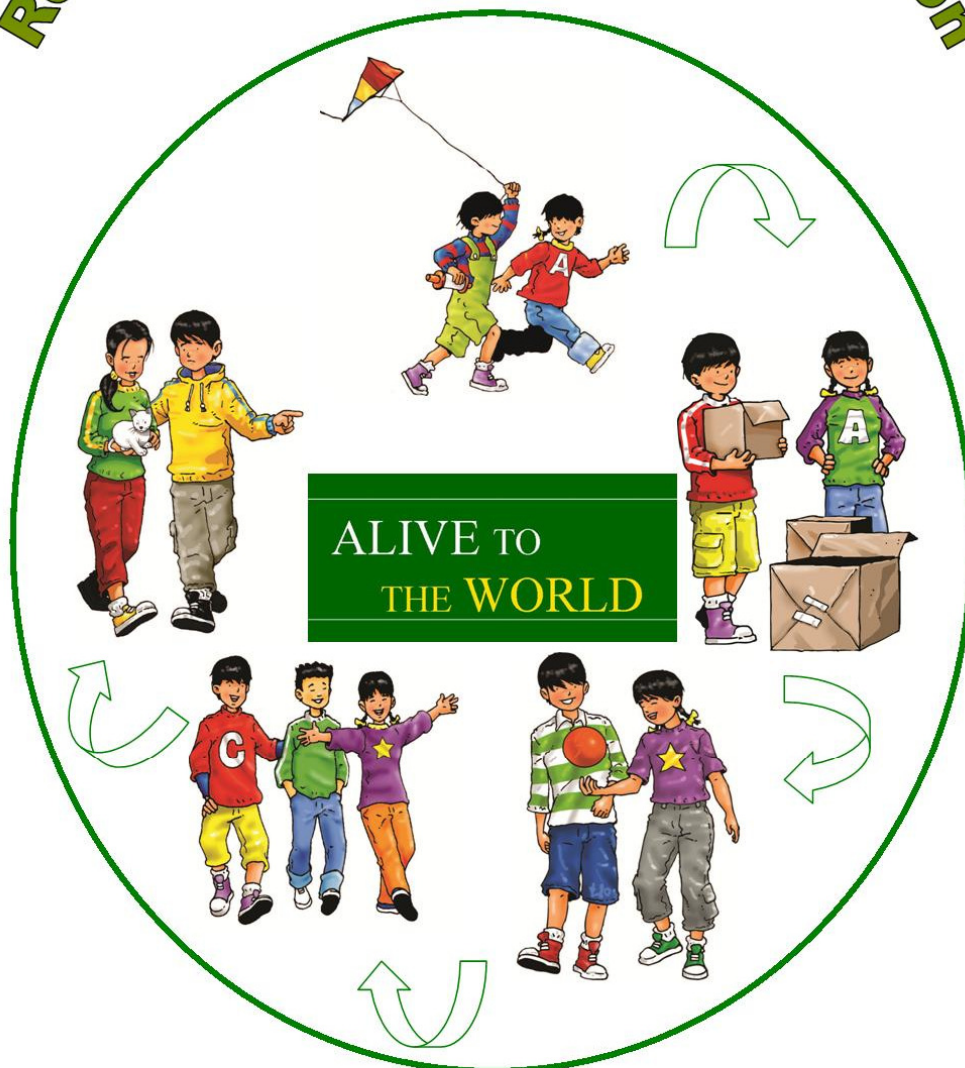


Response to PSHE Consultation 2011



A new approach to permanent values

Response to Government's PSHE Consultation

Submitted by Louise Kirk

UK Co-ordinator of the international PSHE programme

Alive to the World

Alive to the World provides schools with a complete tool for healthy PSHE. It is based on positive character development and is the fruit of extensive research by an international team of teachers, psychologists, and social scientists with the collaboration of families. It is already being taught to 90,000 children in 16 different countries and is suitable for use in secular, Christian and Muslim schools.

See Annexe A

For a four-minute film encapsulating *Alive to the World*, please visit our home page:
www.alivetotheworld.co.uk

Louise Kirk has been UK Co-ordinator for the *Alive to the World* programme since its inception in 2007. She set up a pilot project and liaised with teachers to head a team of editors in adapting the international text. She has since worked with the publishers GRACEWING to promote the programme, also maintaining links with the international promoters.

Mrs Kirk read history at Oxford University and then worked in London for the House of Lords, the British Academy and the Royal Institution of Chartered Surveyors in a variety of administrative roles. After her marriage, she taught writing skills and trained as a Natural Family Planning teacher.

It was as a mother of four children, and subsequently as a school governor, that she took an interest in PSHE and sex education, reading the various government documents as they came out. Her dismay at the paucity of appropriate materials available to schools encouraged her to take up an invitation to bring *Alive to the World* to England.

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Executive summary

- I. The given purpose of PSHE, written into its subtitle in the National Curriculum, is to educate children for their well-being. This paper argues that present PSHE guidelines are valid provided that that they are presented to teachers as a flexible framework and not as a straitjacket, which means preserving their non-statutory nature. It is essential to give teachers this flexibility, and to keep PSHE non-statutory, since this is the only way in which teachers can respond appropriately to the needs of their pupils, to the culture of the school and to the desires of parents. Much more needs to be done to work with parents on sensitive areas such as sex education, and to restore to them the prime responsibility for teaching their own children.
- II. Our response further argues that, while present guidelines are sound, many of the programmes being taught are not, as evidenced by their lack of effect:
 - The August riots shocked the country and laid bare the number of children whose personal lives are in chaos.
 - Violence is spreading among “feral” girls as well as boys.
 - The UK continues to head Western Europe in teenage pregnancy, despite the Teenage Pregnancy Strategy of 1999 in which millions of pounds were invested.
 - Sexually transmitted infections (STIs) blight an alarming number of lives.
 - British youngsters are found to be wanting in attitude and social skills and are being passed over for Eastern Europeans in the job market.
 - In two recent reports (of 2007 and 2011), Unicef has found Britain to have the lowest levels of children’s well-being in the developed world and to come near the top of international league tables on almost all indicators of teenage distress and disaffection.
 - The report *Modern British Family* (September 2011), commissioned by Tessa Jowell for the Labour Party, found adults lamenting the lack of respect and discipline in children and also their lack of moral and family values. There was an overwhelming demand to promote traditional two-parent families¹.
 - A letter to *The Telegraph* of 23 September 2011, signed by more than 200 academics, teachers, authors and charity leaders, challenged the Government to address a culture of “too much, too soon” and stop the erosion of childhood. It said that we need “to find a more human way to nurture and empower all our children”².

¹ A remarkable 81% of adults questioned believed in stay-at-home parenting, while fathers lamented that their role within the family was insufficiently valued. There was a call for lessons in “Communityship” (as opposed to Citizenship), family values and discipline. The lone parent family model was rejected. See <http://britainthinks.com/sites/default/files/pdfs/The%20Modern%20British%20Family.pdf>.

² See <http://www.telegraph.co.uk/education/educationnews/8784996/Erosion-of-childhood-letter-with-full-list-of-signatories.html>.

- III. Although PSHE is a relatively recent addition to the curriculum, many of its component parts are not, and they ought by now to be producing a much more positive result. We believe that the reasons that they are not doing so are these:
- Much PSHE is founded upon social and emotional intelligence in the SEAL³ programme without giving enough weight to the other human faculties of the spirit, the mind and the body. This gives a distorted anthropology which fails to satisfy young people in their search for meaning in life. Without this sense of meaning, they are easily left vulnerable to the very behaviours which PSHE is supposed to remedy.
 - The present target based teaching on behaviours such as drug and alcohol abuse, smoking and bullying etc, comes across as negative and does little to seize children's imagination. It may succeed in imparting physical knowledge but it does not cater for those who will take risks out of boredom or curiosity, or for the sake of social acceptance. It does not begin to answer the needs of those who are unhappy and will knowingly indulge in destructive behaviour to draw attention to themselves, relieve their depression or inflict self-punishment.
 - There is a vacuum at the heart of current PSHE which is letting children down and that is in Sex and Relationships Education (SRE). This is failing to give satisfying answers to deep-seated questions on the interdependence of men and women. If present sex education is incorrectly modelled, as we contend, then it confuses the developing psyche. To ask children to "clarify" their own values in this sensitive area without authoritative guidance further disorients them and leaves them prey to their developing appetites and to possible deep unhappiness. Children from broken or disadvantaged families are most at risk.
- IV. SRE is causing further difficulties by promoting an outworn policy of containing teenage pregnancy by teaching contraception. It is now plainly obvious that this policy has not worked, is not working, and for two obvious reasons cannot work. The reasons are that contraceptives regularly fail, and that they fail most among teenagers because teenagers are not suited to their use. Contraceptives also provide minimal protection against prevalent STIs: there is no proven record that they work against some of them.
- V. SRE is so important that much of our paper is dedicated to it. Some specific baleful consequences of present contraceptive-backed sex education can be summarized here:
- It undermines the rest of PSHE. Nowhere else do we say "we know you're going to do it, so here's something to reduce the consequences". Healthy eating and drinking are all about restraint: in sex alone do we teach that pleasure is to be indulged (see Annexe B). In drugs and tobacco education we tell children not to take substances which alter their metabolism and harm their health: in sex alone taking strong hormonal pills with serious potential side-effects becomes "responsible

³ SEAL (Social and Emotional Aspects of Learning) has been heavily promoted for by government agencies as the basis for teaching PSHE in the UK.

behaviour”⁴. Sex, however, runs deeper in the psyche than smoking or even drink. It is a major distraction from study⁵. When sex goes wrong, a child has every reason to become depressed and to indulge in drink, drugs, violent behaviour, and even suicide. Much more research needs to be done on how early sexual activity interacts with anti-social teenage behaviour.

- It injures adolescent development, treating children as though they were adults and ignoring what is now known of the physiology of teenage brain development. In doing so, sex educationalists have broken apart the innocence of children, the majority of whom are in any case not given to early sexual activity⁶.
- Unlike every other aspect of education, which prepares children for life, sex education has become focused on teenage emotions and problems. In the light of the all-absorbing present, it is much more difficult for a youngster to gauge his present conduct on how he is going to feel aged 30, 50 and 80. However, it is only over a lifetime that sexual decisions play out and it is only over a lifetime that marriage fully emerges as the ideal that it is. There is no study of parents and children which does not show that married parents and their children fair better under every marker, among them prosperity, health and happiness. They also contribute more to the community and to the Exchequer.
- There is also the question of old age. Married couples are there to look after each other and both spouses are likely to receive support from their children. Today, young people who learn to be promiscuous at school are also damaging their future fertility and their ability to bond satisfactorily in permanent relationships later on. Society promises to have large numbers of loose adults who have never had children, or who have abandoned the ones they have. These will become as much of a burden to society as those who become pregnant too soon.
- It is true to say that, without a given proportion of married people, a country itself would fall apart. The characteristics that make for a good marriage can be taught and are the more urgently needed by youngsters from broken homes. To deny them this is to deny them the best chances in life and to call into question the whole rationale for PSHE.
- Relationships education tends to be equated with sexual relationships. However, most of the relationships we have in life, even between the sexes, are not sexual in nature, and certainly not physical. Emphasis needs instead to be put into social education, showing children how to get on with others, people their own age, but also those older and younger than themselves, in their

⁴ See extract from “Pleasure” booklet attached to this paper.

⁵ In their article *Teenage Sexual Abstinence and Academic Achievement* [Robert Rector](http://www.heritage.org/Research/Reports/2005/10/Teenage-Sexual-Abstinence-and-Academic-Achievement) and Kirk Johnson show that teenagers who are not sexually active are 60 percent less likely to be expelled from school; 50 percent less likely to drop out of high school; and almost twice as likely to graduate from college. (October 27, 2005) *The Heritage Foundation* at <http://www.heritage.org/Research/Reports/2005/10/Teenage-Sexual-Abstinence-and-Academic-Achievement>

⁶ The Social Exclusion Unit’s report *Teenage Pregnancy* of June 1999 states that less than a third are sexually active by the time they are 16, with by far the larger number coming from poor areas, those in care and those excluded from school (p. 6).

families, at school and in the wider community. This prepares them to become useful in the workplace. The building blocks which make up good character, such as respect, honesty, generosity, self-control, are core values which need to lie at the heart of all PSHE.

- VI. We argue from the experience of *Alive to the World* that PSHE can be built up seamlessly round core values to present a robust and exciting programme of character development in which destructive behaviour of all kinds – drink, drugs, bullying, cheating, premature sex – loses glamour and is no longer attractive.
- VII. There has been an interruption in the transmission of values within much of society since the 1960's, or for two generations. In that time, technological advances and the increasing absence of fathers and work of mothers outside the home have created a vacuum for children and adolescents. They are vulnerable to marketing of all kinds as well as to strong incentives towards irresponsible sexual activity. Young people need and desire to understand how personal and social relationships work and how to become happy and successful adults. By taking an anthropological approach, as opposed to one based on feelings and current opinions, pupils are helped to understand the enduring values which have always constituted good relationships. *Alive to the World* has a proven record of success in improving children's behaviour and even of turning round violent schools in South America.
- VIII. The present PSHE review is timely since it catches a public mood of review into how children are being brought up. The Prime Minister has himself said that we must stop the over-sexualisation of children, and the first place to begin this must be the classroom. It is also true that, with cyber technology, we are no longer in control of what children learn or how they behave across the airwaves. It is more important than ever, when they cannot be policed, that children want to behave well for its own sake.

Recommendations

1. The present PSHE guidelines should be retained but on a strictly non-statutory basis in which the freedom of schools to adapt them as they wish should be published and upheld.
2. Real efforts should be made to involve parents and local people in the development of PSHE programmes, and most especially in sex education. Parents should be encouraged to take back responsibility for talking to their own children about puberty, relationships and the awakening of sexual desire, especially at primary level. There should be programmes to support parents in their role, as recommended in the *Teenage Pregnancy* report of 1999⁷.
3. All sex education materials, whether in primary or secondary school, taught during PSHE or in science lessons, should be subject to scrutiny by an independent council for decency, accuracy and age-appropriateness. Parents, teachers, doctors, child psychologists and faith groups should be represented on this body (see 2.5. and 6.40 – 6.41 below).
4. The core values behind positive behaviour, such as respect, honesty, trust, responsibility, should be attached to the present PSHE guidelines (see our response to Question 1).
5. The existing guidance on teaching marriage should be rigorously enforced (see 6.35, 6.42 – 6.48 and 10.9 – 10.11 below).
6. New systems of validation based on behavioural outcomes are urgently needed. Ofsted is out of touch in rating three-quarters of PSHE as outstanding to very good (see our response to Question 10).
7. Enough time should be set aside for PSHE and schools should be provided with high quality materials and adequate teacher training.
8. Schools should be given full charge of all external agencies including school nurses. Everybody operating on school premises should be expected to know and to follow the beliefs and values of the school, whether in a classroom setting or in private consultation, and there should be systems in place ensuring this.

⁷ Alive to the World UK is about to launch on our website a series of ten downloads for this purpose. Please see Annexe A.

Question 1: What do you consider the core outcomes PSHE education should achieve and what areas of basic core knowledge and awareness should pupils be expected to acquire at school through PSHE education?

- 1.1. The subtitle to PSHE in the National Curriculum is “Personal Well-being”. The core outcome of PSHE education should be evident improvement in the students’ well-being, physical, mental, emotional, social and spiritual. Please see our response to Question 10 on validating results.

Current approach to PSHE and why it has had little impact

- 1.2 PSHE was brought into the curriculum because of concerns that young people were damaging their life chances by indulging in risky behaviour during their teenage years. This was particularly true in their sex lives, which was resulting in an expanding problem of teenage pregnancies which was affecting society as a whole.
- 1.3 Adolescence has always been a time for experimentation and risk taking. This is a natural part of growing up and is essential to the whole process of leaving home and beginning to take part in adult life. However, it is well recognised that young people today have more temptations round them and, with the decline of family life and religion, a weaker framework of good values to guide them. It was thought that, if children and young people were shown the risks they take in indulging in behaviour which could do them and the people around them harm, they could be taught to be sensible.
- 1.4 PSHE includes many excellent initiatives, especially in giving children roles of responsibility (e.g. taking part in school councils to encourage their interest in democracy). Classes are also devoted to emotional well-being, to encourage children to have the self-esteem to say no to negative peer pressure. However, for the most part PSHE remains target driven: dangers are highlighted, for instance of smoking, drugs or bullying, children are shown why they should avoid them and are encouraged to discuss the outcome should they do so. It is then hoped that the children will take in and act upon what they learn and avoid those specific risks in their own lives. This approach is particularly true of sex education, where every effort is made to impart to them at ever younger ages why unprotected sex leads to pregnancy and Sexually Transmitted Infections (STIs).
- 1.5 Ofsted rates three-quarters of PSHE classes inspected as very good to outstanding. However, its estimation of PSHE is belied by the facts: young people’s personal well-being has seldom sunk so low in popular estimation (see also our Executive Summary). The summer riots kick-started public questioning as to why the UK continues to lead on teenage pregnancy and STIs, why young people are passed over for Eastern Europeans in the job market, and why they are basically so unhappy.

New research into brain development

- 1.6 The types of programmes which are being promoted for PSHE, and which continue to rate highly with Ofsted, the Sex Education Forum and with programmes such as the former Healthy Schools Initiative, were developed before the latest research on brain development came into the public arena. This challenges the long-held belief that brain

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development is completed in the teenage years and shows by contrast that it is not until the mid twenties that young people have the full capacity to connect action with consequence and make far-reaching decisions (see Annexe E). This must call into question the wisdom of “values clarification”, by which children and teenagers are expected to decide for themselves which values are the most important in life. It also questions the philosophical principles behind SEAL⁸, with its over emphasis upon social and emotional intelligence at the expense of the whole person, including the spirit and the intellect.

