David Evans is Chief Executive of the Health Behaviour Group and Apause.
For further information please email : david@sreproject.org or visit the website www.sreproject.org for more detailed descriptors, evaluations, case studies and publications.

## David Evans

# SRE - Not yet good enough: Can scripts bridge the training gap?

Despite the much-vaunted success of the ten-year teenage pregnancy strategy, the recent National Surveys of Sexual Attitudes and Lifestyles (Mercer et al., 2013) shows that the UK still has the highest teenage pregnancy and STI rates in Western Europe. The same report (Wellings et al., 2013) suggests a link between teenage pregnancy and an insufficiency of classroom sex and relationships education (SRE), while, unsurprisingly, the 2013 OFSTED report, *Not yet good enough: personal, social, health and economic education in schools* points to the unsatisfactory nature of SRE teaching and learning in English schools. (OFSTED, 2013) Commissioned back in 2010 by the National Association of Head Teachers, the report, *Sex and Relationship Education: Views from teachers, parents and governors* highlighted the general inadequacy of training and resources in SRE (Durex, 2010), and recent cuts and restructuring in education and health spending will certainly not have improved the situation.

### Mandatory SRE

The above studies, and a vigorous group of lobbyists and media commentators, are pressuring government to establish mandatory sex and relationships education in the national curriculum. All make a strong case for more SRE in schools with the provision of specialist training; but training is expensive. Even if a teacher has just one day of training, free of charge, it will cost the school well in excess of £150 in supply cover.

This paper sets out a case for systematically enabling teachers to learn how to facilitate effective SRE, as they go along, in the classroom, through the use of scripts. As a case study, it uses the methodology used in *ApauseToo* (Added Power and Understanding in Sex Education: Teacher Organised Option).

### Specialist training in SRE

The logistics of specialist training in SRE requires some unpacking. Since there is minimal, if any, initial teacher training time dedicated to SRE, there are, broadly speaking, two routes an inexperienced teacher can get their SRE training. They can personally attend a series of training events, often earning some certification of Continued Professional Development (CPD) and take that expertise back in to their school and classroom. Or they can attend some in-house, school-based training and learn via a cascade system. This is usually delivered by the school's specialist who also took the CPD route. One notable exception to this system is the Christopher Winter Project (CWP) where outside trainers mentor novice teachers as they teach the CWP curriculum. Notwithstanding these approaches, it seems that in a large proportion of schools, possibly the majority, teachers deliver SRE not by virtue of being trained but by dint of necessity - they are class tutors with a daily pastoral and administrative role. It is often they who are responsible for delivering some, or all of the PSHE that their tutor groups receive. They are not usually trained in SRE and consider their specialism lies in other, more 'academic' parts, of the curriculum.

### Costs and benefits

Given the expense of becoming a specialist teacher, we should consider costs and benefits. How much time does an average teacher spend teaching SRE in a year? If they deliver SRE as just one teacher in a cohort of class tutors, it could be three hours a year or less. So, it would be unfeasibly expensive training them to the point where they were specialists. In those, more enlightened, schools that have made a commitment to PSHE, the whole of SRE

teaching is often carried out by a team of specialists who deliver across several year groups and to several classes from each year group. The initial investment in training, then, gives a good return in terms of student contact time with experienced practitioners. This positive return assumes that schools regularly timetable in a sufficiency of SRE lessons, and that teachers continue in their role in the team of SRE specialists. Increasingly, it appears that SRE is being pushed to the margins of the curriculum. Further, these specialist teams can easily be destabilised for various reasons such as the teachers of SRE being promoted, changing schools or being moved from that role. Once that team of specialists is disrupted; for example if, out of a team of four, one changes their job, then suddenly a replacement has to be found. In the current economic climate, with the paucity of local authority education services, will the replacement SRE teacher get the quality of training enjoyed by their predecessor? Doubtful. In this scenario, a quarter of all students will get an inferior SRE experience compared to the previous year. Whichever system a school uses in the provision of SRE, it is easy to see why the quality of SRE across the country is so often reported as being 'patchy'.

## Solution to widespread lack of adequate SRE

With the unlikelihood of teachers getting enough specialist training in the foreseeable future, is there a solution to our widespread lack of adequate SRE? How might SRE provision look if resources were designed which enabled safe, comfortable and effective delivery by non-specialist teachers with minimal training and desirably overseen by a well trained PSHE teacher? Would children benefit from a more pragmatic approach?

In devising its latest programme, the *Apause* team has set itself the challenge of creating scripted student workshops for all their exercises. At least initially, teachers 'perform' their role as SRE facilitators by reading from their scripts while the students perform their role as learners through interaction in small group tasks and preparing themselves for the 'out loud' part of the exercise where they report back, read a script, or share an answer for the benefit of the whole class. Teachers are in no

way compelled to stick slavishly to the script, rather, it is part of a 'scaffolded' learning process. They can merely refer to it for specific phrases or instructions, or they can use the more schematic exercise plan which is also provided. Critically, teachers report that using a script or guideline does not hamper their engagement with the class and they quickly get used to the routine and grow in confidence. Effectively, teachers are learning or revising new methods of working as they go along.

