Effective sex and relationships education is essential if young people are to make responsible and well-informed decisions about their lives.1 This statement reflects the increasing amount of attention on the delivery of sex education in state schools in recent years and the efforts at a policy and practice level to produce a coherent and comprehensive programme of study. In England, the statutory requirements for delivery of sex and relationships education (SRE) in State Schools are contained in the Education Act (1996) and the Learning and Skills Act (2000) whilst the revised National Curriculum (1999) locates the subject within the framework of Personal Social and Health Education (PSHE). A subsequent document, 'Sex and Relationship Education Guidance'1 which was produced in response to the Teenage Pregnancy Report,2 identifies best practice in relation to SRE and provides guidance on its incorporation within PSHE. Monk1 identifies the purpose of SRE as twofold. Firstly to prepare children for their rights and responsibilities as sexual citizens of the future, and secondly to address their present needs as sexual beings. This second purpose is problematic because it confronts the dominant norms which present children as sexual innocents. The question as to what material should be delivered and at what age, given the chronological and maturational differences in a classroom setting, is a matter of considerable debate which is further compounded by this traditional model of childhood innocence.4

One consequence of this is the situation whereby sex education is generally criticised for being too little which is delivered too late.2 In the meantime, children are constantly exposed to and often accumulate information from a variety of sources which they struggle to make sense of.5

The standard of delivery and the effectiveness of programmes of study is a matter of considerable concern. The Office for Standards in Education (OfSTED) survey of SRE reported that the delivery of sex education in primary school was of a variable standard. Learning was deemed unsatisfactory in one lesson in six, with that relating to reproductive and sexual health identified as a particular weakness, and considered unsatisfactory in 25% of lessons. The report also highlighted the lack of monitoring and evaluation with 37% of the primary schools surveyed carrying out no evaluation or monitoring.6

Adequate teacher preparation is essential for the effective delivery of this subject,7 however teachers often feel ill-equipped to teach this subject because there is a lack of formal training and a lack of in-service training, particularly in primary schools.8 The recent introduction of a national accreditation scheme for teachers of SRE represents one effort to address this situation.9

Health professionals represent a valuable source of specialist knowledge and are commonly involved in the teaching of SRE in both primary and secondary education with over two thirds of primary schools involving the school nurse in the provision of advice.6 Whilst it has been proposed that children are more comfortable learning from 'a stranger' rather than their classroom teacher,10 there is little evidence to support this claim. Another issue to be explored is to what extent does devolving the teaching of normal biological changes to a health professional both medicalise and sensationalise the topic?

This paper outlines the implementation of a comprehensive sex education programme in one primary school. The project was initiated and managed by GH (the head teacher), whilst HP (a researcher and sexual health specialist) served in an advisory capacity, and conducted the focus groups and analysed the data. In this paper we detail two specific aspects of the implementation process; teacher preparation and evaluation of learning.

The specific school context

This study took place in a Church of England Voluntary Aided primary school located on the boundary between a suburban "Home County" and an Outer London Borough. The school has approximately 270...
pupils who are organised into nine classes, each with an age range covering two school years. It represents in microcosm the ethnic and religious diversity of the community; the majority of children are white English with about 22% originating from minority ethnic communities.

In 2001 the school team undertook a full review and revision of the SRE policy and curriculum. It was agreed that new resources were needed and after consideration, the Living and Growing series, produced by Channel 4 was identified as the preferred scheme. These resources consist of videos, copyright free worksheets, follow up activities and teachers’ notes. The three videos to be shown to the pupils are age appropriate in both content and style of presentation for pupils in Years 1 and 2 (age 6 and 7 years old), in Years 3 and 4 (age 8 and 9 years old) and in Years 5 and 6 (age 10 and 11). Each video consists of 3 programmes lasting about 20 minutes. Each programme is designed to be followed up with classroom discussion and activities using the printed materials.