- 1.7 By contrast, the teenage years are just when young people most need help to reintegrate their intellectual, social and emotional intelligence as their brains come through the extensive reorganisation that takes place at this time. What they need is the vocabulary to help them conceptualise and to take up challenges, both physical and intellectual, to help them reorganise and restructure what is becoming an independent adult brain. Distracting the process by encouraging the flow of hormones is not helpful.
- 1.8 Present programmes of SRE are based on outdated ideas of the effectiveness of contraception, which was always flawed (see our response to Question 6 and Annexes C and D).
- 1.9 There is an urgent need for a completely new approach to PSHE based on values which respect what we now know of adolescence, of how young people’s bodies and minds grow but most especially how they develop emotionally and spiritually. Without such a rethink, PSHE will continue to be ineffective and the conduct of young people to cause growing concern.

The core values and knowledge which should be covered at PSHE, drawing upon the experience of *Alive to the World*:

- 1.10 Good behaviour is caught but to some extent can also be taught in the classroom, which is where PSHE comes in. However, PSHE is not an ordinary academic subject. Children can be given all the information in the world, but nobody can make them convert lessons into practice: they must be motivated to do so for themselves. *Alive to the World*’s first principle is that PSHE has to help children develop their willpower.
- 1.11 Our second principle is that PSHE has to be seamless: the same core values have to be applicable across the board or children, whose minds are razor sharp, will see the hypocrisy and switch off.
- 1.12 Our third principle is that all children, even the most battered in spirit, are by nature idealistic. They respond to ideals towards which they can strive. The bigger the challenge the better, provided that students are given ample support and directed to many achievable conquests on the way.
- 1.13 Our fourth principle is that it is more profitable and encouraging to look at success than failure. Our core values, which we submit should be core to all PSHE, are those which underpin a successful and happy life.
- 1.14 These values are not new, but have been universally respected since time immemorial, values such as honesty, generosity, responsibility and self-control. In the diagram below they are collected under seven headings. None of these qualities, or virtues, comes without effort but as they are put into practice the virtues become **habits** which in turn contribute towards further aspirations or, since they can be anything which fills the imagination and motivates

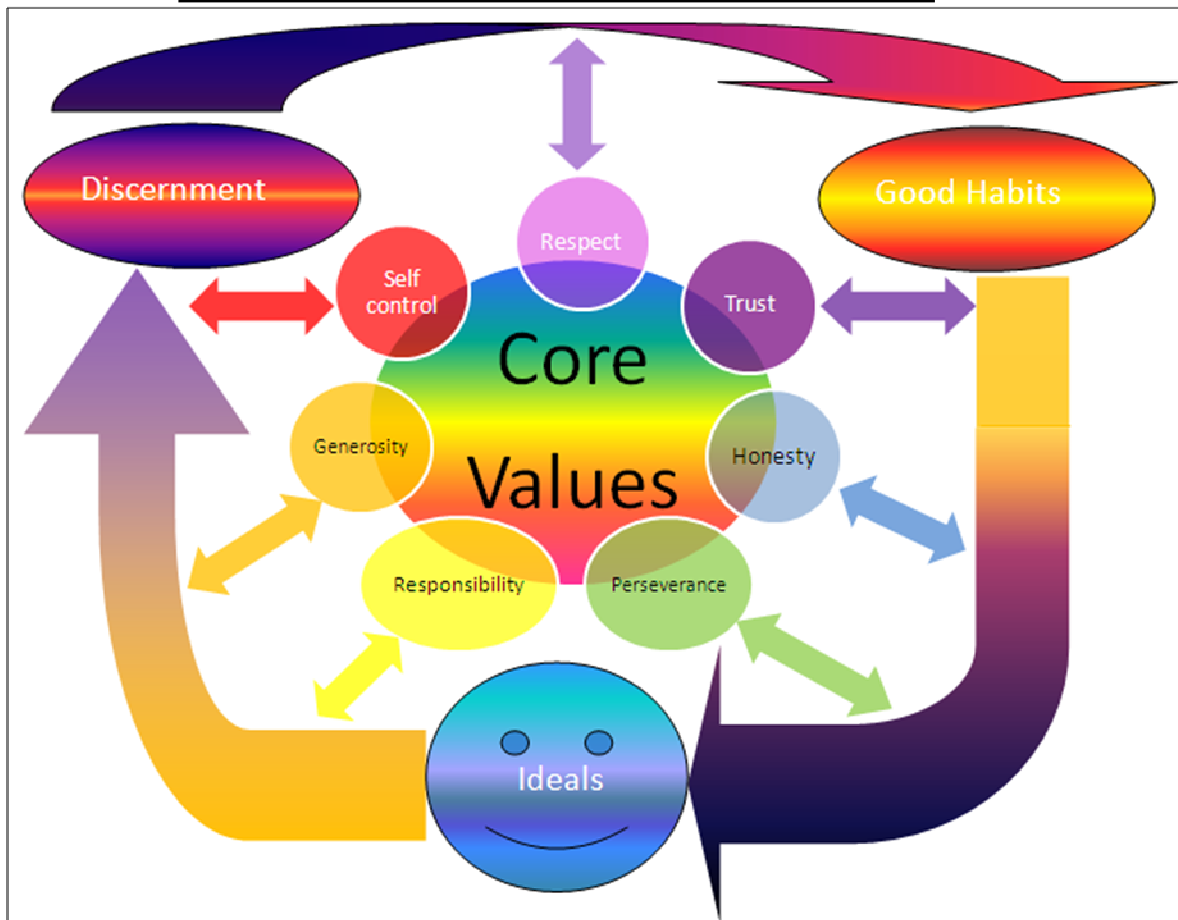
⁸ SEAL (Social and Emotional Aspects of Learning) has been heavily promoted by government agencies as the basis for teaching PSHE in the UK.

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a person, we have simply called **ideals**. Thus the process of **discerning** builds as the child grows and in itself becomes a useful lifetime habit. More specifically, children learn distaste for negative behaviours and have the strength of character to avoid them.

Core values for PSHE

- Development of powers of **discernment**
- **Ideals** to strive for: general (including future studies/career and marriage) and those particular to the child
- The **values**, or building blocks, which make for good behaviour (we divide these into seven)
- How to convert these values into **good habits**



Discernment

1.15 The way we behave follows the way we think. To form good habits children need to know why they should make an effort to have positive behaviour and to have a structure of reasonable values put before them which motivates them and sparks their imagination. Teaching them to discriminate between types of behaviour also teaches them who is trustworthy. During lessons of PSHE, stories can present them with a much wider range of circumstances, personalities and ways of thinking than they have yet encountered in their lives and so extend their ability to

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understand their true interests and the interests of the people around them. Discernment is the starting point of all good PSHE. On it depends the students' grasp of other core values.

Respect

- 1.16 Respect is founded on the understanding that the life of every human being, including the student's own, is intrinsically valuable and does not depend upon possessions or talents. It encourages people to get on with each other, despite differences in age, temperament or position. We interact with other people throughout our lives, at home, at school, in the workplace and in the wider community, and it matters that we treat others with politeness and respect.
- 1.17 We also need to treat things with respect, whether they belong to us, other people or the wider community. Students need to be encouraged to be generous with their possessions and look after those belonging to other people.
- 1.18 It is also important to teach children the difference between respecting and agreeing with other people. All students are entitled to strive for their own ideals, even where this means rejecting the ideas of people they love. This is particularly important for children who come from broken homes, or where their parents do not work, abuse drugs or alcohol or are unmarried. Children can be taught to respect their parents while striving for a better life themselves.

Trust

- 1.19 Trust is an essential attitude if a young person is to learn well and get on in life. Most of the knowledge and much of the experience we acquire in life is passed on to us through others we trust. Children are by nature trusting, since their own experience is small and they expect to learn from their parents and their teachers. While students need to be taught to discern where adults may lead them astray, it is vital that their natural trust should not be whittled down. A timorous and cynical person will never venture far in life.
- 1.20 An attitude of trust brings out the best in other people, and is also a foundation for friendship. Without trust teamwork breaks down and responsibility is no longer shared. Students should be shown how important trust is in the workplace as well as in the home.
- 1.21 The corollary of trust is loyalty, a quality which promotes community values and teamwork of all kinds.

Honesty

- 1.22 Nobody likes to be lied to even though we all have temptations on occasion to mislead others. Honesty goes with trust and can require heroism. It is a virtue whose value plays out in the long-term and again is essential for friendship and good working relationships.
- 1.23 Children need to be shown the different kinds of temptations there are to twist the truth (such as cheating, lying and stealing) and why these are always destructive of good human relationships. Business, like friendship, is built up on honesty which also has to be applied to study. Without honesty, the very framework of human community breaks down.
- 1.24 A radical approach to honesty is more necessary than ever to prepare children to resist the temptations offered by the cyber world. It is difficult to lie or cheat when you see the person you are betraying. Interacting with a

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computer or iPhone does not carry the same immediacy, but does present an inviting challenge to cheat the system, for money, revenge, or just for fun. The damage can be drastic.

Perseverance

- 1.25 A person who has no grit will never get very far in life. Whether in studies, in sport, in the arts, in personal relationships and especially in gaining self-control, perseverance is necessary for success. This need for sheer grit has to be emphasised given how much today is freely available to young people, including, for most, their education.
- 1.26 Perseverance means learning to lose and to try again, or just to keep going when life is tough. It means expecting to earn in some way the goods we have in life, now or in the future. Perseverance also brings rich rewards: the achievements we work hard for give us great happiness.

Responsibility

- 1.27 Rules of one sort or another are essential for the smooth running of any community, whether on the sports field, in the home, at school or in the neighbourhood. Understanding the purpose of rules leads to understanding authority, the need to obey it and how to wield it.
- 1.28 Responsibility brings with it duties and the need for trustworthiness. Where people look after both themselves and other people well, there need be fewer rules and their application can be more lightly enforced.

Generosity

- 1.29 Community and friendship also depend upon generosity, the free gift of ourselves, our talents and our material goods to others. A generous person is also a happy one and a community of generous people is lively and peaceful.
- 1.30 Children are naturally generous and respond easily to encouragement in this field. They also need to be taught when to say no, and when to put their own interests first. Giving out of fear or in order to be liked is not generous and can cause resentment.

Self-control

- 1.31 A responsible and generous person is also self-controlled: it is by learning to control ourselves that we gain authority, lead healthy lives and become ready to take responsibility for others. It also makes us easy to live with.
- 1.32 Self-control is far from easy and will continue to be a struggle for the rest of our lives. It requires humility to begin again, to say sorry and also to be ready to forgive others. A humble person is not a weak person, but one who is honest in self-appraisal, takes correction without a grudge and is prepared to give life a go, unworried by possible failure.
- 1.33 It is obvious that teenagers who have already learnt self-control will find it easier to be moderate in their habits and avoid the excesses which can bring trouble.
- 1.34 Under the heading of self-control one might include specific teaching on topics such as: drugs and alcohol, smoking, balanced diet, right use of modern technology, pornography and hygiene, although all these topics also involve other values, such as responsibility, self-respect and trust. Perhaps the characteristic which is most

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important in countering negative behaviour is zest for life: a happy and active person is much less likely to be drawn towards trouble of this kind than one who is sad, bored or lonely.

Good habits

- 1.35 We become the people we are from the way we think, the way we feel and the way we act. Many of our actions are instinctive and follow naturally from the values we adopt. Learning to improve in one good value, such as responsibility, prompts us to increase in another, such as generosity.
- 1.36 Children are forming the habits which will serve them through the rest of their lives. By putting before them ideals to strive for, such as hard practice to win a football match, or controlled use of leisure technology so that they are fresh for their studies, they learn to be tough with themselves for future goals.
- 1.37 Most important are personal habits of civil behaviour. A child who learns to treat his sister well trains himself to be a good husband and workmate; another child who owns up in class learns to be honest in the office; one who is kind to a boring schoolmate will become a good neighbour. If the basic building blocks of good social behaviour are put into place early, they can be adapted to all human relationships.
- 1.38 Understanding how the other sex works is an essential part of this, but only a part. Even then, most of our relationships with members of the opposite sex are not physical. It is a mistake to think of Relationships Education first in terms of Sex. SRE could more aptly be renamed Relationships and Sex Education and should extend vertically, to relationships with adults and younger children, as well as horizontally, to children of their own age.

Ideals

- 1.39 Children are by nature idealistic and are geared to emulate the behaviour of others. They learn first from the example of the people around them, especially the members of their families, but they will also remember and copy characters put before them in stories or in films.
- 1.40 PSHE offers an opportunity to give students examples of good behaviour to emulate. These can be well known, heroic people, or they can be ordinary people like themselves who struggle to behave well, make mistakes and begin again. It is especially important for children who come from broken or unsatisfactory homes to be presented with new ideals to live by.
- 1.41 Ideals come in many forms, and will vary with the characters of the children as well as their faith and family culture. However, there are two specific ideals common to all children which need to be woven into PSHE: aspiration for the next step after school, and marriage, whose role in poverty prevention is now being highlighted by economists.

Leaving school

- 1.42 Modern education is specifically geared to provide children with the training and qualifications they need to progress in further studies and/or training in order to earn their living. However, academic training is not enough. It is increasingly found that qualities of character are as important as mental ability for successful study, as well as for a career (see Question 7 – study from New York). Character development is all the more important in the current economic climate when work is hard to come by. PSHE offers a specific opportunity to pursue this, and to inspire the children's development during the rest of the day, at home as well as at school.

Marriage

- 1.43 Marriage is already singled out in the official Guidance for SRE⁹, which states that children should learn “the significance of marriage and stable relationships as key building blocks of community and society”. This is in effect saying that the goods of marriage (and stable relationships as they approximate to marriage) extend far beyond the well-being of the couple and even of their children. The life of the community itself depends upon them.
- 1.44 All societies have recognised marriage, in civil as well as religious terms. It accomplishes in the most efficient manner the two complementary aspects of childrearing: nurturing and breadwinning. How these jobs are divided up will vary with the couple but they cannot be adequately accomplished by one person because they are each too time consuming.
- 1.45 If one person embarks on parenthood alone (usually the mother), she inevitably relies on others to help her. Most often in modern society this includes the State. Single parenting is hugely costly to the public purse and yet it pays poor dividends. It is no longer controversial that children suffer when they are brought up without a father.

The Good Childhood Report and the father effect

The Good Childhood Report states that at least 40% of children in the UK today no longer live with both biological parents and in a country with 11 million children, this means that over 5 million children no longer have the stability provided by a home headed by both biological parents. As far as fathers are concerned, it is often their *absence* that children have to live with as well as with a range of 'replacement fathers' such as stepfathers, new boyfriends or wider family members like uncles and grandfathers.

According to this report, most children hate the loss of contact with their fathers and "often experience substantial distress, anger or self-doubt as result". In Britain nearly a third of all children whose parents have separated "have no contact with their fathers three years after the separation". ... The impact of this upon children is becoming more and more apparent in our schools with many young boys and girls lacking regular and loving contact with their fathers. The closeness of fathers to their children influences the children's "later psychological well-being, even after allowing for the mothers influence". We know from numerous research studies in the UK that if fathers are more involved with their children (other things being equal) their children develop:

- better friendships
- better empathy for others
- higher self-esteem
- better life satisfaction
- higher educational achievement
- lower rates of involvement with crime or substance abuse

By contrast, if children experience a lot of conflict with their fathers or find them harsh, neglectful or absent, they are much more likely "to become destructive and aggressive themselves". Children whose

fathers are bullies for example, are much more likely to become bullies themselves. The impact of fathers upon their children's lives shows up particularly in adolescence where closeness to their fathers has a

⁹ See the Introduction to *Sex and Relationship Education Guidance*: Ref: DfEE 0116/2000, paragraph 4 (p. 4).

profound influence upon adolescent children's sense of worth and upon their educational achievement. There is also increasing evidence that when children live apart from their fathers, they have considerably increased risks (over 40%) of mental health problems. Fatherlessness is therefore a key social and existential issue for both children and wider society today.

Taken with permission from his address "The Gift of Fatherhood" delivered in London by Dr Stephen Milne in June 2011. The Good Childhood Report was published by the Children's Society in 2009.

- 1.46. Children of single parents are poor, and will become poorer given current pressures on the welfare budget. Today's children are tomorrow's parents and for this reason alone society has an interest in promoting marriage among the young.
- 1.47 Marriage is not only about the children but about the couple too. It is designed so that the spouses love and encourage each other in their respective and demanding roles, drawing sustenance and companionship from each other not only in the childrearing years but for the rest of their lives. Married people on average live longer, and are healthier and happier. They are richer and contribute more to the community than their unmarried counterparts¹⁰.
- 1.48 For boys, marriage offers the greatest prospect that they will bring up the children they father. Children should not be seen as a burden to be avoided. They are a responsibility but also a gift, to men as well as to women. It is a message of hope to boys, especially to those from split families, that it matters to their children that they are there to bring them up. "Any man" substitutes are not the same.
- 1.49 There needs to be a much greater awareness of the deep fear of loneliness single adults can experience as they get older and as the time approaches for children to leave home. Those parents who have lost contact with their children and have failed to form new family ties can expect even less solace and support in their declining years. Where the numbers of such lone adults multiply society faces a problem.
- 1.50 Marriage makes public an exclusive commitment to one person for life. It is the summit of sexual relations and has great appeal to children. Most children want to get married, even if their own parents are split up. Given the many advantages which come with marriage it is only just that children from broken homes should be given the help to achieve it.
- 1.51 At present much SRE has become distorted from its mission to prepare children for life and has instead focused on the teenage years in an effort to stem untimely pregnancy. The strategy has been to treat all pupils as potentially promiscuous and to drill them in the use of contraception. To do so, it is necessary to override natural reticence

¹⁰ "Government and survey data overwhelmingly document that married-parent households work, earn, and save at significantly higher rates than other family households as well as pay the lion share of all income taxes collected by the government. They also contribute to charity and volunteer at significantly higher rates, even when controlling for income, than do single or divorced households, leading Arthur Brooks of the American Enterprise Institute to write that "single parenthood is a disaster for charity". Data from an earlier wave of the survey reveal the disparities of household income among a greater range of household types with children under 18. For 2001: intact, married families had a median income of \$54,000; stepfamilies, \$50,000; cohabitants, \$30,000; divorced-single parents, \$23,000; separated-single parents, \$20,000; widow parents, \$9,100; never-married single parents, \$9,400." Extracted from "The Family GDP: How Marriage and Fertility Drive the Economy" by Patrick Fagan in *The Family in America Journal of Public Policy* (Spring 2010); see http://www.familyinamerica.org/index.php?doc_id=9&cat_id=7

and break down the very modesty which helps protect sexual restraint. It, and the sensitivity rightly shown towards those from broken homes, destroys teaching marriage¹¹.