## Script construction

Each learning resource is designed to be intuitive and 'worked on' and 'worked out' as part of a small group exercise which requires verbal interaction. Accordingly, the teacher's script is carefully constructed to facilitate the effective deployment of the resources with a range of appropriate questions and lines of enquiry with a representative range of anticipated responses. Everybody knows that the lesson is going to be structured in this way, encouraging teacher confidence and student participation. It is highly democratic, giving every child the opportunity to actively participate in the small group exercises and contribute to group feedback to the rest of the class. It avoids the common pitfalls of class-discussion-driven learning which can allow a vociferous few to dominate the proceedings and steer the subject matter into highly sensitive and possibly age-inappropriate areas, requiring specialist knowledge and exceptional competencies on the part of the teacher. The almost guaranteed outcomes of each session offer a high degree of transparency and accountability to senior management, parents and governors.

## The challenge of SRE

From a purely logistical perspective, it is easy to explain why SRE can be such a challenge to implement in schools, but there are other, more culturally deep-rooted, reasons why non-specialist teachers can be reluctant to commit themselves to a thoroughgoing treatment of such a sensitive subject area.

As a nation, we are highly ambiguous about acknowledging children's sexuality. On the one hand, a highly sexualised teenage culture is in a reciprocal relationship with the world of fashion

and the newsmedia, so that each can be seen to be dependent on the other and thereby constitute a thriving market economy. In contrast, there is widespread moral concern about the early sexualisation of our children, their exposure to pornography and hitherto unknown sexual practices (such as "sexting") facilitated by social media. Furthermore, these positions are often conflated and confounded by public health agendas. As if all this isn't complicated enough, discourses about sex and sexuality remain stubbornly taboo in our culture. So a teacher, novice in the area of SRE will, quite naturally, be apprehensive about facing a class of adolescents and tackling the subjects of say, "sexting" or the "benefits of mutual masturbation as opposed to full sex".

## Using scripts to teach effective SRE

In what ways, one might ask, does the use of scripts alleviate some of these anxieties and impediments to *teaching effective SRE? In the first instance, it might be helpful to understand the nature of these 'scripts' and to establish in what sense they might not function strictly as scripts in the conventional theatrical understanding of the word. The scripts are probably more accurately thought of as being 'descriptive' rather than 'prescriptive' in that they are repositories of practices that have generally proved to be successful by other practitioners and in trial situations – albeit these practices are framed in a form of words that if simply read aloud off the page will perform effectively as a set of instructions, explanations or questions. Whilst this approach is expedient in the case of a novice teacher, in the hands of a more experienced or specialist teacher it is likely to be redundant. In such an instance, the experienced teacher can assess the small group activity resource and merely refer to the brief 'plan' or scan the script and use their own, more personalised, style of delivery.

Enshrined in the repository of the script, though, are some extremely handy, and often hard-earned, models of good practice; for example, how to phrase lines of questioning that lead the learners to challenging conclusions, useful statistics around sexual risk, understandings about the prevalence, expectations and rights surrounding same sex relationships, vocabularies around masturbation

and sexual pleasure, all of which can be difficult for a form tutor to come by in an unfamiliar and contentious subject area in which they are non-specialist and that they may only engage with three times a year. Even more importantly, the exercises often focus on the emotional and socially-situated aspects of adolescent relationships and not merely on the procurement of medical facts. So, there is an interplay of the understandings the learners construct in the relative privacy of their small group exercises and the whole class feedback and lines of questioning the teacher uses in class discussion to confirm desirable normative expectations, for example that boys in a friendship group have a responsibility to ensure they and their peers always use condoms and know how to negotiate their effective use.

One of the drawbacks of trying to codify such a complex set of learning experiences, and embed them in the *Apause* research practice of applying psychosocial theory, is that it is an extremely time-consuming process. It is not amenable to sudden changes in the reported sexual mores of adolescents and the latest phone app, all accompanied by outcries in the press for schools to do something about it. It is genuinely hard to develop resources that address the dangers of a phone app like 'Snapchat', or to talk with intellectual integrity about the harm done by pornography when the research evidence remains inconclusive.

## *Apause* programme

Possibly the *Apause* scripted method is most vulnerable to the criticism of being doctrinaire and not having been developed in direct response to the expressed, and localised needs of children, or in collaboration with them and their teachers. There is no denying that these are highly desirable practices, but to some extent *Apause* would contest those charges, in so far as many of the resources and methods were initially developed in small focus groups with young people and all have been piloted in classrooms with teachers and evaluated. *Apause* does not claim to be the perfect, all-inclusive curriculum, but does claim to provide a basic and robust programme that can be added to. This is in contrast to the fairly common situation where children may receive a 'pick and mix' set of lessons with no solid overall structure or predictable outcomes.