This structure led to the decision to replace the previous programme, whereby SRE was confined to teaching in years 4 and 6, with a whole school programme. The programme was organised using a structured and integrated approach through the whole school Years 1-6 (ages 5 - 11 years). The basis of this was a 2 year curriculum cycle within which any child viewed the same video twice but completed each set of worksheets only once. This structure provides opportunity for each child to revisit the material one year after they first see it. Differentiated sets of worksheets ensure that whilst they revisit the material, the children do not duplicate the work in the two successive years. This provides an opportunity for consolidation of knowledge and reinforcement of key theoretical principles whilst simultaneously addressing the variability in cognitive ability and maturational development within each class. Additionally, each child would have a personal workbook specifically for all recorded work in SRE. They would add to it each year, providing evidence of their work in SRE throughout their school career and take this personalised record with them when they left the school.

Preparation of the teaching staff

This whole school programme represented a significant shift of approach from a limited programme which involved few teachers to one which involved all year groups and all members of the teaching teams. It was essential therefore that the teaching team were adequately prepared for this new role. To this end HP, as an impartial outsider, facilitated two focus group discussions, one with the KS1 team (n=8) and one with the KS2 team (n=8). Both groups included teachers and Learning Support Assistants (LSAs).

The purpose of the discussion was as follows:
- To explore the level of experience that the group members had in the delivery of sex education
- To explore their feelings about the proposed programme of sex education
- To explore concerns that they had about the delivery of the programme
- To identify any support and training needs that the staff felt that they had in relation to the delivery of sex education

The discussions were tape recorded with agreement of the participants and the findings were collated into a summary report. This report was presented to the management team with recommendations for teacher preparation which were drawn from the findings.

Findings of the focus groups

Only one teacher and one LSA had had previous experience of delivering SRE. No-one had received any formal preparation or training either during initial teacher training or subsequent to qualification. Three key concerns were identified about the delivery of the programme.

1. Content of the material

The use of videos was considered to be a good way to deliver the basic information. However the explicit nature of some of the material was a matter of concern, particularly the age-appropriateness of the material for the younger children. Some content was felt to be too detailed and containing information that was inappropriate or unnecessary. The naming of body parts using correct terminology was considered particularly problematic, variably considered as 'taking the innocence away from the children' and 'bombarding them with information'.

2. The teachers' knowledge levels

Several group members felt a personal level of embarrassment and doubts about their ability to deliver this material effectively. To discover that others were experiencing the same feelings was a matter of considerable relief. Concern about personal knowledge levels was particularly an issue with those teaching the older children as the content is more detailed and gender specific. These concerns stemmed from the teachers' personal experience of receiving sex education, their perceived knowledge levels, particularly in relation to other gender issues, and a general fear of the unknown. Several did not feel professionally prepared to teach this topic. Their worse fear was of feeling embarrassed and the children knowing that they were embarrassed.

3. Management of the teaching sessions

There is wide variation in the age range and maturity of the children in the mixed age group classes. This was identified as a problem in terms of determining the level at which the lesson and the answers to questions were pitched.

Opinions were divided as to whether boys and girls should be taught separately or together; single sex teaching was considered more comfortable for the teacher and the children, and some teachers were concerned about their ability to deal with questions from the other gender. It was suggested that ideally male teachers would teach the boys and female teachers teach the girls.

The management of sensitive questions and the extent to which they should be either managed within or deflected from the whole classroom setting also caused concerns. Whilst the teachers acknowledged that the answers to questions provided a valuable source of learning for all the children, they were apprehensive about dealing with possible questions and providing truthful answers in a group situation.

Notwithstanding these concerns, there was a general commitment to the delivery of SRE. Whilst there was some concern about the content, the consensus was that ignorance is worse. The teachers also acknowledged that much of their apprehension stemmed from a fear of the unknown.

