3.299 **3**
					LUA 81	63.779	24.299 **24**
					OUA 18	14.173	5.399 **5**
					Total schools		**37**
Orkney Islands (1612-1633)	22	6.6	0% (0)		RRA 20	90.909	5.999 **6**
					RST 2	9.090	0.599 **1**
					Total schools		**7**

Perth and Kinross (1634-1710)	77	23.1	1.299%(1) Ep 5.195% (4)RC	**0** (0.300) Ep **1** (1.200) RC	ARA 37	48.051	11.099 **11**
					AST 4	5.194	1.199 **1**
					LUA 1	1.298	0.299 **0**
					OUA 15	19.480	4.499 **5**
					RRA 15	19.480	4.499 **5**
					RST 5	6.493	1.499 **2**
					Total schools		**24**
Renfrewshire (1711-1761)	51	15.3	31.373% (16)	**5** (4.800)	ARA 5	9.803	1.499 **2**
					AST 2	3.921	0.599 **1**
					LUA 39	76.470	11.699 **12**
					OUA 5	9.803	1.499 **2**
					Total schools		**17**

Scottish Borders (1762-1826)	65	19.5	6.154% (4)	**1** (1.200)	ARA 30	46.153	8.999 **9**
					AST 8	12.307	2.399 **2**
					OUA 13	20	3.9 **4**
					RRA 13	20	3.9 **4**
					Total schools		**19**
Shetland Islands (1827-1850)	24	7.2	0% (0)		RRA 22	91.666	6.599 **7**
					RST 2	8.333	0.599 **1**
					Total schools		**8**

South Ayrshire (1851-1894)	44	13.2	13.636% (6)	**2** (1.799)	ARA 11	25	3.3 **3**
					AST 3	6.818	0.899 **1**
					OUA 20	45.454	5.999 **6**
					RRA 9	20.454	2.699 **3**
					RST 1	2.272	02.99 **0**
					Total schools		**13**
South Lanarkshire (1895-2019)	125	37.5	23.2% (29)	**9** (8.7)	ARA 30	24	9 **9**
					AST 12	9.6	3.6 **4**
					LUA 21	16.8	6.3 **6**
					OUA 57	45.6	17.1 **17**
					RRA 5	4	1.5 **2**
					Total schools		**38**

Stirling (2020-2061)	42	12.6	2.381%(1) Ep 7.143% (3) RC	**0** (0.300) **1** (0.900)	ARA 18	42.857	5.399 **5**
					AST 3	7.142	0.899 **1**
					OUA 12	28.571	3.599 **4**
					RRA 9	21.428	2.699 **3**
					Total schools		**13**
West Dunbartonshire (2062-2095)	34	10.2	38.235% (13)	**4** (3.899)	ARA 1	2.941	0.299 **0**
					LUA 14	41.176	4.199 **4**
					OUA 19	55.88	5.699 **6**
					Total schools		**10**

West Lothian (2096-2161)	66	19.8	24.242% (16)	**5** (4.799)	ARA 13	19.696	3.899 **4**
					AST 15	22.727	4.499 **5**
					OUA 38	57.575	11.399 **11**
					Total schools		**20**
Total	**2159**	**647.7**	**(332)**	**100**			**654**

9.2 Appendix 2

Resources used by primary schools – if possible need to differentiate where these are used exclusively or as part of wider package

Living and Growing	150
Positive steps	17
Health for life	13
Education for love	11
HealthE	10
Keeping myself safe	10
BBC sex education	9
Prime-Ed health	9
Proud to be me	8
Channel 4 video	8
Feel, think, do	7
All that I am	7
Growing up	6
Alive-O	4
Wonder of living	4
Folen's anti-bullying	4
Local education packs	4
Confidence to Learn	3
BBC in the beginning	3
Rollercoaster	2
Primary school SRE pack	2
Veritas	2
Nelson Health	2
Primaryscience.net	2
Healthy Respect	2
Skills for the primary child	2
Birth, care and growth	1
Personal safety	1
ACER health	1
WDC Programme	1
Cool in school	1
Religious and moral education	1
Some of your bits ain't nice	1
Talking together	1
I'm Special	1
Health values	1
Police box	1
Paths	1
BBC ourselves	1
Substance abuse	1
David's story	1
Getting personal	1
Cycle of life	1
Personal and social education 1	1

Always	1
Telling tales	1
BBC active sex and relationship education	1
NHS support material	1
Primary 6 and 7	1
Steps programme	1
Zig zag TV programme	1
Health promotion toolkit	1
Evans personal and social health education	1

9.3 Appendix 3

Other professionals delivering SRE

Below is a list of responses from schools with regards the professionals involved in delivering the SRE programme content.

Other professionals involved	Number of schools
School nurse	158
Nurse and assistants/auxiliary	14
Nurse and Health visitors	7
Nurse and police liaison	5
Health visitor	3
Classroom assistants	3
Police liaison	2
Nurse and health development worker	2
Pupil support assistant and behaviour support teacher	1
Nurse, home-link worker and community education input	1
Nurse, home inclusion officer and health personnel	1
Nurse, deputy head teacher, head teacher and teachers	1
Nurse, assistants and parents	1
Nurse, assistant and head teacher	1
Nurse assistant and police liaison	1
Nurse and parish priest	1
Nurse and home-school link teachers	1
Nurse and head teacher	1
Nurse and deputy head teacher	1
Health visitor and community nurse	1
Doctor, nurse and police liaison	1
Doctor and parent lecturer	1
District nurse	1
Counsellor, nurse, pupil support and community agency	1