- 1.52 Marriage can be taught in a way which is acceptable to all children (see 6.42-48 below). As an ideal, it cannot be confused with stable relationships, which have no firm point of beginning or ending. The stable relationships which survive are a small percentage of the many sexual relationships which have floundered. Young girls in particular, looking for love, can easily persuade themselves that they have found it when the boy is just having a bit of fun. Children from broken homes are all the more prone to deception.

Values Education compared with SEAL

- 1.53 Much of the teaching in a Values Education programme will be similar in content to that already being taught under SEAL and can incorporate many of the same elements. However, the underlying philosophy should not be confused.
- 1.54 Values Education teaches that all behaviour reflects underlying values, and that these values are either constructive or destructive of individual and community well-being. Because these values apply universally, to everybody in any culture, pupils can be lead to discover them for themselves. Exploration of values thus still occurs but respect is given to received wisdom and young people are encouraged to use their powers of reason, informed by all the faculties, including the emotional but also the spiritual.

Putting quality into PSHE

- 1.55 PSHE can quickly get a bad name if it is given inadequate time within the curriculum, if lessons are not well planned to give an overall sense of purpose, and if topics are glanced over. The recommended amount of curriculum time at Key Stage (KS)¹² 2, 3 and 4 for PSHE, Citizenship and RE should be a minimum of 8%, or 5 hours in a 50 one-hour-lesson two-week timetable.
- 1.56 Teachers need specific training in how to teach PSHE and Citizenship. They need to develop skills of sensitivity in leading discussion while also letting the children lead them, and in taking part in the learning while not projecting their own emotional response on to the children. Many teachers of *Alive to the World* comment on the solidarity that is built up between them and the children and among the children themselves. PSHE resources also need to look good and be of high quality through each of the Key Stages. Good resources give a sense of purpose and continuity to a subject which can easily disintegrate into patchiness. Children sometimes comment that they can be are halfway through a PSHE lesson before they discover what the subject is.
- 1.57 High profile and positive role models invited into the school can also have a very good impact.

¹¹ Ofsted in its 2010 report on PSHE mentions the word marriage only once, and then in passing (see 10.10 below).

¹² Mandatory school education in the UK is divided into Key Stages (KS) 1 (5-7 years); 2 (7-11 years); 3 (11-13 years); and 4 (13-16 years). Some students stay on for another two years in the Sixth Form.

Question 2: Have you got any evidence that demonstrates why a) existing elements and b) new elements should be part of the PSHE education curriculum?

- 2.1. Little evidence has been produced to show that the existing approach to PSHE, and even more to Sex and Relationships Education (SRE), is having a positive effect on young people's well-being. We argue for a radical change in the way PSHE is delivered, as outlined in our responses to questions 1 and 6. We believe that this can be done within the existing non-statutory framework.

Anti-bullying programmes

- 2.2. Unkindness between pupils can be successfully addressed within values education without the negative connotations of an anti-bullying programme. Nobody wants a child to be bullied, but anti-bullying programmes as such can create as many problems as they solve.
- Human relationships are too subtle to be fitted into stereotype settings. Words or actions bandied about among friends are received quite differently when addressed to a disliked or vulnerable child.
 - Openness and trust can be replaced by a spirit of self-defence in which other people's motives are held suspect.
 - Children come to see themselves in the role of victim when in fact they are being teased. Learning to be teased, provided it does not get out of hand, is part of growing up. The best antidote is usually to take no notice.
 - The relationship between bully and victim is sometimes complicated. Victims can become bullies or use their vulnerability to get others into trouble unfairly.
 - The bully may resent the victim for "sneaking" and get at the victim in subtler ways outside the view of the teacher.
 - There is no evidence that anti-bullying programmes are working. In particular, cyber-bullying is now worrying everybody¹³, while foul language online, even among friends, is endemic.

¹³ The *Teens and Cyberbullying* report carried out for the US National Crime Prevention Council in 2007 by Harris Interactive said that 43% of 13-17-year-olds had experienced cyberbullying in the last year. The majority of teens did not consider that intervention by schools would work or make matters better.

- Anti-bullying programmes are not popular with children. Below are some typical responses:
 - "I'm not a bully, and I don't like being lectured as though I am one."
 - I thought the whole programme stupid. It was so unrealistic, with its set phrases, like '*I know you are, but what am I?*'"
 - "It elevated us into feeling like victims when we weren't."
 - "The Golden Rules are so patronizing. You can't always put things in a positive way. I mean, '*Keep somebody alive*' is just not the same as '*Don't kill*'."

2.3. In values education, everybody is addressed, without reference to whether or not they are bully or victim. Negative behaviours of any kind are shown up for what they are, and positive values put in their place. All of us can learn to improve in virtue.

2.4. Values education is popular among students and has had measurable success in improving their interaction and their behaviour to each other (see Question 8).

Experiences from the UK programme of Alive to the World:

- One teacher told us that, within six months of introducing the programme, there was a tangible improvement in pupil behaviour throughout the school day "based on greater empathy, if I had to give it a word".
- Teachers report having to improve their own conduct. "You can't teach *Alive to the World* without noticing if, for instance, you are taking it out on the children when in fact you are just over tired or stressed yourself."
- A head of PSHE was surprised to find a Year 7 class engaged in *Alive to the World* during a free period. "The pupils asked for it," the teacher explained.

2.5. Sex education needs a different approach (for much fuller treatment of this subject, see our response to Question 6). At primary level, the role of schools should be as a support to parents rather than in teaching the children direct. At secondary level, new standards of accuracy and decency should be demanded, with independent vetting of all materials used in schools. The sex education curriculum needs to be brought up to date and include:

- The full science of fertility, including the mucus cycle
- The concepts behind natural management of the menstrual cycle to achieve and avoid pregnancy
- The science behind contraception, including its side-effects and realistic figures for failure rates as they apply to young people
- STIs and the minimal protection offered by condoms
- Brain development, including the chemistry of bonding
- The economy of the family, including the latest research into the value of fatherhood as well as motherhood and the importance of marriage
- The danger of pornography¹⁴.

¹⁴ Pornography is acutely addictive and disruptive of sound relationships. It is can also become associated with violent behaviour. See article by Christopher Carmouche "*The Scope and Detrimental Effects of Worldwide Pornography*" at

Question 3: Which elements of PSHE education, if any, should be made statutory (in addition to sex education) within the basic curriculum?

- 3.1. The purpose of PSHE is to improve the personal well-being of the students, measured against their behaviour. How this is achieved should continue to be left to the discretion of the schools.
- 3.2. It is especially important that Primary Schools continue to have the freedom to decide what if anything they wish to do in the way of PSHE and sex education, in consultation with parents. Sex education is a sensitive subject which parents have a right to impart to their children in their own time and in their own way. Where the role of the school can be enormously helpful is in providing parents with the latest knowledge of fertility and with suggestions on how this can be put across to the children (see also our reply to Question 6).

Question 4: Are the national, non-statutory frameworks and programmes of study an effective way of defining content?

- 4.1. Yes, they are. What is important is that schools know the frameworks can be treated as non-statutory and that government incentives, such as the Healthy Schools Mark, are not tied to specific ways of interpreting them (see also question 5 below), in effect limiting schools' freedom.
- 4.2. The core values we suggest under Question 1 can be highlighted within existing guidance.

<file:///C:/Documents%20and%20Settings/User/My%20Documents/Alive%20to%20the%20World/PSHE%20targets%20and%20RE%20curriculum/Government%20Review%20of%20PSHE%20Nov%202011/Reference%20documents/WCF%20article%20on%20pornography.htm>

Question 5: How can schools better decide for themselves what more pupils need to know, in consultation with parents and others locally?

- 5.1. Consultation with parents needs to take place not only locally but nationally whenever guidance to schools is updated and when programmes are created and promoted through government agencies. PSHE, and most particularly sex education, are delicate subjects in which the views of parents should be given close consideration.
- 5.2. Teachers, parents and pupils today are alike agreed that young people should be well informed about the truths of their sexuality. Where there is a division is on who should be doing what of the teaching, especially at primary school age (parents or schools), and which of two contrasting strategies should be adopted (the first assuming that sex encompasses the whole person and should be kept for marriage or stable adult relationships, and the second that children will be sexually active and giving them instruction in contraception).
- 5.3. It is notable that, in the history of sex education in our country, the views of parents have had minimal influence on the programmes sponsored by public agencies, all of which have followed the second strategy. Neither the *Teenage Pregnancy* report of June 1999 nor Sir Alasdair Macdonald's Independent Review of PSHE in 2009 include a survey of parental desires – the only mention of parents in the Macdonald Review was to question if they should be allowed to remove their children from sex education classes they did not want. The last time parents views have in any way informed government policy was through Isobel Allen's small survey, when the question was if parents wanted sex education, and not what kind (see Annexe B).
- 5.4. For a study of parents' views on the kind of sex education they may want for their children one has to go to America, where a survey based on telephone interviews with 1,004 parents discovered that only 7% of parents wanted teenagers to be taught that sexual activity is acceptable provided contraception is used:

Some 47% of parents want teens to be taught that "young people should not engage in sexual activity until they are married." Another 32% of parents want teens to be taught that "young people should not engage in sexual intercourse until they have, at least, finished high school and are in a relationship with someone they feel they would like to marry."

When these two categories are combined, we see that 79% of parents want young people taught that sex should be reserved for Marriage or for an adult relationship leading to marriage. Another 12% of parents believe that teens should be taught to delay sexual activity until "they have, at least, finished high school." Only 7% of parents want teens to be taught that sexual activity in high school is okay as long as teens use contraception.

From What do Parents Want Taught in Sex Education Programs? by Robert Rector, Melissa Pardue and Shannan Martin (Heritage Centre), January 2004 at <http://www.heritage.org/Research/Reports/2004/01/What-Do-Parents-Want-Taught-in-Sex-Education-Programs>

A similar survey carried out in the UK might or might not say the same thing, but surely it would be worth the effort to find out.

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- 5.5. Parents should further be told of the true risks of contraceptive failure that their children face, and of the side-effects of taking the pill at a young age (see Annexes C and D). If parents were taken on board in these two things, the teenage pregnancy and STI rates could be predicted to drop without further government intervention.
 - 5.6. It was already envisaged in the *Teenage Pregnancy* report (11.10, p. 95) that schools and other community centres should help support parents so that they can talk to their own children about sex. This is important and much more should be done to implement it (see also 6.31 – 6.34 below).
 - 5.7. A national council should be set up to vet all sex education materials before they can be used in schools, whether in PSHE or in the science curriculum, for accuracy, decency and age appropriateness (see our Recommendations on p 9). This should have significant representation from parents and should be accessible to them.
 - 5.8. There should be a greater range of well-produced programmes available to schools so that, at a local level, schools and parents have a genuine choice in what they teach. At present, a few programmes, such as Channel 4's *Living and Growing* primary school package, are pushed hard by Local Authorities so that schools have in effect little say in what is taught.
 - 5.9. It should be recommended that schools set up focus groups on PSHE and SRE made up of parents, governors and teachers so that schools get proper feedback on how they are performing across the PSHE spectrum and can better decide how to tailor future topics. Focus groups are a good way to work with parents on sex education.

Question 6: How do you think the statutory guidance on sex and relationships education could be simplified, especially in relation to a) strengthening the priority given to teaching about relationships, b) the importance of positive parenting and c) teaching young people about sexual consent?

- 6.1. Relationships education should be key to the whole of PSHE, as stated under Question 1. By building up programmes around the core values suggested there, the foundations are laid for good relationships of all kinds, within the home, at school, and in the wider community.
- 6.2. Children know that boys and girls are different from each other and that the differences run much deeper than mere physiology. They want explanations of the emotional and spiritual complementarities between the sexes and how these contribute to the richness of life.
- 6.3. Schools should be preparing girls for the creative tension commonly felt between work and bringing up a family, with careers guidance taking both factors into consideration¹⁵.
- 6.4. Boys should also be prepared for their roles as husbands and fathers. They should know that their wives as well as their children will depend upon them as the family mainstay and that fatherhood brings with it a unique dignity as well as responsibility. Those who work with disaffected youth explain that boys in particular are suffering from a sense of worthlessness. Many have grown up without a father, and the girls they consort with shy away from depending upon them, preferring the stability of state-provided housing and benefits. Boys urgently need to feel that somebody relies on them. It is noteworthy that the prison population is overwhelmingly unmarried.

¹⁵ Catherine Hakim's ground-breaking research *Models of the Family in Modern Societies* (Ashgate), 2003, revealed that women's lifestyle preferences are different from men's. Dividing women between those who are work centred, home centred and adaptive between the two, she found that by far the largest number (69%) are adaptive. This choice is intrinsic and has virtually no connection with political and religious values. More recently, the report *What Matters to Mothers in Europe*, presented by the Mouvement Mondial des Mères Europe (World Movement of Mothers Europe) to the European Parliament in May 2011, looked specifically at the desires of mothers. Based on 11,000 responses from across Europe, a unifying complaint was that nobody had prepared them for the change of priorities motherhood gave them. Three out of five wanted part-time work while they had children at home with 83% agreeing that teenagers need mothers around. There was strong feeling that caring for the family is not given the kudos it deserves and that mothers should be given more leeway to decide their own work/family life balance. <http://www.mmmeurope.org/sites/mmmeurope.org/files/documents/MMM%20BROCHURE%20What%20Matters%20to%20Mothers%20in%20Europe.pdf>. For a personal article on the subject, see "The bride who was groomed for a career" by Harvard graduate Lea Singh at http://www.mercatornet.com/articles/view/the_bride_who_was_groomed_for_a_career.

- 6.5. (b) What extra may be needed on positive parenting should be left to parents and teachers to decide.
- 6.6. (c) The subject of consent will become more obvious in the context of studying the sexual chemistry of the brain (see Annexe E), which should be recommended as a topic for SRE in Secondary School. They will learn that all sexual activity with another person is directed towards sexual intercourse to which they will inevitably be drawn as they engage in more intimate behaviour. Sexual consent can easily become blurred, especially if they have been drinking or taking drugs. They should be taught the reasons for waiting for marriage.

A more fundamental question on SRE which we address below is:

Why is sex education failing and what can be done about it?

- 6.7. SRE was introduced into schools with the specific aim of reducing teenage pregnancy. There are essentially two methods to avoid teenage pregnancy:
- To assume that teenagers can have rich friendships without sexual intercourse and to give young people aspiration towards marriage and to teach them to control their sexual desire for its greater fulfilment when they are grownup. The two approaches cannot be satisfactorily mixed, even in the junior years.
 - To assume that teenagers will be sexually active and provide education in contraception to prevent resulting pregnancies.
- 6.8. Current PSHE guidelines are broad and to a large measure allow for either method to be used, especially in the younger age group. However, it is notable that, in the history of sex education in our country, the views of parents
- 6.9. have had minimal influence on the programmes sponsored by government agencies, which have all followed the second strategy¹⁶. This method has serious and persistent drawbacks.