*Follow link for an example of a [novice SRE teacher facilitating an exercise for the first time](#)

*Apause* has always been an advocate of high-quality, specialist training for SRE; indeed, this was the basis of the positive evaluation by the National Foundation of Educational Research for its training. (Blenkinsop et al., 2004). The table below, taken from the NFER evaluation report (p.25), shows the response to the question, 'Does the *Apause* approach to SRE differ from that previously used in your school?'.

Table 3.5  How *Apause* differs from previous SRE

| | Number of Schools |
|---|---|
| Involvement of peers | 44 |
| Involvement of health professionals | 34 |
| More detailed/in-depth coverage | 17 |
| More interactive | 16 |
| Staff specifically trained | 10 |
| Better structure | 5 |
| Refreshing approach | 5 |
| Varied methods of delivery | 4 |
| SRE was not consistently delivered | 4 |
| SRE was incoherent | 3 |
| N = 92 | |

*Apause* has for a long time put its name to campaigns to make SRE a mandatory part of the national curriculum. But given the lack of political will to acknowledge the importance of SRE, and its 'Cinderella' status in the curriculum, *Apause* remains committed to making available novel, low-cost, approaches which offer a population of young people a base-line entitlement of effective, well-researched and evaluated SRE. Moreover, there is strong anecdotal evidence that, for many teachers and schools, *Apause* has offered a 'point of departure', a means of empowerment, giving them the confidence to progress on to developing their own curricula and resources.

References

Blenkinsop, S., Wade, P., Benton, T., Gnaldi, M., & Schagen, S. (2004). Evaluation of the APAUSE SRE Programme : NFER. Accessed 04/12/13.
http://www.nfer.ac.uk/nfer/publications/SRP01/SRP01.pdf

Durex. (2010). 'Sex and Relationship Education: Views from teachers, parents and governors'. Accessed 04/12/13.
http://www.durexhcp.co.uk/downloads/SRE-report.pdf

Mercer, C.H., Tanton, C., Prah, P., Erens, B., Sonnenberg, P., Clifton, S., Macdowall, W., Lewis, R., Field, N., Datta, J., Copas, A.J., Phelps, A., Wellings, K., & Johnson, A.M. (2013). 'Changes in sexual attitudes and lifestyles in Britain through the life course and over time: findings from the National Surveys of Sexual Attitudes and Lifestyles (Natsal)', Lancet, 382(9907), 1781-94.
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2813%2962035-8/fulltext  Accessed 04/12/13.

Ofsted. (2013). Not yet good enough: personal, social, health and economic education in schools, No. 130065.
http://www.ofsted.gov.uk/resources/not-yet-good-enough-personal-social-health-and-economic-education-schools Accessed 04/12/13.

Wellings, K., Jones, K.G., Mercer, C.H., Tanton, C., Clifton, S., Datta, J., Copas, A.J., Erens, B., Gibson, L.J., Macdowall, W., Sonnenberg, P., Phelps, A., & Johnson, A.M. (2013). 'The prevalence of unplanned pregnancy and associated factors in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3)', Lancet, 382(9907), 1807-16.
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2813%2962071-1/fulltext Accessed 04/12/13.

**Example from a script:** The first part of it is read by a small group back to the class (actually, two or three do the reading and the other(s) feedback answers to the questions). The second part is how the teacher pulls together the exercise, moving the class towards the understanding that friends can be an important influence in whether people use condoms.

7) Special memories (Two boys or two girls)

F1    Good weekend? You stayed over didn't you?
F2    Yeah great. Place to ourselves. Space to work it all out.
F1    You managed to get the condoms then?
F2    Thanks again for reminding me. But using condoms isn't just like it says on the packet.
F1    How do you mean?
F2    Well first time it's a bit of a game, - you know… too dark …leave them in your jacket, wrong way round, then you're busting for the loo.
F1    Still got it sorted though.
F2    Yeah it was a laugh, we both had a go, talked about it. Made us stronger, really, more together.

Overall, how would you say using a condom affected the relationship between Friend 2 and their partner?
What sort of influence did Friend 1 have on Friend 2?
What differences do the kind of friends a person has, make to their romantic relationships

👁 Overview          Takes: 6 mins; 0 left

"OK well done for reading them so well. First of all what would you say is the main message or theme in this story?"
  ↻ It looks at a relationship, ↻ more to using a condom than mechanics, ↻ friends can be supportive
"What about friends, how useful are they in this situation?"
  ↻ It depends on their attitude and how mature and responsible they are. ↻ If they have a good attitude and are responsible they can be very helpful in this situation.
"Can you think of situations when friends aren't helpful? Could you give an example?"
  ↻ If a friend said condoms don't feel good, or ↻ they don't give good protection or ↻ that nobody uses them.