Recommendations arising from the focus groups

On the basis of the discussions, the following recommendations were made and implemented in the school:

- The allocation of directed time for teaching teams to prepare together so that they could familiarise themselves with the content and determine collectively how to deal with possible questions
- Team teaching to provide classroom support and cross gender delivery. In particular, those teachers who had prior experience of teaching this subject provided support to those who had no experience
- Additional resources for the teachers. A range of reference books on the topic were purchased which they could use in order to fill their own personal knowledge gaps and increase confidence in their knowledge
- A selection of books available to the children for them to carry out their own personal research about sensitive issues. This would supplement the classroom teaching for those children who wanted to learn more and provide a means of managing sensitive enquiries and questions.

The teachers' experience of teaching SRE

After the programme had been delivered for the first time the senior teachers for Key Stage 1 & 2 compiled a report outlining the teachers’ experiences of running the programme and specifically the extent to which their initial concerns had been realised. These reports were
supplemented by information gathered through informal means from all members of the teaching team.

Feedback from the teaching staff was extremely positive. They reported that, after some initial giggling, the children had responded well to the content of the videos and the worksheets. As one Y4 teacher remarked, "Questions such as 'now, where does the penis go in?' were treated with the same seriousness as any other logistical problem."

As identified previously, many of the teachers were apprehensive about their ability to deal adequately and appropriately with the children's questions. One key aspect of concern in relation to answering children's questions is an assumption about the pre-existing knowledge levels of the children and staff anxieties about their ability to answer questions honestly and at a level appropriate to the child's understanding. Whilst some of the children did have a good basic knowledge, the teachers found themselves able to deal adequately with all the questions that arose. In reality, they were surprised by the simplicity of the questions and the children's knowledge gaps.

Two factors were identified as particularly valuable by the teachers; firstly the availability of reference materials which had enabled them to prepare adequately for the lessons and secondly co-delivery of the programme in the Y5/6 classes by a male and female teacher. Outstanding teacher concerns centred round the fact that different year groups in the same class were tackling different worksheets and the extent to which the limited opportunity for discussion was less specific but the children had clearly retained a considerable amount of information.

In their discussions the children's confident and largely accurate use of formal terminology was striking. This was evident across all age groups. For example in the Y1 group the prompt, 'we learnt about the differences between boys and girls; what have you found out' elicited the following responses:

- "Girls have a clitoris"
- "Girls have a vagina"
- "Boys have a penis"

The older children were similarly familiar with terminology and in discussion, they were clearly comfortable using terms such as sperm and erection, although they demonstrated a tendency to also use vernacular and slang terms, particularly in the Y6 discussion groups.

At all ages, the children were particularly fascinated with birth and life in utero. Their knowledge levels in this area were good, many of them drawing on life experiences and making links, for example where they had new babies in the family. In other areas, for example topics such as menstruation, conception, pregnancy and childbirth, however social and emotional considerations were evident as were details of contraception.

One year on, the recall of information was less specific but the children had clearly retained a considerable amount of information.

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The vast majority of the children in the focus groups reported that they had found the lessons enjoyable, variously describing it as, "interesting and funny", "fun", and "quite fascinating", although one boy considered it, "quite weird - strange really" and one girl described herself as, 'glad that it's over and done with now'. Specific incidents; rewinding of the childbirth video such that, "the baby got pushed back in", and when 'Mr R put a condom on his thumb', were sources of particular amusement, recounted with glee.

In several of the groups, the children described feelings of embarrassment to some extent; however these were far more evident and produced much more discussion among the older children. In some instances these feelings were content specific; as one Y6 girl explained, "I wasn't embarrassed, except when people were looking at me, when the boys looked at me, on the girl one."

For others, embarrassment was identified as a more general response, however it was generally agreed that, "it got easier" with the result that, "when we got used to it, we was all taking it seriously". This effect was identified as an advantage of covering SRE on consecutive years;

"Last year, we were all laughing, but it was better this time."

The children readily embraced a holistic view of SRE describing it as, "It's like how you love, like how you make love isn't it." (Y6 girl)

A single dissenting voice came from a boy in one of the Y5/6 groups who considered the sessions "Quite boring really, just not how I imagined it - like actually in the body parts, how they work and stuff, not all the stuff about love and things."