Contraceptive failure

- 6.10. Contraception is promoted to teenagers on the basis that it works; the entire approach to having a responsible attitude to sex assumes this. However, in practice the method failure rates for teenagers are substantially higher

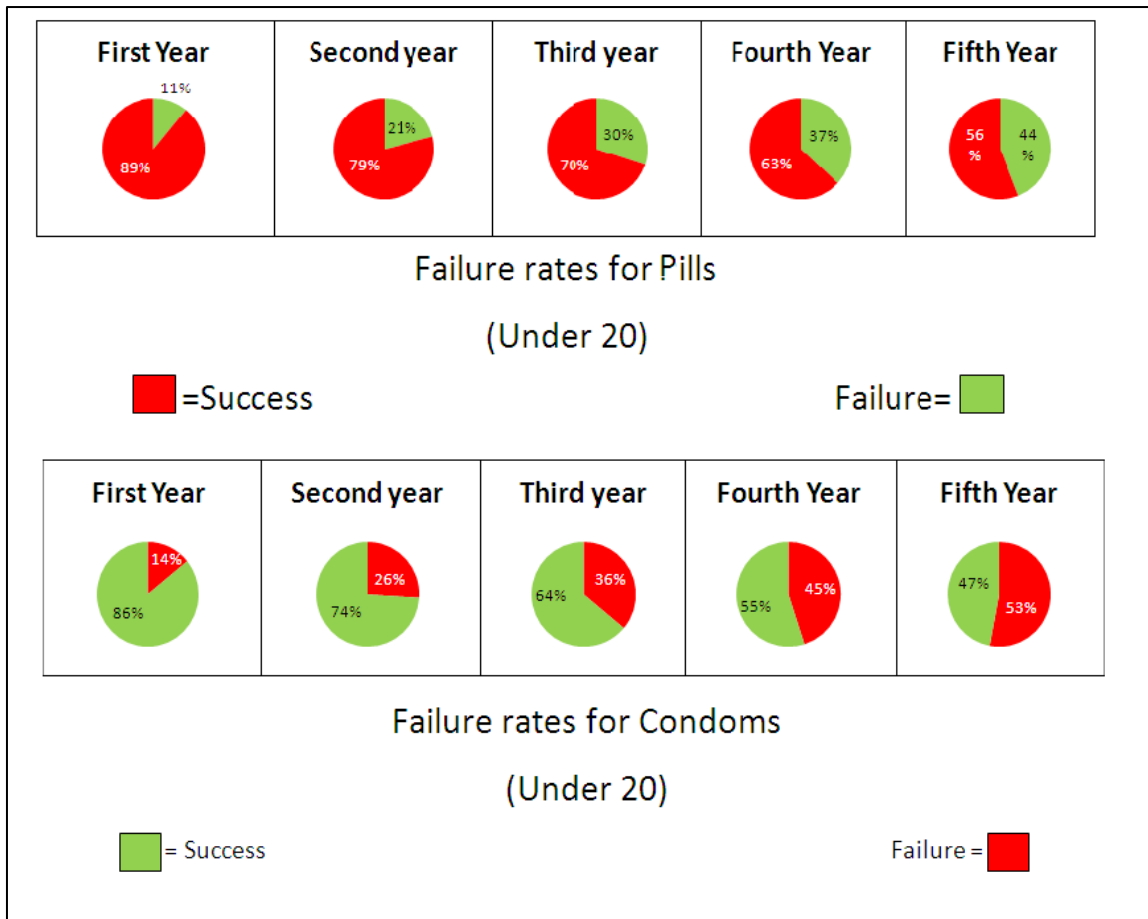
¹⁶ See the report *Unhealthy Confusion* (2011) produced by the Family Education Trust which describes how the Healthy Schools Programme has been used to enforce programmes sponsored by the Sex Education Forum beyond statutory need. The example of the Netherlands is often used to support this strategy, even though the reasoning behind this has been fully discredited. (See *Deconstructing the Dutch Utopia: Sex education and teenage pregnancy in the Netherlands* by Joost van Loon with additional research by Norman Wells (Family Education Trust), 2003, which can be found at: <http://www.famyouth.org.uk/pdfs/DDU.pdf>.)

than for the population at large. The Social Exclusion Unit's *Teenage Pregnancy* report of June 1999¹⁷, on which the Government's Teenage Pregnancy Strategy was based, refers to this only obliquely (for the quoted text and fuller treatment of this argument, please see Annexe B attached).

- 6.11. The September 1991 report of the Royal College of Obstetricians and Gynaecologists (RCOG) Working Party on Unplanned Pregnancy¹⁸, whose recommendations formed the basis of an earlier Government initiative on contraception-backed sex education, is much franker. Figures imported from the US show that, for young people under the age of 20, the Pill failure rate was 11% and the condom failure rate was 14%. Extrapolating from these figures, the cumulative failure rate over five years thus becomes:

¹⁷ *Teenage Pregnancy* prepared by the Social Exclusion Unit and presented to Parliament by Prime Minister Tony Blair in June 1999.

¹⁸ ISBN 0 902331 54 X. Our figures are taken from their graph given on page 42 of their report. Copies of the report were obtained from the Royal College of Obstetricians and Gynaecologists.



Extrapolation from figures quoted on page 42 of the Report of the RCOG Working Party on Unplanned Pregnancy. The original figures came from Jones, E. F. And Forrest, J.D. (1989) Contraceptive failure in the United States

"A retrospective UK study in general practice found that 93% of pregnant teenagers had consulted a healthcare professional at least once in the year of conception, 71% had discussed contraception and 50% had been prescribed the oral contraceptive. Eighty per cent of unplanned pregnancies result from contraceptive failure (mainly condom failure) rather than from non-availability of contraception."

From the witness statement by Dr John McLean in the High Court of Justice, CO/5307/2004, quoting British Medical Journal ref 321: 486-489. 310: 1644; and 311:806-807.

6.11. It is often difficult to determine when contraception fails young people because the methods are unreliable and when they fail because they are used unreliably. What remains true is that a large number of those who present with an unwanted pregnancy are using contraception in some fashion, or have done so in the past. To an extent it does not matter whether contraception fails because of the method or because the user is unsuited to the method. The Social Exclusion Unit's report *Teenage Pregnancy*¹⁹ describes the difficulties of getting young people to use contraception rigorously, tying in with what we now know about adolescent brain development and psychology. Sex educationalists assume that more education, beginning at a younger age, will change the way young people think and behave, but the grounds for their optimism are difficult to discern.

Contraception and its side-effects (see Annexe B)

- 6.12. Promoting contraception to teenagers has another deleterious effect in that it undermines the teaching against the use of drugs for social ends. Either taking drugs for social reasons is always a health risk (in which case hormonal contraceptives are to be avoided) or the risks they involve are worth taking (in which case there is not much to choose between anabolic steroids, recreational drugs or contraceptives).
- 6.13. The Pill might be excepted if it did no more than boost the natural hormones of the body. However, this is far from the case²⁰. First of all, the hormones in the Pill are not natural: in order to be cost effective artificial hormones are used, and the "progestens" that make up the progesterone element are derived from artificial testosterone. Secondly, fertility is intrinsic to a healthy woman's body and it takes a very large dose of hormones to shut it down. The progestens in the Pill are between 1000 and 5000 times more powerful than natural progesterone.
- 6.14. It has always been known that there are health risks attached to contraceptives. What is less certain is how these risks may increase when given to children whose bodies are not yet fully matured. Statistics will only develop over time since associated problems can emerge decades later.
- 6.15. The hormones in the Pill act on the pituitary gland in the brain and affect organs throughout the body (the Pill, for instance, can affect the eyes²¹). All of the reproductive organs are targeted, including the cervix which ages prematurely, increasing the likelihood of later infertility.

¹⁹ Op. cit. See pp. 50-51.

²⁰ See *The Bitter Pill*, by Dr Ellen Grant (Elm Tree/Hamish Hamilton), 1985, pp 17-21 for a description of how the Pill works. Dr Grant worked at first hand on developing the Pill and tells how it started, how dosages of every sort were experimented with in the early days, including the modern "Mini-Pill", and how and why side-effects occur.

²¹ *The Bitter Pill*, p. 43 and, e.g., <http://ehealthforum.com/health/topic19940.html#b>

Sexually Transmitted Infections (STIs)

- 6.16. Even if contraceptives were foolproof, the policy of assuming that teenagers will be sexually active and providing them with contraceptives is undone by STIs. The *Teenage Pregnancy* report lists on page 49 some already alarming data current at the time of the report (1999). Between 1999 and 2003, just four years later, the total number of consultations in the STI clinics of England, Wales and Northern Ireland rose from 552,341 to 1,419,794, with the young appearing most often. This is despite the large quantities of money the Teenage Pregnancy Strategy invested in sex education and contraception. STIs have risen dramatically since, although there has been a welcome drop in some during the last couple of years (see graphs on page 35 and text following)²².
- 6.17. *Teenage Pregnancy* has nothing to offer except condoms, which it assumes protects against all infections in equal measure. This is not backed up by the scientific evidence:

In the year 2000, a number of US Federal Agencies sponsored a workshop to answer the question: "What is the scientific evidence on the effectiveness of latex male condom use to prevent sexually transmitted disease transmission during vaginal intercourse?" 180 persons attended the workshop and the data from numerous peer-reviewed published studies were discussed. Following the workshop, a panel of 28 experts produced a report published by the US National Institute of Allergy and Infectious Diseases, National Institutes of Health, Department of Health and Human Services in 2001.

The data considered in detail concerned condom use in eight specific sexually transmitted diseases: HIV, gonorrhea, chlamydial infection (including gonococcal and chlamydial pelvic inflammatory diseases), syphilis, chancroid, trichomoniasis, genital herpes and genital HPV infection and associated diseases (i.e. cervical dysplasia, cervical cancer and genital warts).

The only firm conclusions reached were that consistent condom use decreased the risk of HIV transmission in both men and women by approximately 85% and that correct and consistent condom use could reduce the risk of gonococcal transmission for men. With regard to chlamydia, trichomoniasis, genital herpes, syphilis, chancroid and gonococcal transmission to women there was insufficient evidence to draw definite conclusions about the effectiveness of the latex male condom in reducing transmission of these diseases. For HPV there was no evidence that condom use reduced the risk of transmission."

From the witness statement by Dr John McLean in the High Court of Justice, CO/5307/2004

²² Data given in this and the next three paragraphs has been provided by Dr John McLean, Senior Lecturer in Anatomy and Embryology in the University of Manchester, 1972-1992, and Practitioner of Genitourinary Medicine in the Manchester Royal Infirmary, 1976-2004.

- 6.18. Effective treatment is available for *bacterial* infections if they are caught early enough. However, given the number of patients, the reluctance of teenagers to visit clinics, and the asymptomatic nature of infections like chlamydia, many bacterial infections are not being treated early enough if at all. Their possible sequelae include pelvic inflammatory disease, ectopic pregnancy, tubal occlusion, infertility, prostatitis and arthritis, all of which are difficult and very costly to treat.
- 6.19. The *symptoms* of viral infections can also be treated, but with some infections the *virus itself* remains in the body forever, and can continue to be passed on to other people. For a young person this is a tough sentence, and inevitably encourages the patient to discount its existence, or simply to disbelieve it. Living a lie of this kind takes a serious toll on the young person's future relationships.

Relying on others

- 6.20. Teenagers are being taught that they can engage in sexual activity safely provided they are responsible about using contraception, but in practice they also cast themselves on the reliability of their partners. This can be dangerous.

John Guillebaud, in his book *Contraception: your questions answered* (3rd Edition, p. 46) reports on a study from Georgia, USA:

"Among 98 male students aged 18-29 who participated in a standardized interview about their use of condoms, 50% reported ever experiencing condom breakage.

Among these 49 men, 15 (30%) had at some time failed to disclose knowledge of a broken condom to their female sex partner, nine of them many times! Overall, 13.2% of condom breakage episodes were never revealed to the partners! The reasons given were:

- unwillingness to interrupt intercourse because orgasm was approaching
- wanting to avoid being blamed for the break
- desire to minimize anxiety of the partner about the break.

I was rendered quite speechless when I first learnt of this little study!"

- 6.21. A condom which has been in a hot pocket or cold car is not the same condom as that bought over the counter, but will the partner know? And will girls who fail to take the pill regularly always tell their boyfriends? There are many reasons to suppose not, including embarrassment, forgetfulness and even sometimes intent.

Contraception and the environment

- 6.22. It is one of the ironies of modern life that, just when mistreatment of the environment has become a major social issue, the ecology of the body has been neglected. Much has progressed since the Pill was first invented in the 1960s and we now have a clearer idea of how it damages the female reproductive system. It is already recommended that women remain on the Pill for no longer than five years at a stretch. Mature users tend to go

for sterilisation, which is now the most popular form of family planning in the latter days of a couple's fertility. This is hardly an option for young people setting out in life.

- 6.23. There is also growing concern about the effects of the Pill on the environment. Worrying levels of oestrogen are building up in river water in many countries where hormonal contraception is widely used, damaging wild life and male fertility. A causal link is suggested: the Pill raises women's oestrogen levels several hundred times, and this passes through their effluent into the sewerage system. Whereas natural oestrogen breaks down in water after two days, artificial oestrogens take 81 days and survive water treatment²³.
- 6.24. Most recently, David Margel and Neil Fleshner of the University of Toronto have found that countries where the Pill is widely used tend to have higher rates of prostate cancer.²⁴ They suggest that the link should prompt research into the issue.
- 6.25. More research also needs to be done into how children born to women who have been using hormonal contraceptives may have been affected by them.
- 6.26. We may have here an issue similar to passive smoking whereby unconnected people are being affected by the habits of others. While it is difficult to change the behavioural patterns of existing contraceptive users, it must make sense to teach the young to manage their fertility without recourse to strong drugs and invasive devices.

Time for a new start (see also Annexe B on the history of sex education)

- 6.27. The only answer to contraceptive failure presented by teenage pregnancy strategists to date has been to start sex education earlier and to make contraception yet more widely available. This response does not tackle any of the problems listed above. Nor does it address the well-know principle of risk displacement, whereby patients engage in more risky behaviour because they believe that they are protected.
- 6.28. It is difficult for sex educationalists to be honest about failure and side-effects given that they have the task of encouraging reluctant teenagers to use contraception.
- 6.29. Young people can only make informed decisions about their sexual lives if they are given the full truth of the risks they take. However, adolescents are not equipped to take decisions which may affect them for the rest of their lives (see Annexe E on adolescent brain development). Children may experiment with tobacco, drink and even with drugs, and come through to lead full and healthy lives. Second chances are not always there for sexual misadventures, which can have a permanent impact in pregnancy, disease, or later infertility.
- 6.30. It is not only girls who are suffering. Society is ignoring what may happen to boys when they father a child before they can take responsibility.

²³ Figures are taken from a talk by Stephen Mosher, President of the Population Research Institute, given in London, May 2010.

²⁴ "Oral contraceptive Use Tied to Prostate Cancer", in *BMJ Open* (14 November 2011). See <http://www.medicalnewstoday.com/articles/237655.php>

Returning sex education to parents

- 6.31. The *Teenage Pregnancy* report recognises that parents have most influence on their children's sexual behaviour, commenting that children from families that talk about sex are likely to start sex later (see Chapter 5 and p. 95). It goes on to recommend that schools and community centres offer parents support in talking to their own children.
- 6.32. In recommending that sex education should be returned to parents, we are therefore only emphasising a forgotten aspect of the Teenage Pregnancy Strategy. We believe that the intimate details of sex education, which always involve more than the bare biological facts, should at primary school level always where possible be left to parents, with up-to-date resources provided by schools to help them in their task²⁵. The reasons for this include:
- Children expect their parents to be their mainstays in everything which touches them closely, and they have a right to depend upon them also in the sexual field. Children also learn best at home, where sometimes only the odd word needs to be said at the right moment.
 - Young people mature at different rates. Nobody can know what damage is being done to even one child by inappropriate teaching. There are already tales of children being traumatized by present popular programmes.
 - Sex is a modest subject, which is why adults shrink from it. Children's modesty is just as important, and is part of their armoury of self-restraint.
 - Parents can impart sexual knowledge in such a way that it casts out the fear of growing up and instead recognises the manhood and the womanhood within the child. It is an important rite of passage which many people now miss. When it is taken up, it can create a bond of trust with the child which makes it easier to give continuing advice.
 - Parents have only the best desires for their children at heart and will never knowingly mislead them. The same cannot be assumed of sex education programmes or even biology books²⁶.
- 6.33. Sexuality strikes to the depths of a person and each awakening child thrives most when cherished individually. The ideal is for parents to teach sexuality to their own children, by word and example. However, with increasing consistency over the last four decades, all children have been treated to the same programmes of school sex education that might have been designed for the most vulnerable. This has debilitated those from good homes who might have been natural leaders in giving sexuality a healthy tone at school, so countering the group dynamics of those in a less fortunate position.

²⁵ Alive to the World UK is about to launch on our website a series of ten downloads for this purpose. Please see Annexe A.

²⁶ The *Living and Growing* Primary School Programme of sex education <http://shop.channel4learning.com/?page=shop&pid=1707> is now the most used programme in the UK. Many parents have objected to its explicit cartoons. I was astounded that it does not even describe the biology of the menstrual cycle correctly. The chapter on Human Reproduction in my son's science book was also riddled with mistakes. See Annexe B . LK

6.34. Now a much increased number of parents have unfortunately suffered in their own sexual lives and carry with them wounds of grief and guilt which may make it difficult for them to teach their children openly without reliving their past in a painful way²⁷. Some may shy away from the task, or become angry. The sensitivities are real and can be overwhelming²⁸. They can affect teachers as well as parents. Each individual case calls for great sensitivity and tact and for flexible support on the part of the school. What is most important is that the next generation is taught correctly and does not suffer unduly from the brokenness of the last. It is also essential that teachers are given thorough training before undertaking sex education so that they know and respect the goods of marriage, fertility and awakening adolescent psychology.

Secondary school sex education

6.35. Sex education at secondary school should be based on policies of building up strengths of character so that young people are alive to themselves and to the world and are ready to give their all to a good marriage when the time is right. **Marriage, rather than stable relationships, needs to be the stated goal for sexual fulfilment.** Without such a cut-and-dry aspiration, young people are left without firm moorings when they leave school.

6.36. This is when the greater danger lurks for most young people. Many are away from home for the first time, and it is easy to believe that an immediately satisfying emotional relationship is stable when in fact neither young person is yet in a position to make a permanent commitment. It has to be remembered that young people's faculty for making sound long-term judgments is not fully developed until they are in their mid-twenties.

6.37. Interesting research quoted by Janet Smith²⁹ suggests that encouraging young women on to the Pill may actually impair their judgment and make them less attractive to men.

"Males and females exchange hormones, called pheromones, and these are the cause of the chemical attraction between them. These hormones are received through the olfactory nerves. Many women testify that one of the things that most attract them to a man is the way he 'smells'. Some studies

²⁷ It is notable that when Isobel Allen did her research on sex education in 1985 (see Annexe B), it was especially single parents who wanted help from the school. Children are not equally liable to fathering or mothering a child in the teen years. The *Teenage Pregnancy* report of 1999 states that girls from social class V (unskilled manual) are ten times more prone than those in social class I (professional), a risk multiplied by living in care or being born to a single mother.

²⁸ For an excellent explanation of post-traumatic stress disorder (PTSD), see *Forbidden Grief: the Unspoken Pain of Abortion* by Theresa Burke with David C Reardon (Acorn Books), 2002, 2007. Guilt and grief can be healed when they are admitted and dealt with correctly. As with any wound, this involves a healing touch which is painful. Those who shrink from it can carry with them festering psychic disorders which are manifested in any number of different ways. Although PTSD is here described in the context of abortion, the same coping mechanisms, such as suppression, rationalisation, aggression, and denial, can apply to other griefs such as divorce, unmarried parenthood, or abuse. Justification, in which one assuages the conscience by projecting one's own conduct on to other people, is also common and is a particular danger for children.

