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Tania Beavet Parents, schools, and sex education

Are parents aware of their right to withdraw their children from sex education? Can they foresee a need to exercise that right? Do they feel that they are kept sufficiently informed about what the school is doing? Do schools feel happy with what they are offering?

The 1993 Education Act Amendment 62 gave parents the right to withdraw their children from any 'sex education' that did not include work covered by National Curriculum Science Orders. We decided to conduct a year-long project within the Loddon NHS Trust District to look at the ways in which parents and schools communicate with each other regarding sex education.

We initially contacted all 16 secondary schools within the area covered by the project. The plan was to conduct semi-structured interviews with PSE co-ordinators, governors, and parents, but although the initial feedback from schools was positive, the parents' response to the letters of invitation to be interviewed was low, and several schools dropped out of the project.

To boost the parental representation, self-completion questionnaires were sent home by pupil post to 60 parents (representing Year 9 and Year 11 pupils) in each of two schools.

The final tally of data came from 31 interviews with governors, PSE co-ordinators, and parents, and 55 postal questionnaires returned by parents.

Main findings

Parents and sex education

1. The majority want schools to have a role in

the provision of sex education.

A parent commented: *I don't mind answering questions, but I'm glad they get lessons at school because I wouldn't be too sure about how to start.*

2. The majority want the right to withdraw their children from sex education. The criterion for withdrawal would be connected with the quality and method of delivery rather than a general objection to the topic being taught.

3. However, very few thought it was likely that they would want to withdraw their child.

Parents and schools

1. The majority of parents were satisfied with the programme at their children's school, and did not make any suggestions for change, even though they were invited to do so.

2. In fact, parents did not seem to know much about the sex education programme and the materials used. Despite this, they felt that communication between the school and themselves was good.

3. Ease of access to the school and to relevant teachers, by being able to telephone rather than having to make an appointment to visit, was considered very important.

A parent commented: *All the staff there are very accessible and easy to talk to, you don't feel as if you are being a nuisance.*

4. Some parents expressed a wish for a more detailed timetable of the PSE programme so that they might be prepared for discussion or questions arising as a consequence.

Parents as 'sex educators'

1. In contrast to the national study (*Parents, Schools and Sex Education*, HEA, 1994), the majority of parents said they felt comfortable discussing sexual matters with their children, but they did not perceive their children as being comfortable in discussing the topic with them.

A parent commented: *It can be a bit difficult, my daughter will talk to me but my son is getting to the age where he would be embarrassed.*

2. However, they were aware that not all children would have the sort of relationship with their parents that would facilitate communication, and for this reason they thought that schools should provide information on local sources of advice on sexual health matters.

A parent commented: *I think they get most of their stuff from friends, it was the same when I was at school, there are some things you don't*

Low parental involvement: lack of interest, or confidence in the school?

want to talk to your parents about.

3. They also thought that this information would be useful to themselves.

4. They thought that parents and schools had a joint responsibility for sex education, schools having the advantage with the more 'biological' aspects, morality and relationships being addressed at home.

Staff and sex education

1. Only one of the schools undertook formal pupil evaluation.

2. Anecdotal evidence indicated a need for monitoring and evaluating sex education programmes. This was perceived as very important for newly-qualified teachers or staff new to this area, as lack of criteria left them unclear about accessing resources and agencies.

3. Teachers did not perceive themselves to be in need of additional basic information, but expressed a wish to explore less conventional teaching methods. Theatre-in-health-education and similar initiatives were cited as a key area of interest.

4. Homosexuality and abortion were acknowledged as difficult topics, and staff were interested in strategies for addressing these areas.

Schools and parents

1. The data from the survey suggest a discrepancy between schools' and parents' perceptions of parental involvement. The parents in the study report a high degree of confidence in their school and cite that as a reason for not getting more involved. Conversely, the schools appear to want more parental involvement and perceive their detachment as lack of interest!

2. Several co-ordinators referred to the fact that they seem to hear from parents only when there is a problem. The mechanism for this is clearly defined in the school prospectus, but it is felt that there is little opportunity for staff to receive positive feedback from parents.

A co-ordinator commented: *It's really difficult to get the parents into the school, much less become actively involved in anything.*

Recommendations

Keeping parents informed

1. A **timetable of topics** to be sent to parents before the sex education programme begins.

A co-ordinator commented: *One idea that did*

seem to work quite well was sending the parents a booklet covering the same topics as the school. The feedback was positive; we were told it helped to raise the issue in the home and make discussion easier.

2. **Regular newsletters** to parents, including information about the sex education programme.

3. **Parents' evenings** on sex education, with the opportunity to view the materials and talk with the teacher, were felt to be a 'good idea', but with reservations about the attendance.

A co-ordinator commented: *We tried it once a couple of years ago but it was hardly worth doing, the people that did come didn't really need the information, the ones that didn't come are the people that would have benefited the most.*

4. A parents' leaflet detailing **contact numbers and addresses** of local organisations and describing what services or information they provide. Local agencies such as Family Planning and GUM should be requested to update schools regularly with respect to opening times, etc.

A parent commented: *I know the Family Planning clinics have information, if that didn't work I suppose I would look in the local directory, depending on what the problem was.*

5. Members of staff, or groups of staff, whom the parents are encouraged to contact if there are any **concerns or queries**, should be clearly identified.

Clarifying the school's programme

1. The school's sex education policy needs to ensure that there are clear guidelines regarding the teaching of **sensitive subjects** (for example homosexuality and abortion), so that staff feel they have the appropriate internal organisational support, as well as the opportunity of utilising outside agencies if necessary.

2. A clear mechanism for **monitoring and evaluating** both the pupils' learning and the programme itself is needed. This could be internal or external. Monitoring and evaluation should include regular reviews of the written policy and of the use of outside speakers and resources. An infrastructure of this nature would particularly benefit new staff members.

Copies of the full report may be obtained from the Loddon NHS Trust Health Promotion Service for £4.50 including postage.

The project team also included Sean Bygrave (Statistician, Wessex Cancer Intelligence Unit, Winchester), Julie Thompson (Senior Health Promotion Officer, Education) and Joyce Griffin (Secretary), both with the Health Promotion Service, Loddon NHS Trust.

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