This opinion produced lively debate in the group which largely followed gendered lines; the girls in the group fiercely defending a view of SRE which recognised the emotional and social considerations and embraced concepts of love as well as physical processes.

Children's experiences of SRE

Enjoyment and embarrassment

Although several of them were already familiar with some of the information; from parents or books, the children felt that they had learnt a great deal. In particular they
considered it useful to learn about the other sex. This was not only identified as interesting but also as valuable in providing factual information which challenged and corrected the misconceptions and confusion that are rife:

"Good to find out about boys - sometimes they say things about us and things about them and I don't know if it's true. They use different names for things like their penis and then we found out on the tape what they are really called." (Y5 girl)

The children described other instances where the factual information had enabled them to correct misconceptions and misinformation. One particular example of this which arose spontaneously in both the Y3/4 groups was the anatomical distinction between the stomach and the uterus. In the main, descriptions centred on a recent television advertisement that related to this, however as the following quote identifies, misconceptions can derive from more personal sources of information:

"I asked my mum where do babies come from and she said from your stomach. It was useful to learn the truth but a bit embarrassing." (Y3/4 girl)

**The best age for SRE**

Opinions differed as to the best age at which to deliver this material. One of the Y5/6 children opined that, "They [the younger children] won't take it as seriously as us, because we're older", whilst another thought that, "5 years olds should learn it as us, because we're older", whilst another thought that, "They [the younger children] won't take it as seriously like a secret until you're old." (Y 5/6 girl)

Regardless of their age, the children were unanimous in rejecting any suggestion that they were too young. As one Y6 girl explained,

"Mum thinks we're too young but we're getting older and we need to know." This was identified as important in two respects. Firstly because it related to them and their physical development;

"Its good to know what's coming into the future."

Secondly they recognised the mixed messages that surround sex, their exposure to multiple images of sex in everyday life, for example discarded condoms on the streets, and the commodification of sex by the media;

"You're not allowed to speak about it or anything, you're like what is it, but its everywhere, on the tele, in the magazines for men and women."

In this respect, SRE was identified as an important source of learning to understand what they were exposed to, an important tool that they needed now in order to equip them for the future;

"I don't think it should be kept locked up like a secret until you're old." (Y 5/6 girl)

**Discussion**

This project has demonstrated the value of implementing a comprehensive and coherent sex and relationships programme. The wide variation in cognitive and maturational development in any primary school class makes it a challenge to determine when to deliver specific aspects of the SRE curriculum; material which is too late for some may be too early for others. A programme of study which provides them with the opportunity to revisit the material addresses this issue thus enabling them to develop a sound knowledge base and to iron out misconceptions.

We consider that teachers are ideally placed to deliver the SRE curriculum. The lack of preparation for this role in initial teacher training together with the historical legacy of poor sex educational experiences results in a situation where many primary school teachers feel ill equipped to deliver this material.

However our experience indicates that if their training and preparation needs are met and they feel adequately equipped and supported, then teachers are well able to undertake this role and ideally placed to do so. This does not negate the value of involving others in the delivery of the programme. In a primary school setting, this approach appears to de-medicalise teaching and learning about normal life processes. It also provides opportunities for children to ask questions outside the formal SRE lessons and to integrate their life experiences with formal learning.

The children's responses to the SRE programme were overwhelmingly positive; they enjoyed the lessons and recognised that they had learnt a considerable amount of information. In the discussions, they demonstrated considerable insight into the social influences and the pressures to which they are exposed and the impact that this has upon them.

These children clearly identify their own needs as social agents, dismissing adult anxieties that they are too young. They recognise the value of factually accurate information as a means by which to complement and compensate this socially acquired information. They show awareness of the importance of understanding the physical and emotional changes that characterise their transition through adolescence, and they claim the right to such information for themselves and others.

**References**