²⁹ "The Social Footprints of Contraception", by Janet E Smith at <http://www.catholiceducation.org/articles/sexuality/se0169.htm>.

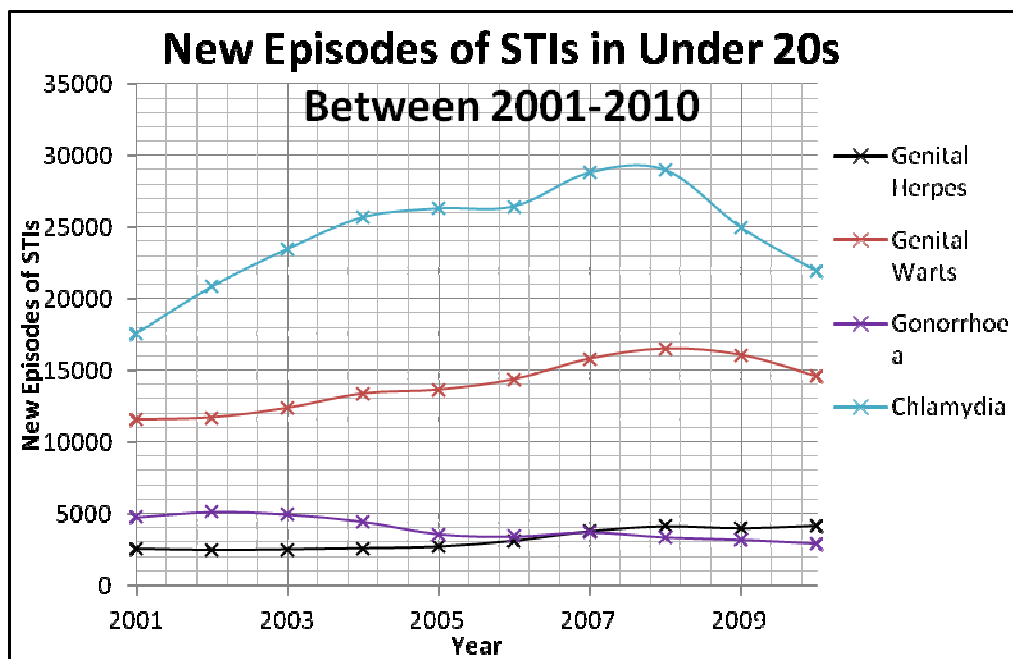
show that males and females who are more biologically compatible - that is, those who are more likely to be able to reproduce with each other - are more attracted to each other.

"But hormones also affect our judgment and responses in other ways. What is important here is that women who are on chemical contraceptives have squashed the influence of their normal fertile hormones. Chemical contraceptives work by putting a woman in a state of pseudo-pregnancy. When pregnant, women don't ovulate. Researchers who invented the chemical contraceptives realized that they could 'deceive' a woman's body into 'thinking' that it is pregnancy by giving it synthetic forms of the hormones that are present when a woman is pregnant. One problem with this scenario is that women respond to men differently when they are pregnant - or on a chemical contraceptive - and when they are not. And men respond to them differently.

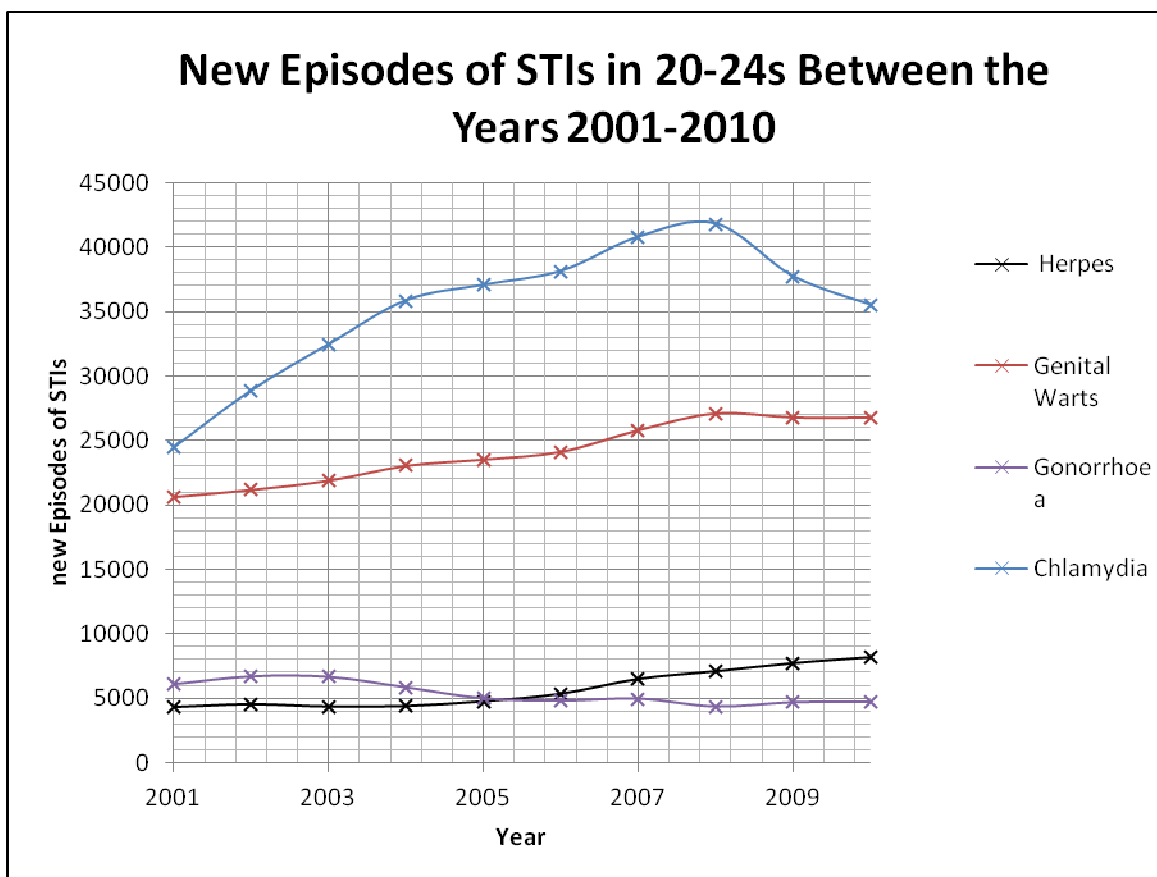
"Consider the T-shirt study report in the marvelous book *The Decline of Males* by Lionel Tiger. This study involved two groups of females, one that was on contraceptives and one that was not. It also involved a group of males who had been rated for their "evolutionary" desirability. The women, who never met the men, smelled the T-shirts and on that basis identified which men they thought would make desirable mates. The non-contracepting females chose the evolutionarily desirable males, the contracepting females chose the losers!"

*Extracted from The Social Footprints of Contraception, by Janet E Smith.
See <http://www.catholiceducation.org/articles/sexuality/se0169.htm>*

- 6.38. Those away from home have little to restrain them from indulging in much higher levels of sexual activity than school children. STIs climb correspondingly higher, as seen in these two charts.



Data is taken from the Health Protection Agency



- 6.39. Charts such as these do not tell the full story, since they only represent first episodes proven to be present by testing at a clinic. Many young people shy clear of clinics, especially given that various STIs, including chlamydia, herpes and genital warts, can be present without symptoms. A study recently released by Cancer Research UK announced that cervical cancer had risen by 43% between 1992-94 and 2006-08 among women in their 20s, despite an overall decrease in the incidence of the disease³⁰. It lamented that women, especially in their 20s, were failing to come to screening. Tests themselves are not infallible and results, depending upon the disease, can sometimes take months to emerge.
- 6.40. The highest standards of accuracy and good taste should be required of all sex educational materials, including those used during science lessons. There should be a requirement that they be vetted for accuracy, decency and age-appropriateness by an independent council on which parents, doctors, child psychologists and faith groups are represented.
- 6.41. Pupils should first be taught the truth of fertility, male and female, including the mucus cycle³¹, so that they understand the delicate balance of nature and the principles behind planning a family naturally. Where contraception is discussed at school, it should be mandatory that accurate information be given on how contraceptives interfere with normal bodily functions, their possible side-effects now and in the future, and typical failure rates when used by young people. Students should also be clearly told that condoms only protect against some infections, and that some STIs stay in the body for life.

Teaching marriage and sexual integrity

- 6.42. The first and necessary ingredient for teaching marriage is to believe in it. There is a growing body of research on the subject, especially from America, which shows that marriage makes sense economically, medically, socially and spiritually and that it out performs every other form of parenting in every respect. This information needs to be drawn together in teacher training so that teachers are also convinced and can project the subject with confidence. It should of course be understood that marriages can go wrong for any number of reasons, but the fact that they can go wrong does not mean to say that the model itself is out of date. Marriage is an anthropological reality in all cultures and provides the most successful framework for stability and satisfaction.
- 6.43. Marriages go wrong for many reasons but equally there are measures that can be taken to help them go right. It is simply untrue that everybody enters marriage with a similar chance of breakdown and again this needs to be put

³⁰ *The Times*, November 5 2011.

³¹ The importance of cervical mucus to fertility was first described nearly fifty years ago, and it is extraordinary that resources I have seen for teaching the menstrual cycle omit it. One cannot fully understanding human reproduction without it. There are also practical reasons for teaching the mucus cycle to girls. It is an obvious symptom which can help them to predict their next period. Without an explanation they can be upset. Dr John Maclean, formerly of the Manchester Royal Infirmary GUM clinic, told me that It was common for girls to come to his clinic worried by mucus.

across to young people. There is a lot they can do to prepare for a good marriage, just as there is much that they can do to train for a good career, and the sooner this idea takes hold of them the better.

- 6.44. A well-rounded, balanced person who works hard, is kind to everybody, is a loyal friend, looks after his person and has many interests is self-evidently more eligible than a lazy one who is unkempt, moody and dishonest. A high quality programme of PSHE drawn up round core values such as respect, honesty, responsibility and self-control (see our response to Question 1 above) prepares children to make the most of their studies and become productive citizens, but it also makes of them people attractive to the opposite sex. PSHE should underpin the remote preparation for marriage which is picked up in a good home, extending children's understanding to circumstances outside their own limited experience. Those children who are not so fortunate in their home background have a chance to learn anew and the younger it begins the better.
- 6.45. There is one specific item in remote preparation for successful marriage which runs counter to modern thinking, and that is in the treatment of bodily behaviour. In many other areas of life, greater accomplishment is gained from experience and it is regularly put about that this also holds for sexual experimentation. In practice, the opposite is the case. It is obvious when one thinks about it that a young person who has a history of sexual relationships with many partners, may have a catching infection and may have damaged fertility is not as inviting a proposition as a person with the strength of character to resist easy enticement. Study of the brain's makeup can now explain why it is that sex is like sticking plaster: it is designed to stick once and is weakened with every new application (see Annexe E). Patrick Fagan when he was Senior Fellow at the Heritage Foundation in the US, found that women who have only ever had one sexual partner have an 80% chance of a successful marriage. Add in one extra sexual partner and the figure drops to 54%, a second and it drops to 44%, with further drops thereafter³². Teaching marriage also means teaching sexual continence.
- 6.46. There is a further element to remote preparation for marriage, and that is teaching care of natural fertility. Knowing the truth about the body, and the intricate balance of nature by which the brain controls the reproductive systems in both men and women, is a mind-opening way to encourage children to respect their sexuality. The more they know, the more inclined they are to take care of themselves.
- 6.47. Teaching children the truth of their fertility when they are young has a further advantage, since it lays the foundations for managing their fertility naturally when they are older. They learn that women are infertile for the larger part of their menstrual cycle and that there are obvious signs when fertility is present. Using this information, it becomes unnecessary to use invasive contraceptives which can damage their own health and the environment. What is little known is that modern methods of Natural Family Planning are not only reliable when well taught³³ but that divorce rates among users are found to be well below the average³⁴.

³² Figures are taken from "The Dignity of the Children from Conception and its Right to Life, Home and Family", address given to the World Congress of Families in Warsaw, 12 May 2007.

³³ See e.g. <http://www.billings-ovulation-method.org.au/act/trials.shtml>. In China, there are some 40,000 Natural Family Planning teachers following the Billings method, which must be about 50 times per head of population what we have in the UK.

³⁴ The Couple to Couple League, for instance, found in an informal survey that, over a 24 year period between 1971 and 1995, only 15 out of their 1098 Teaching Couples had divorced, yielding a rate of 1.4% . For non-teaching couples, they estimated that the divorce rate might be 4.2%. Data for 2010 published by the Office for National Statistics show that, in the single year 2010, 11.1 people divorced per 1,000 of the married population

- 6.48. Teachers can shy away from teaching marriage to children, believing it to be “judgmental” and insensitive when so many children come from broken homes. In fact, it is the children from broken homes who most need the teaching.

The *Alive to the World* experience of teaching marriage:

“Children from broken homes are already aware that they are missing out. They want you to be sensitive but they don’t want you to pretend that things are normal for them when they’re not.”

“It’s a relief to them when they are shown the truth, and sometimes it can really help them mend relations with a parent they resent.”

“You always have to remember that it is not you the teacher who is causing the problem. The problem was there before you set out, and it’s your task to help to heal it.”

“For some children, *Alive to the World* is the only place they ever encounter a family headed by a husband and wife. It’s really important for them to learn what it is to be a happy family while also coping with the ordinary frictions of everyday life.”

Values education as a foundation for chastity before marriage

- 6.49. The *Teenage Pregnancy* report of 1999 looked at an example of a Teenstar programme in Lincoln Multicultural Middle School which taught abstinence with some promising results. It also reviewed summaries of some American abstinence programmes based on the work of Douglas Kirby, well known researcher into sex education. These it dismisses as “No change in initiation of intercourse” while quoting Kirby as saying that there was insufficient evidence to determine if school-based programmes had an effect in delaying sexual intercourse or reducing sexual activity. No effort was made to discover more.
- 6.50. In his book *Emerging Answers 2007*³⁵, Douglas Kirby is more cautious than this. He says that, while the evidence in favour of abstinence programmes is insufficient, they vary greatly in quality and cannot necessarily be lumped together.

“Even though there does not exist strong evidence that any particular abstinence program is effective at delaying sex or reducing sexual behaviour, one should not conclude that all abstinence programs are ineffective. After all, programs are diverse, fewer than 10 rigorous studies of these

of England and Wales (rising up from a rate of 10.5 in 2009). Women in the age group 25-29 had the highest rate (at 25.9 females out of 1,000 married women) while men were most likely to divorce between the ages of 30-34 (at a rate of 22.5 per 1,000).

³⁵ *Emerging Answer 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases* (The National Campaign to Prevent Teen and Unplanned Pregnancy), November 2007.

programs have been carried out, and studies of two programs have provided modestly encouraging results."

- 6.51. There is a tendency to assume that teenagers are unable to restrain themselves when it comes to sexuality. However, the reasons that teenagers themselves gave to the *Teenage Pregnancy* report for starting sex have much more to do with maintaining an image than headlong passion. If anything, they were scared at their first encounter:

"It's a race isn't it?"

"At school trying not to be last in class to lose it."

"You need to display a macho image to impress the lasses: 'you must be gay if you're not sleeping with your girlfriend'."

"I was scared before anything, but when I first met her I was a bit drunk and she was a bit drunk and we'd just gone back from a party to her place and it just happened."

"You think everybody is doing that they ain't. It's only afterwards you think 'what do you mean you haven't? I wish I hadn't. I thought you had.'"

"I should have, like, saved it. I would like to be able to say that I was 16 and that it was nice."

- 6.52. Over two-thirds of sixteen-year-olds, according to the report, are not sexually active. Those that are often wish they were not, and have started out in that direction under false assumptions. There are obvious grounds here for changing classroom culture.
- 6.53. Intervention has to begin early and it is here that values education comes in. Children who have already grown in the core values of positive behaviour, and who have learnt to understand and respect their own fertility and the value of family and marriage before the temptations towards sexual activity arise, are well placed to withstand negative peer pressure of this kind. It is on these secure foundations that continuing teaching on all aspects of positive behaviour find success.

Question 7: Have you got any examples of case studies that show particular best practice in teaching PSHE education and achieving the outcomes we want for PSHE education?

Alive to the World has been taught with great effect under the name of *Aprendiendo a querer* some 14 countries in Latin America. Improvement in pupil behaviour has sometimes been dramatic. In Venezuela, two schools in deprived areas attribute their success to the introduction of *Alive to the World*:



Uncontrollable violence and inappropriate behaviour at Saint Augustine School in La Pastora, a lower middle-income community of Caracas, Venezuela, was undermining scholastic achievement, to the extreme that one entire class had to be expelled. Within five years, the school was turned round and became a model for others. The Directors of the School put this down to the introduction of weekly PSHE classes of *Alive to the World*.

A second school located in a town with high unemployment had such problems that the Head had to save a teacher cornered by pupils with sticks. *Alive to the World* has transformed the school. The pupils say they associate closely with the characters in the programme and have learnt from them to find constructive solutions to problems.

A full evaluation of results from 6,000 students in Peru in Grades 4-6 (Years 5-7) was carried out in 2010. It looked at improvements in democratic values defined as: respect for equality, participation, criticism of authority, democratic society experience, power sharing, and respect for individual rights and free speech. These six values were addressed through surveys before and after the year's course, divided into fifteen questions. Responses to fourteen of the fifteen questions showed significant improvements in attitude (93%). The study can be found at:

http://www.allianceforfamily.org/images/stories/articulos/english_affevaluation2010.pdf

Character training in New York

Two very different teachers in New York, one in a selective private school and one in the Bronx, both found that their pupils were not performing to their optimum, even though the teaching was good. They turned to character training, drawing on the ideas of Martin Seligman, a psychology professor at the University of Pennsylvania who helped establish the Positive Psychology movement. The story of their success is told in the New York Times article by Paul Tough called “What if the Secret of Success is Failure?”³⁶

Question 8: Have you got any examples of good practice in assessing and tracking pupils’ progress in PSHE education?

[An example of a pupil survey was attached to the original document submitted to government but is omitted here.]

Question 9: How can PSHE education be improved using levers proposed in the Schools White Paper, such as Teaching Schools, or through alternative methods of improving quality, such as the use of experienced external agencies (public, private and voluntary), to support schools?

- 9.1. The question of who should be brought in to help on PSHE should be left to the discretion of schools.
- 9.2. Schools should be given full charge of all external agencies including school nurses. Everybody operating on school premises should be expected to know and to follow the beliefs and values of the school, whether in a classroom setting or in private consultation, and there should be systems in place ensuring this. At present there is an anomaly whereby the SRE policy of the school can be undermined by the school nurse.

³⁶ See <http://www.nytimes.com/2011/09/18/magazine/what-if-the-secret-to-success-is-failure.html?pagewanted=all>

Question 10. How might schools define and account for PSHE education's outcomes to pupils, parents and local people?

10.1. The given subtitle for PSHE in the National Curriculum is Personal Well-being. Any validation of PSHE programmes, be it to pupils, parents and local people, or to the country at large, should answer the question:

How well is PSHE promoting the personal well-being of our young people?

10.2. Young people's personal well-being is a broad term which includes the present and preparation for the future:

10.3. *In the present*, it includes: health; behaviour; attitude to study; social skills; relationships with families, friends, teachers, and members of the opposite sex; reactions to drugs, excessive drinking, teenage pregnancy, pornography, sexually transmitted diseases and use of IT, amongst other things.

10.4. *In the future*, it includes: general preparation for adulthood, for work and/or future studies, for marriage and setting up families, and for becoming good citizens.

Failings of Ofsted Review 2010

10.5. Ofsted, in its report on PSHE of 2010 cited in your consultation document, states that "the teaching of PSHE was good or outstanding in over three quarters of the schools visited". This indicates that, according to present methods of validation, PSHE is doing its job: the health and behaviour of young people is good to outstanding, and so too are their prospects for adulthood.

10.6. The reason that Ofsted's optimistic assessment of PSHE provision is at odds with public perception is because of *what* it assesses. PSHE was introduced to provide for children's personal well-being. Therefore, any measurement of its success should look at that well-being. Are children responding to PSHE lessons by behaving better towards one another, towards their teachers, in their families and in their communities? Are they studying well and reaching the targets they may set themselves, in their academic life, on the sports field, in the arts or in other activities? Are smoking, drinking, and drug taking diminishing? In particular, are the instances of teenage pregnancy and STIs falling? How are attitudes to all of these developing, especially in the younger years before temptations are as prevalent?

10.7. Remarkably, the Ofsted report looks at none of these. What it appears to measure is how closely schools are keeping to standard guidance, regardless of whether that guidance is giving good results. It notes gaps in the

“understanding” of issues such as sex and relationships, drugs and mental health but fails to consider whether children’s “knowledge and understanding” are changing their attitudes and behaviour.

- 10.8. The one exception to this is not encouraging. Ofsted comments that, while most children know how to stay safe and healthy, “not all of them applied this knowledge to the choices they made, for example in relation to the food they ate” [this referring to lunch boxes].
- 10.9. There is another way in which Ofsted fails to measure up to public expectation. The *Sex and Relationship Education Guidance* document (DfEE0116/2000) which governs SRE specifically states that:

“As part of sex and relationship education, pupils should be taught about the nature and importance of marriage for family life and bringing up children. But the Government recognises - as in the Home Office, Ministerial Group on the Family consultation document “**Supporting Families**” - that there are strong and mutually supportive relationships outside marriage. Therefore pupils should learn the significance of marriage and stable relationships as key building blocks of community and society.”

- 10.10. The Guidance is in effect saying that marriage is a good of society. It is not just a private affair. On it depend the health and well-being of much more than the individual spouses. This is the reason why it is to be given prominence in SRE lessons. Other stable relationships can also become a building block for society, presumably where they approximate to marriage.
- 10.11. Many children in our schools come from broken homes. Some come from several generations of broken relationships and have no personal knowledge of a good marriage. Despite this, every child longs for stability and most will say that one day they want to be married. To teach marriage to children from broken homes is difficult, but not impossible, as we have found with *Alive to the World* (see 6.42 – 6.48 above). Finding out how marriage is taught and passing on good practice should be central in assessing Sex and Relationship Education within PSHE. The report *Modern British Family* (see Executive Summary and note 1 above) clearly expects this.
- 10.12. In practice, the word “marriage” is mentioned only once in the forty-six pages of the Ofsted report, in paragraph 26 as follows:

“In 48 of the secondary schools visited, sex and relationships education was good or outstanding. Most of the students had a secure knowledge and understanding about contraception and preventing sexually transmitted infections, and knew where to get help and advice. To a lesser extent, the students were able to identify and discuss relationships - marriage, parenthood, same-sex relationships and family life - and how these could have an impact on their lives. In these schools, the students’ knowledge was detailed and they could discuss their views and feelings maturely and sensitively.”

SRE is thus considered “good or outstanding” where children know how to have sex but have learnt little to nothing about the ingredients of a good marriage and how to prepare for it.

- 10.13. The focus on the physical side of sexuality, which has always been a feature of SRE, is meant to be balanced by Relationship Education. Most parents will assume that this teaches children social skills: how to get on with other people and in particular how to understand members of the opposite sex. What Ofsted rates in Relationship Education is “managing risks, saying no, negotiation in relationships, divorce and separation, or living in reconstituted families”. It comments that, in schools with no more than “satisfactory or inadequate” SRE, the teaching “rarely touched upon topics such as how the media portrayed sex, domestic violence or conflict in relationships” (paragraph 27).
- 10.14. This negative approach to relationships is very serious. Love is about trust, and trust is at the heart of all healthy relationships, within the family but also within the business and wider community. If children are being taught that the first attitude within a relationship is to look out for oneself, to be on guard, to be wary of being caught out, they will find it difficult to open out to others or to inspire others to trust them. One also wonders why “how the media portrayed sex” is a topic for children at all (see note 13, p. 20 above on the dangers of pornography).
- 10.15. The Ofsted report regrets that parents are not currently more involved in their children’s PSHE. However, it ignores the outcry of many parents (and teachers) against explicit sex education. An example has been protest against the Primary School programme *Living and Growing*³⁷. On several occasions this reached the national press (e.g. the article in the Daily Mail of 4th March 2010 <http://www.dailymail.co.uk/news/article-1255483/Parents-anger-class-seven-year-olds-shown-graphic-sex-cartoon-school.html>.)

Local accountability

- 10.16. A new stance from Ofsted, one which allows schools to do things their own way and measures PSHE according to results rather than against set systems, is essential to improving local accountability. Schools will not be able to define and account for PSHE’s outcomes to pupils, parents and local people if they are in practice being measured against guidance and programmes imposed on them from above. This is especially true where those programmes run counter to the culture and faith of a particular school community.

³⁷ *Living and Growing*, published by Channel 4, is an SRE resource for primary schools. It is the most widely used programme and strongly promoted by many local authorities throughout the country. There have been many protests from parents about the sexually explicit content of this resource. See for example: http://www.northamptonchron.co.uk/news/education/mums_fears_over_explicit_sex_film_1_2522681 and http://www.worksopguardian.co.uk/news/local-news/it_s_porn_it_s_disgusting_and_it_is_not_for_children_1_3063186. National coverage of parental concern includes: <http://www.dailymail.co.uk/news/article-1255483/Parents-anger-class-seven-year-olds-shown-graphic-sex-cartoon-school.html>. The use of *Living and Growing* at a Roman Catholic school in south London resulted in the Archdiocese of Southwark re-issuing its guidelines on SRE to Catholic schools advising schools not to use this resource. The pressure group Safe at School is currently running a national campaign to get resources such as *Living and Growing*, the BBC Active Whiteboard series and *The Christopher Winter Project*, banned from schools.

- 10.17. It is therefore suggested that, in explaining to pupils, parents and local people what the desired outcomes for PSHE are, it should also be stated how the pupils will demonstrate their development and achievements. Questionnaires, parent meetings and feedback through newsletters and the school website, all of which becomes active at the time of an Ofsted inspection, should become regular features through the school year.

Considerations for validating PSHE

- 10.18. Ofsted's task is difficult. Validating PSHE is not like assessing an academic subject, especially since, given its non-statutory nature, schools are entitled to this latitude. Constraints include the following:
- What is learnt in PSHE, especially in SRE, is personal and questions can intrude upon students' privacy, even threatening the good work that is being done.
 - PSHE targets types of behaviour which take place out of school even more than within it. Ways need to be found to assess the impact of PSHE upon pupils' lives in and out of school, through co-operation with parents, members of the community and appropriately placed organizations.
 - PSHE lays the foundation for pupils' future behaviour, which can be guessed at but not yet assessed.
 - There are many influences on children apart from PSHE which need to be taken into account.
 - Feedback for a full character formation programme such as *Alive to the World* is cumulative and can only really be assessed after children have been in the programme for a number of years.

Putting learning into practice

- 10.19. It is also important to note that successful outcomes for PSHE (i.e. where pupils' lives and actions are positive and constructive) will not be ensured through the taught curriculum alone. PSHE is most effective when pupils have ample opportunities to put their learning and experience into practice within the school. Thus they learn to develop their skills as well as their attitudes.
- 10.20. Assessment, both at the local and the national level, requires flexibility and imagination. The most important thing is to recognize whether or not PSHE is truly teaching pupils to be healthy individuals, socially secure and full of zest for life, and whether they appear to be acquiring the strength of character to avoid the pitfalls that are being pointed out to them as they grow into adult life. For this, the school will need to account for:
- its breadth of teaching; but also
 - its depth of teaching.

- 10.21. Pupils already compile records of achievement, particularly in KS 3 and 4³⁸. It would be possible to extend these to include a PSHE profile. This could include, for instance, evidence of healthy living through taking part in balanced eating and exercise programmes, where statistics on fitness levels, body mass index, dental hygiene etc are included. For younger students, it might include participation in drug and alcohol awareness projects. All ages could be credited for taking part in school councils and other leadership roles, as well as for engaging in community and charitable projects in which youngsters can be encouraged to show their own initiative. It might be beneficial to draw ideas on record keeping from schemes such as the Duke of Edinburgh's Award.
- 10.22. A more complete account of each school's record in PSHE could also be rendered by publishing in the Governors' report to parents statistics already held by the school in such areas as attendance, value added achievements, destinations at 16 and 18+, disciplinary records (outlining types of indiscipline), youth offending statistics, etc. This would bring to life the progress pupils are actually making in self-awareness and self-control, managing feelings positively and taking responsibility.
- 10.23. Schools which are confident of their PSHE will call parents' evenings, to which other local people can if appropriate be invited, to act as a two-way conduit. Teachers can explain their programme, ask parents' advice and discover what impact classes may be having on the children. This is an occasion to pick up chance remarks, which can often be more telling than any amount of formal assessment.
- 10.24. Focus groups are a more intimate alternative to whole class/school parent evenings, and can allow teachers and parents and/or other local people, such as school governors, to develop longer term strategies. Focus groups of this kind can in turn report to Ofsted or other inspectors.
- 10.25. Questionnaires are another tool. Attached at Annexe F is a questionnaire which has been successfully used by pupils as part of a major assessment programme of *Alive to the World* in Peru. It was given to pupils at the beginning and end of a year to see how their attitudes had changed and developed.

Questionnaires can also be given to parents and teachers. The points covered might include:

- Children's behaviour
- Children's attitudes and whether they are developing strengths of character to resist negative behaviour (drink, cigarettes, drugs, teenage sex, pornography etc.)
- Enjoyment of PSHE classes, regular and one-off visits.
- Whether the lessons stick
- Parents/teachers opinions of the programme

The opinion of teachers and local people who are not involved with PSHE is also valuable. Again, intuition and informal remarks can be as telling as replies to questionnaires, and, wherever possible, a record should be kept of these.

Alive to the World

Rationale behind *Alive to the World*

The exercise of virtue demands both strength of purpose and strength of character. It is not virtuous to be kind when it is easy to be kind: most well balanced people act well most of the time, not least because it is simpler and makes one feel better. Virtue involves putting other people's needs before one's own: "me first" becoming "others first". This demands sacrificing oneself for others.

Virtue can also be tested by fear. Fear lurks behind much bad classroom behaviour: bullying and cliques are obvious examples. It can develop into being a source of serious criminal behaviour: many of the greatest crimes against humanity have been perpetrated by decent enough people who have acted from fear against their initial instincts. Fear comes in many guises: fear of physical retribution, loss of face, mockery, lack of material goods are instances. To become fearless demands a firm sense of right and wrong which in turn is built on believing that human life has a value and a meaning. ***Alive to the World*** helps children to discover for themselves the meaning of their own lives and gives them the confidence to strive for the goals that they set themselves.

Virtue is not acquired without struggle. It involves will-power as well as understanding, and has to be lived as well as learnt. As every parent and teacher knows, teaching good behaviour is not easy.

Methodology

The first essential in passing on good values is to engage children's interest. The children must enjoy PSHE, and so too should the teachers and the parents. Without enjoyment, the children won't learn.

Alive to the World draws children in by telling stories which they find gripping. The stories describe events in the lives of a group of children who grow up alongside the target students. The characters confront issues which are typical of the concerns of each age group, and the students can then discuss in class how, say, Charlie or Alice responded. We all know that it is easier to be clear-sighted about somebody else than to criticise oneself, and ideas quickly develop in class discussion. In the process, students are invited to think about how they might have behaved and how they would behave now if something similar occurred in their lives. No feelings are hurt, and the children are led to make small resolutions for the next week.

Storytelling has another advantage: the circumstances described are specific. Other PSHE programmes teach virtue, such as kindness and understanding, but they do so in general terms rather than presenting the conflicting priorities that so often occur in everyday life. It is natural to want to be kind, but is it kinder to help a woman across the road and so be late for work, or to be punctual and reliable? Would they be prepared to help the woman across the road and risk being jeered at by their mates? The characters in the books are not perfect. They learn by their mistakes, the adults as well as

the children. However, the teachers are good teachers and the parents of the lead families are good parents who love each other and want the best for their children.

Alive to the World targets problem behaviours within positive teaching on the qualities which make for a successful and happy life. Examples would be loyalty, personal responsibility, honesty, and self-sacrifice. These and many other such qualities are universally admired: they are universal values sought after by young men and women in their personal relationships, they feed into strong families, they are prized by employers and they are essential for healthy community.

Alive to the World teaches through storytelling. Students' attention is captured by the adventures of a group of children who encounter situations typical of their stage in life. Through the stories and suggested classroom activities, the students discover good values for themselves and, having made them their own, learn to adopt them in their own lives.

The first books were published in 2001. Ten years later, there are some 90,000 young people following the programme in 16 different countries, with new countries coming on board all the time.

Alive to the World was first pioneered in the UK in 2008, leading to publication by GRACEWING Ltd of an edition adapted to the UK. This edition caters for children aged 8-13. So far, the results corroborate what is happening in other countries, with one teacher commenting that pupil behaviour improved in his school noticeably within six months of the introduction of the programme.

A full set of ten sex education downloads are about to be completed and launched on our website. These will help parents in the task of teaching sexuality to their children. Each download takes the form of a conversation between a father and his son, and a mother and her daughter, on the biology of fertility. Drawings have been specially designed to appeal to children.

The downloads can be used in a number of ways: to prompt parents' own conversations, to read with the children, or to be given to them to read. The later ones can also be used as a basis for class workshops in secondary school.

For full details of the Alive to the World programme, please see our website
www.alivetotheworld.co.uk

A four-minute film on the homepage introduces the programme.

A History of Sex Education in the UK

Better sex education backed up by the provision of contraception has been the key tool of government in containing teenage pregnancy and STIs over the last forty years. However, the policy is based on surprisingly shallow foundations with little research into its effectiveness. There has been no thought as to how it may affect young people's health, future fertility or ability to bond for life.

RCOG reports of 1972 and 1991

There was a great fanfare in the media in 1991 when the Royal College of Obstetricians and Gynaecologists published its report on *Unplanned Pregnancy*³⁹ following two years of work. Anyone who actually read the report might have been taken aback by its frankness. The Introduction begins:

The Royal College of Obstetricians and Gynaecologists viewed with concern the fact that the annual number of legal abortions to women living in England and Wales exceeded 150,000 for the first time in 1987, while those in Scotland exceeded 10,000. In January 1989 a Working Party was established with the following terms of reference:

To review the education and services related to contraception in view of the continuing high rate of unplanned and unwanted pregnancy.

The Royal College felt particular concern because a previous College working party had considered the same topic and, in 1972, had produced recommendations that appeared to have had little effect.

The 1972 report was also called *Unplanned Pregnancy* and its first recommendation was provision of a comprehensive contraceptive service in the National Health Service. This was duly put into effect by a compliant government but "had relatively little effect on the abortion rate in the long run". The report's fourth recommendation was improvement of sex education in schools.

³⁹ Op. cit., see 6.10 of main response above.

The 1991 Working Party saw that sex education was only fourth among the previous recommendations and decided to put it “first on our list”:

“We believe that this would lead to a more open and less guilt-ridden attitude to sexuality that, in turn, would result in the better use of contraception and a reduction in both unplanned and unwanted pregnancies. Easy access to effective contraception is an essential factor in preventing unwanted pregnancy but, to use contraception, couples have to feel that their sexual behaviour is legitimate and have to be able to communicate about sexual matters so that contraception can be planned.”

In re-introducing a policy which they admit had already failed once, one could have expected the new Working Party to be careful. One looks for a thorough review of sex education policies and programmes both in the UK and abroad in order to glean best practice. This was never done. In the entire report, only one piece of research is cited, a slim volume by Isobel Allen called *Education in Sex and Personal Relationships* (Policy Studies Institute), 1987. Her remit was to study the views and attitudes towards sex education of teenagers (14-16-year-olds) and their parents in three cities in England during the spring of 1985. Her study was based on interviews with 209 sample teenagers and 212 parents. She also held discussions with teachers and officers from the local authorities in which she was operating.

She in addition reviewed the available literature on sex education as developed in the UK, especially during the previous ten years. Of this she says:

“It should be stressed that there has been no systematic study of the views and experience of parents and schoolchildren on this subject since Christine Farrell's report, *My Mother Said* .., published in 1978, but based on research carried out in 1974 among 16-19-year-olds who had been at secondary school in the early 1970s. There can be little doubt that many things have changed a great deal since then, not least in the schools themselves.”

Isobel Allen in *Education in Sex and Personal Relationships*, 1987

Within the narrow constraints of her task, Isobel Allen appears to have done her research thoroughly and well. What she writes reveals the complexity of introducing a subject as sensitive as sex education into the classroom. She describes among many other things the difficulty of language (colloquial or biological), of choosing mixed or single-sex classes, of catering for different levels of maturity, of method of presentation (film or otherwise) and of different moral approaches to sexuality.

In sex education, each child matters. A film or class discussion can have a devastating effect on individual children, which may never be discovered, as she reveals here:

Over 70% of both boys and girls who had seen a film or video said that they had seen one on [pregnancy and childbirth]. They had not always liked what they had seen, and although most of the respondents said that there was nothing they disliked about any of the films or videos they had seen, the film on childbirth roused more comments than any of the others, with 8% of those who had seen films or videos at secondary school saying that they had not liked it. Some people were upset, like this 14-year-old girl in the North-East:

It frightened me. I'd rather not ... it put me off - put me off having a baby.

.... or this boy from the North-East:

*I didn't like the film on the birth of a baby. I didn't like the way it was coming out
- blood everywhere. I didn't like it at all - the mess"*

[N.B. Graphic films on childbirth are now included for pupils aged 6-9 in programmes such as Channel 4's *Living and Growing* sex education package.]

The RCOG report reflects none of this complexity. In quoting Isobel Allen it makes statements such as: "Isobel Allen's research has shown that young people find discussion in mixed groups appropriate and useful" and "Parents, not surprisingly, given their own low level of sex education, do not see themselves as good sex educators and overwhelmingly support sex education in schools." On this last point, Isobel Allen had actually found that 27% had wanted the schools to provide the sex education, 60% wanted a mixture of home and school, and 11% wanted to be left to do it themselves. She further commented that single parents were more likely than married to want the school's help.

In promoting contraception to the young, the RCOG report further ignored acknowledged risks to health and of method failure (see Annexes B and C).

This is especially surprising given that it was the medical rather than the teaching profession which introduced sex education. The bias towards instruction, with school nurses playing a key role, rather than education, has remained ever since.

Teenage Pregnancy 1999

The boost given to sex education and provision of contraception which followed the 1991 RCOG report was not enough to bring down the teenage pregnancy rate, its ostensible purpose. Alarm was so great that, in June 1999, it was the Prime Minister himself, Tony Blair, who presented the Social Exclusion Unit's report *Teenage Pregnancy* to Parliament with his own Foreword which begins:

"Britain has the worst record on teenage pregnancies in Europe. It is not a record in which we can take any pride. Every year some 90,000 teenagers in England become pregnant. They include nearly 8,000 who are under 16. Some of these teenagers, and some of their children, live happy and fulfilled lives. But far too many do not."

Tony Blair in his Foreword to the Teenage Pregnancy report presented to Parliament in June 1999

Some excellent work was done in *Teenage Pregnancy*. Its surveys bring to life the problem at hand. For instance, it reveals that teenagers are not at equal risk of becoming pregnant: girls from social class V (unskilled manual) are ten times more prone than those in social class I (professional), a risk multiplied by living in care or being born to a single mother. It reveals in glimpses throughout the report that, where parents talk to the children themselves about sex, the problems reduce. It shows that many of those who have become sexually active regret it and that the reasons teenagers do not use contraception have little to do with knowledge and much to do with adolescent psychology: they are afraid of it, they don't like it, intercourse was unplanned, they are embarrassed.

The report also carried out an extensive survey of sex education projects and literature from at home and abroad from which to draw lessons.

What is disappointing is that, after all this work, there were no new directions built into its Action Plan:

- **A national campaign** to mobilize every section of the community, including local and central Government, to achieve the agreed goals;
- **Better prevention** of the causes of teenage pregnancy through better education about sex and relationships, clearer messages about contraception, and special attention to at-risk groups. This needs to include young men, who are half of the problem and solution, yet who have often been overlooked;
- **Better support** for pregnant teenagers and teenage parents, to make sure they finish education and learn parenting skills, as well as changes to housing rules so that young parents are not housed in isolated independent tenancies.

In practice, there was to be more contraceptive-backed sex education than ever before, targeted equally at children in schools everywhere, regardless of their background.

Chances that were missed include:

- Learning how children from the professional classes resist sexual activity, and helping disadvantaged children to do likewise.
- Taking seriously the bid to help parents teach their own children, especially at primary level.
- Creating a variety of Sex and Relationships (SRE) programmes suited to teenagers with widely different expectations and levels of experience.
- Running pilot studies to see what worked against the specific targets of reducing teenage pregnancy and sexually transmitted infections (STIs).
- Benefiting from the latest studies in adolescent brain development and psychology to examine why teenagers have such an inbuilt resistance to using contraception.

The biggest gap, both in the Report and in the Action Plan that followed, was in dealing with the problems associated with contraception itself. **The side effects of hormonal contraception did not feature and contraceptive failure, to prevent both teenage pregnancy and STIs was glossed over.** Whereas there are ample charts and figures given for other important phenomena, all that is said on contraceptive failure is contained in the following three paragraphs:

7.11 Teenagers have a high rate of failure from the contraception they do use - principally condoms and the Pill. Condoms are 98% effective if used correctly, but young people may not be aware of the importance of following all the instructions; and the Pill has to be taken regularly and on time. Surveys have identified significant gaps in Pill users' knowledge about what to do if a pill is missed. A small-scale study found half of the Pill users in two family planning clinics could not identify any of the factors (such as missing a pill, vomiting and diarrhoea) which decrease the Pill's effectiveness.

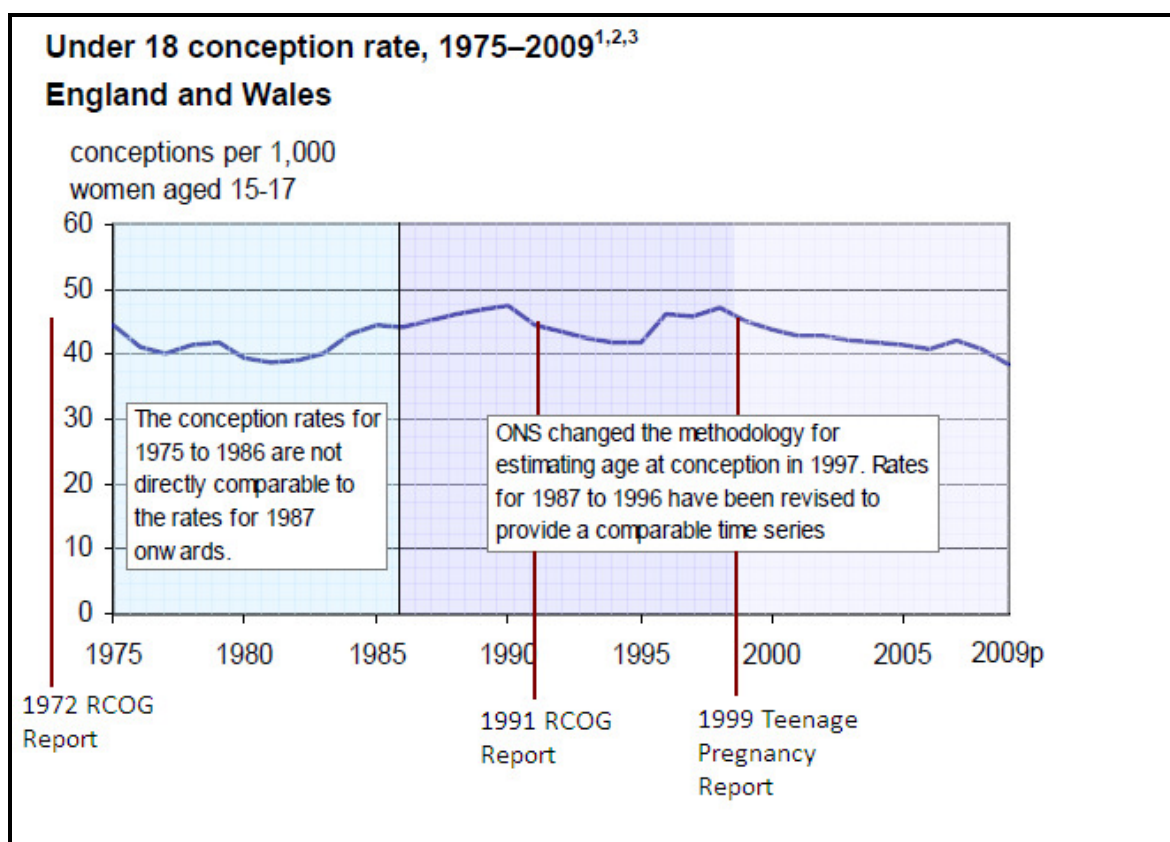
7.12 In some other countries, teenagers are encouraged to use other contraceptive methods, which may be more reliable:

- In the United States, about a quarter of teenagers who have had a baby and 5% of those who have not are now using long lasting contraceptives, which are injected or implanted. Researchers believe this may be a factor in falling teenage pregnancy rates in the US.
- In the Netherlands, the so called 'Double Dutch' method (condoms plus the Pill) has been promoted to protect against both pregnancy and sexually transmitted infections.

7.13 The Unit found little sign that either of these methods is regularly offered to girls in this country, despite the apparent high rate of Pill failure and condom failure in use, and fast rising rates of STIs among young girls.

[The section then goes on to talk about Emergency Contraception.]

The chart below comes from the Office of National Statistics' report *Conceptions in England and Wales 2009*. I have marked on to it the years 1975, 1991 and 1999 when the various teenage pregnancy reports came out:



By the time of the last report, STIs among the young were becoming a further hazard (see charts on p. 35).

The aftermath of the Teenage Pregnancy Strategy

In creating the new programmes for SRE which were widely introduced following the report, sex educationalists appear to have taken the view that, given sufficient instruction (or even indoctrination), teenagers would somehow get over their feelings of fear, dislike and embarrassment and begin to use contraception as efficiently as adults. To do so, it was necessary to break down natural modesty and thus to prepare young people to talk to anyone, including strangers, about their sexual instincts and practical needs.

They decided to start young, disregarding the importance of the latency period (between the ages of about five and puberty) when a healthy child's interests turn to other aspects of life. Into the teaching came another familiar birth control principle, that people have a "right" to sexual pleasure, a principle which disregards the anguish that misplaced sex can also bring in its wake. How teaching 5-year-olds the names of their "external body parts" (including, curiously, the vagina) can possibly solve the problems of a 14-year-old who forgets to take her Pill is never explained. Nor is it explained why it is necessary to show a graphic film of childbirth to 9-year olds (using the model of an unmarried couple) or "how sex is represented in the media" to 11-year-olds. This latter module, which is an invitation to young people to take an interest in sexual imagery, opens the eyes of children to the very pictures parents normally shield them from.

I am here describing scenes from Channel 4's *Living and Growing* Primary School sex education package. This one programme is now the most used in schools throughout the country. In my own previous locality, earlier materials were removed from the County's lending library as "too old-fashioned" with the result that there was basically nothing else on offer. The school nurse came to school governing bodies giving a showing of the programme and special inset days were arranged for teachers to train them in its use. What shocked me was that this clever, slick programme even got the biology of the menstrual cycle wrong.

Programmes such as *Living and Growing* are taking effect. A grandmother told us that her grandchildren can no longer bath together because of the prurient interest they take in each other's "external body parts". A primary school teacher remarked that she finds children masturbating in her class, which is perhaps why children now need to be taught masturbation etiquette (see extracts from the leaflet *Pleasure* attached to this Annexe at p. 57). Teenagers complain that it is more difficult than ever to make ordinary friendships across the sexes because of the expectations of others.

Living and Growing and other similar programmes were not introduced without protest. Google brings up articles such as <http://www.metro.co.uk/news/816115-graphic-sex-cartoon-for-7-year-olds-slammed>, whereby a mother, rather than let her 7-year-old watch an animated scene of love-making, changed her daughter's school. A "Safe at School" campaign is now attracting widespread interest from parents in many parts of the country.

Sir Alasdair Macdonald's *Independent Review of PSHE 2009*

In 2000, PSHE was constructed into a non-statutory Framework but in practice the freedom of schools to develop their own approaches to sex education was curtailed by tying them to Healthy Schools Marks⁴⁰. In October 2008 the Labour Government decided to go one step further and make PSHE statutory. Ed Balls, the Secretary of State in charge of Education, asked Sir Alasdair Macdonald to propose how this decision might be taken forward. Sir

Alasdair's report was duly published the following year under the title *Independent Review of the proposal to make PSHE education statutory*. In the Review, Sir Alasdair made it clear that his remit was to implement the Government's decision and that public discussion was not to "rehearse previous debates". He also explained that Ofsted would ensure that the new core Curriculum was being adhered to with appropriate programmes of study/learning. The Curriculum would follow closely the programmes already promoted under the Teenage Pregnancy Strategy.

What is curious about Sir Alasdair Macdonald's *Review* is that teenage pregnancy and STIs drop from all mention. Children's emotional health and personal well-being are now the goals, while SRE programmes are to be judged by whether or not they are effective "in improving outcomes for children and young people". Quite what these outcomes are is left to the imagination.

The *Review* also fails to mention the wishes of parents, except in the negative context of how to react to the awkward few who wished to remove their children from lessons.

Why have parents complied with SRE?

A last question remains, which is to ask why parents have allowed sex education to develop in this way over the last forty years. There will be many answers, but I shall point to three:

- Sex is a mysterious subject. It touches the core of our being and in talking about it we reveal something of ourselves. Adults instinctively shy away from explaining it, even when they know the facts as well as any teacher or school nurse.
- Parents place trust in schools and expect them to teach their children better than they might manage themselves. They are also very reluctant to mark out their children by removing them from a class.
- Parents and governors, especially those born before the '80s, often received a minimum of sex education themselves from either parents or school and, all these years later, they remain bitter about that lack of early formation. Many feel that, if they had known more, they would have conducted their lives differently. For them, any sex education must be better than receiving nothing at all.

⁴⁰ See *Unhealthy Confusion* produced by the Family Education Trust, 2011, <http://www.famyouth.org.uk/pdfs/UnhealthyConfusionFINAL.pdf>

Conclusion

One can only muse on how our present generation of children, especially those blighted by premature pregnancy, abortion and infections, may feel when they discover that the pills and condoms preached to them at school were handed out by authoritative figures who knew their fallacy. Some of the consequences of this social experiment, in terms of disease, aloneness and infertility, will only unravel in decades to come.

It is more essential than ever that new initiatives are taken, in conjunction with parents, to educate young people in the full truths of sexuality, of what it is to be a man and what it is to be a woman and how the two interact. These truths extend not just to the physical, but to the emotional, psychological and the spiritual. They also extend to the social, to relationships of all kinds: at school, in the workplace and in the local community. They apply most particularly to relationships within the family, which is the basic unit of society on which the prosperity of our country depends.

Thirty Ways...

for workers and parents/carers to raise the issue of sexual pleasure with young people

One

Listen, listen, listen, listen, listen!

Two

Talk, talk, talk, talk, talk!

Three

Answer children and young people's questions honestly and according to their level of understanding. Make sure that it is clear that sex is not just something a man and a woman do to make babies.

Four

Remember your teenage self as this may help with empathy and understanding.

Five

Ensure that correct names are used for body parts early on and that age-appropriate attention is paid to the role and function of the different body parts

(for example, mentioning the clitoris as opposed to just focussing on the vagina). Avoid using evasive and misleading terms for body parts (such as 'front bottom' for vagina/vulva or 'tail' for penis) – these can lead to a great deal of confusion and mystification.

Six

Ensure that notions of 'dirtiness' and 'naughtiness' associated with interest in sexual development amongst young children are not perpetuated. Exploration of bodies at a young age is 'normal', and children need to learn where/when masturbation is and is not appropriate.

Seven

Work with parents to present the evidence that being open, honest and accepting of sex and sexuality can be beneficial in reducing negative outcomes. This may not only enhance their own relationships but will also help to prepare their children for good, consensual and pleasurable sex and relationships later on.

An Orgasm

You could talk

about the

positive

physical and

emotional

effects

of sex and

masturbation.

They are good for the cardiovascular system - providing the equivalent to 15 minutes on a treadmill - boosting the immune system, improving mental health and a sense of well-being.

Health promotion experts advocate five portions of fruit and veg a day and 30 minutes physical activity three times a week. What about sex or masturbation twice a week?!

Keeps the Doctor Away!

01 MON

Five-a-Side

Ring Alex for time



02 TUES

- Cinema w/ Dan & Lucy

- Bring Dan's cds

- Lucy needs a lift home



03 WED

Masturbate!!



05 FRI

Naomi's PARTY!!!

Sort out times.

Get condoms

Get taxis booked.



06 SAT

Date with Sam

Sex! Sex! Sex!

Tonight's the night. Bring Condoms!

07 SUN

Lunch at Mums

Swimming with Matthew & Karen





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- Ingham R (2007) Putting Pleasure into Policy: Young People and Sexual Health
- Hirst J (2007) Young People, Sexual Pleasure and SRE, Unpublished Conference Paper

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A Booklet for Workers on Why and How to Raise the Issue of Sexual Pleasure in Sexual Health Work with Young People

The persistent problem of contraceptive failure among adolescents

Contraception is promoted to teenagers on the basis that it works; the entire approach to having a responsible attitude to sex assumes this. However, in practice the failure rates for teenagers are substantially higher than for the population at large.

The Social Exclusion Unit's *Teenage Pregnancy* report of June 1999, on which the Government's Teenage Pregnancy Strategy was based, refers to this only obliquely:

7.11 Teenagers have a high rate of failure from the contraceptives they do use - principally condoms and the Pill. Condoms are 98 per cent effective if used correctly, but young people may not be aware of the importance of following all the instructions; and the Pill has to be taken regularly and on time. Surveys have identified significant gaps in Pill users' knowledge about what to do if a pill is missed. A small-scale study found half of the Pill users in two family planning clinics could not identify any of the factors (such as missing a pill, vomiting and diarrhoea) which decrease the Pill's effectiveness. 135,136

However, the report of the RCOG Working Party on Unplanned Pregnancy of September 1991⁴¹, whose recommendations formed the basis of an earlier Government initiative on sex education, is much franker. The chart on page 42 shows that, for young people under the age of 20, the Pill failure rate was 11% and the condom failure rate was 14%. (The chart was imported from the US because no British figures were available.)

An 89% success rate for the Pill and 86% for the condom may sound reassuring (that gives a girl on the Pill a one in nine chance of becoming pregnant in the course of a year). Should she continue to be sexually active and on the Pill over a five-year period, what it actually means is that the cumulative pregnancy rate grows to 44% which gives her something close to a 2 in 5 chance of becoming pregnant⁴². (The rate for condoms at 14%

⁴¹ ISBN 0 902331 54 X. Copies can be obtained from the Royal College of Obstetricians and Gynaecologists.

⁴² See charts on page 27 above.

Contraceptive failure among adolescents

over one year becomes 53%.) It is unlikely that young people are aware of the statistics on which the Government's promotion of contraceptive backed sex education was based.

Up-to-date figures for the method failure rate of contraception among school-age children remain elusive, which is perhaps why the Social Exclusion Unit failed to quote them. A trawl of the internet comes up with the following figures from the US:

Contraceptives are far less effective for teens and young adults than for older users.

Among sexually active teenage girls aged 12 to 18, 20% of oral contraceptive users became pregnant over a mere six months.

For persons under the age of 18, condoms were found to fail 18.4% of the time after one year of use.

Sources: LM Dinerman et al, Archives of Pediatrics and Adolescent Med, 149(9):967-72, Sept 1995. MD Hayward and J Yogi, "Contraceptive Failure Rate in the US: Estimates from the 1982 National Survey of Family Growth," Family Perspectives, Vol 18, No. 5, Sept/Oct 1986, p. 204.

taken from Facts taken from the Teen Care Centre,
http://www.philadelphiapregnancy.org/factsheets/Contraceptive_teens.pdf

The Social Exclusion Unit did have a problem, because it is often hard to discern when a young person is or is not using contraception. A large number of those who present with an unwanted pregnancy are using contraception in some fashion, or have done so in the past. The difficulty is to get them to use it rigorously. The report cites a whole variety of reasons for this, and gives colourful quotes from young people which bring the reality of the situation to life. Many have an ingrained dislike of contraceptives, or are embarrassed by them, or fear their health consequences. Teenagers are often out of control when they have sex, and many do so under the influence of alcohol. Youngsters are anyway irregular in their habits and the more so when their emotions run high. It is easy, for instance, to drop taking the Pill when a relationship goes wrong, only to succumb to unprotected sex when the boyfriend returns. Sex educationalists continue to hope that better education will change all of this, but the grounds for their optimism are difficult to discern.

Health risks of the Pill among the young

Children at school are in no position to weigh up all the health risks of contraception for themselves, since the consequences of their actions now may rebound upon them decades later. They have to rely upon the advice of adults, which, where there is doubt, should tend towards caution.

Surprisingly, the known health risks of hormonal contraception were left out of the Social Exclusion Unit's report on *Teenage Pregnancy* of June 1999⁴³. The future health problems that teenage use of contraception might store up were thus not even considered.

The 1991 report by the Royal College of Obstetricians and Gynaecologists⁴⁴ does refer to possible health risks. After saying that these have been comprehensively reviewed in the textbook *Contraception: Science and Practice*⁴⁵, paragraph 4.7 continues:

"the possible risk [of breast cancer] is offset by the firm data that show that pill users have less cancer of the ovary and of the lining of the uterus. There is also evidence that the risk of venous thrombosis that was a consequence of the relatively large amounts of oestrogen in the pills of the 1960s has become much smaller now that only 20-35µg of oestrogen are taken each day. Another beneficial change is that modern formulations have a much less adverse effect on the way the liver deals with fats and carbohydrate. As a consequence, the small long-term risks of stroke and heart disease that were associated with the early pills are likely to have become smaller, except in older women who smoke. To put the risks into perspective it must be remembered that serious illness associated with pill use in younger women occurs in less than five in every 10,000 users and that, in England and Wales, pregnancy has a serious complication rate that is measured in episodes per 100 pregnancies and a death rate of about eight per 100,000 pregnancies. For most women it is safer to take the pill than to become pregnant."

⁴³ This was the report on which the Government's Teenage Pregnancy Strategy was based.

⁴⁴ See Annexe B.

⁴⁵ *Contraception, Science and Practice* in the Report of the RCOG Working Party on *Unplanned Pregnancy*, September 1991, which gave rise to an earlier Government on sex education. ed. by M. Filshie and G. Guillebaud (Butterworth), 1989. This was the sole scientific work on contraception cited in the RCOG report.

This in effect suggests that, while there are risks in using hormonal contraceptives, these are sufficiently small in the case of young women to be disregarded. Confidence is placed in new formulations which “are likely” to reduce specific adverse effects. In this, the report’s stance is at odds with Dr Ellen Grant who describes how, in the 1960s, when she was working on the development of a Pill which would suppress ovulation with a minimum dose, every sort of hormone combination was tried and tested. All of them had adverse effects and, in her estimation, there are no risk-free “modern formulations” left to be discovered⁴⁶.

Contraception: Science and Practice, the RCOG report’s own cited text, appears to concur with Dr Grant’s caution. This is how Chapter 2 on the “Metabolic effects of combined oral contraceptives”⁴⁷ begins:

“It is now more than 25 years since oral contraceptives became available for general clinical use. During this time our state of knowledge about their metabolic effects, and in particular our understanding of the relationship between metabolic and side-effects, both beneficial and adverse, has progressed from a state of profound ignorance to one of relative ignorance. In view of the fact that oral contraceptive steroids have been more widely studied than almost any other drugs, this may seem to be an unduly pessimistic statement. It is, however, sadly true that we remain uncertain of the significance of many of the metabolic effects that have been observed when these potent drugs are administered to healthy young women.”

In chapter 4 of *Contraception, Science and Practice*, John Guillebaud⁴⁸ concurs with Dr Grant in saying that the natural hormones made by our bodies are unique to us. They are carefully and precisely designed to suit our individual needs, moment by moment, and are continuously monitored. Dr Guillebaud says that women vary so much in their body weight and in the make-up of their hormones that, to maximize effect and minimize risks, Pills should ideally be tailor-made for each patient. His stance suggests that Pill patients should be treated in a similar way to, e.g., children who suffer from diabetes. Before administering insulin, also a hormone, children are carefully monitored to protect them against serious problems which can arise later on. This is different from administering standard doses of hormones to children at school without their parents even knowing.

There are few figures yet available on the effects hormonal contraception may have on girls. This is because damage may only present itself decades later. One study from southern Sweden, where young women began

⁴⁶ *The Bitter Pill*, by Dr Ellen Grant (Elm Tree/Hamish Hamilton) 1985. Dr Grant worked for ten years in the London Trials of the Pill carried out by the Council for the Investigation of Fertility Control.

⁴⁷ By Michael D G Gillmer, Consultant Obstetrician and Gynaecologist, John Radcliffe Hospital, Oxford.

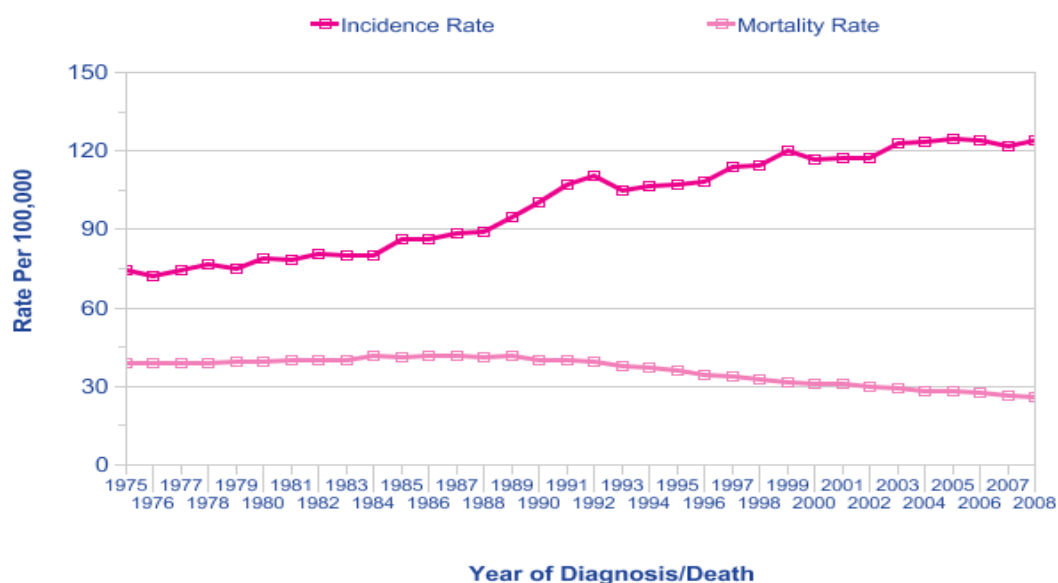
⁴⁸ “Practical prescribing of the combined oral contraceptive pill”, in *Contraception, Science and Practice*.

Health risks of the Pill among the young

using contraceptives in the 1960s, did link breast cancer diagnosed in the early 1980s with age and duration of Pill use⁴⁹:

"Both the duration of OC use before 25 years of age and commencement of OC use at a young age were associated with a significant increase in the risk of breast cancer as well as a significant trend. The duration of OC use before the first full-term pregnancy was associated with an increased risk of breast cancer, but it did not show a significant trend. ... The exposure-response relationship between duration of OC use and risk of breast cancer depended on the age at first use of OCs. Given a fixed duration of OC use, the risk increased with younger starting age of OC use. The findings point to the importance of the early reproductive years as risk determinants for breast cancer after OC use."

Discussion of the effects of the Pill on breast cancer are not academic. They are set against a background of rising breast cancer statistics. Cancer Research UK reports that, in the ten years between 1999 and 2008, the European Age Standardised Rate of breast cancer for women in the UK has increased by 3.6% from 120 per 100,000 in 1999 to 124 per 100,000 in 2008, while the numbers of cases rose from 42,386 to 47,693, an increase of 13%⁵⁰.



⁴⁹ For the full abstract, see the Journal of the National Cancer Institute at <http://jnci.oxfordjournals.org/content/81/13/1000.abstract?sid=92ae3647-73b3-44cd-9320-30540f99316c>,

⁵⁰ Figures and chart are taken from the Cancer Research UK website at: <http://info.cancerresearchuk.org>.

Worries that artificial hormones might promote cancer are older than the Pill. Whether or not it is the Pill, or the lifestyles promoted by the Pill, or a combination of both which has become a major risk factor for breast cancer, the connections are too obvious to ignore. Condoning youthful sexual experimentation by providing the Pill to schoolchildren can only build up future problems.

There are other possible side-effects of the Pill which are listed on every packet. However, one of its actions is little discussed and yet it can have a critical later effect on women. Fertility depends, amongst other things, upon the production of fertile mucus in the cervix⁵¹. This only appears at specific times in the month round the time of ovulation. As a woman ages, so does her cervix, and the cells which secrete this mucus die off or reduce in productivity. However, with each baby, the cervix is rejuvenated, so that the cervix of a 33 year-old woman post-partum may resemble that of a 20-year-old. This is the reason why women who have already had children find it easier to go on conceiving into their forties.

The cervix also produces non-fertile mucus, which blocks the passage of sperm outside the fertile time. One of the actions of the Pill is to increase the number and size of these cells, to the extent that they may present as large cauliflower-like structures, narrowing the cervical canal. The Pill in effect ages the cervix, so that that of a 33-year-old woman may resemble that of a 45-year-old. Both the combined and the progestagen-only prescriptions have this effect. The cervix recovers to a greater or lesser extent after coming off the hormones but damage can persist, sometimes causing permanent infertility, especially after long-term usage.

The cervix only fully matures at about age 19. The impact of strong hormonal medications on younger girls can therefore be expected to be worse.

**"The cervix is a precision organ
as complex as the eye."**

(Dr Erik Odeblad)

⁵¹ A summary of how the hormonal contraception affects the cervix can be found at: <http://www.woomb.org/omrrca/bulletin/vol25/no2/effects.shtml> and is based on the work of Dr Erik Odeblad, whose pioneering work on the cervix and its function spanned over 45 years <http://www.familjeplanering.se/odeblad.php>.

Brain Development in Adolescents

PSHE teaching has to date assumed that, if school children were shown the risks attaching to particular forms of behaviour, such as smoking, abusing alcohol and drugs, unhealthy eating, and in particular unprotected sexual intercourse, they would see sense and avoid such behaviours themselves. The strategy assumes that children are wise enough to make informed decisions and to keep to them when temptations arise. It also assumes that they have the same regard for risk that adults enjoy.

The latest research into brain development, only made possible by brain scan technology, gives new light into why it has been so difficult to persuade young people to adopt safer sex practices and other such ways of diminishing risk. Their brains are not yet wired up to make the informed decisions expected of them, they have a rush of new hormones which gear them for excitement, and they are predisposed to seek the company and the approval of their peers.

In an article for *National Geographic* called “Beautiful Brains”⁵², David Dobbs explains how the American National Institutes of Health (NIH) scanned the brains of over a hundred young people as they grew up during the 1990s. The scans reveal that our brains undergo a massive reorganization between our 12th and 25th years. It is not that the brain *grows* very much – it has already reached 90 per cent of its full size by the time a person is six. However, during adolescence and beyond it undergoes extensive remodelling.

What happens during brain development

- The axons, which are long nerve fibres through which neurons transmit messages to other neurons, are insulated with myelin.
- The branch-like dendrites, which receive the messages for the neurons, become increasingly twiggy.
- Neurochemicals take the messages from axon to dendrite through chemical connectors called synapses. The synapses form, grow stronger or die off, according to use.

⁵² Can be read at: <http://ngm.nationalgeographic.com/2011/10/teenage-brains/dobbs-text>. See also the NIH press release “Brain continues to develop beyond adolescence” of 29 September 2011 at: http://www.nlm.nih.gov/medlineplus/news/fullstory_117011.html

- They move slowly in a wave towards frontal areas which control more advanced thinking. The links between the brain's right and left hemispheres thicken and stronger links are also made between the hippocampus, a memory directory, and the frontal areas which set goals and weigh priorities.
- These frontal areas develop greater speed and richer connections. This improves the ability to balance impulse, set goals and think long-term.
- It takes time for the maturing brain to operate consistently and smoothly. This neural gawkiness, akin to the physical awkwardness of many teenagers, may account for young people's inconsistency. They are growing into their brains, which can misfire under stress or fatigue.
- The cortex, which is the outer layer of gray matter where we do our more conscious and complicated thinking, becomes thinner and more efficient.
- Physical changes start at the rear of the brain which controls more basic functions, such as vision, movement and fundamental processing.

Other changes are also happening in the teenage brain. It is then that the brain reaches its peak of sensitivity to dopamine, the neurotransmitter that primes reward circuits. Dopamine is responsible for the rush of pleasure we experience when we work hard to achieve something, or are adventurous. It encourages young people to try new things, to give their all to what they are doing, and, in due time, to have the courage to leave home and found their own careers and families.

Dopamine sensitivity inclines teenagers towards risk. It is not that they don't realise the risks they take. Where they differ from adults is in the value they place upon the reward. The risks are worthwhile, especially if they are taken in front of appreciative friends. Dopamine is also triggered by alcohol and drugs, and by sex, which is its strongest generator.

Connected with dopamine is oxytocin, another neural hormone to which teenagers are especially attuned. This hormone, amongst other things, makes social connections more rewarding, hence the need to impress friends and the risk taking which they will take in their company. Teenagers are more inclined to mix with their own age group than ever before or after. They are learning to hold their own among their peers, to prove themselves in the world at large. They are also discovering their sexual identities, gaining confidence, or otherwise, in their ability to attract a mate.

Girls have particular sensitivity to oxytocin, since it is also the neurochemical which attracts a woman to a man. Even a look or a hug can release oxytocin but the rush of oxytocin at full sexual intercourse is designed to bind a woman permanently to one man and blind her to his faults and failings. The breakup of a relationship becomes altogether more traumatic where full intercourse has taken place. Disrupting the sexual tie weakens the ability to bond in the future – like a plaster it works best when only stuck once.

Vasopressin is the male equivalent to oxytocin. It is designed to bond a man to one woman and to his children. Men's brains are flooded with vasopressin each time they have sexual intercourse, producing a partial bond with each woman. Bonds thus made and lightly broken lose a man the ability to bond permanently.