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## Lucy Emmerson

# Sex and Relationships Education: supporting transition to adulthood

School, as a site of learning, has been at the centre of debates about Sex and Relationships Education (SRE) for years. Media controversy has revolved around what, how, when and if SRE should be taught to under-16 year-olds in schools.

### From school to further education

School-based SRE has also been the rallying point for young people and professionals advocating for an entitlement to good quality SRE for all. But with more than two-thirds of young people becoming sexually active aged 16 and above (Wellings et al, 2001), SRE has a particular relevance and urgency in further education settings.

The Sex Education Forum believes that "learning about sex and relationships should be an integral part of the lifelong learning process, beginning in early childhood and continuing throughout adult life" (SEF, 2005). This is because our questions grow and change as we do!

### Transition

Moving from school to further education is a big change for young people. This transition is a time when significant relationships may be made, broken and challenged. It is crucial that young people are supported with easy access to support and information on issues including mental health, substance misuse and sexual health.

### Sexual health knowledge

Young people's knowledge about sexual health on entering further education is often

very poor, as this student explains:

"There was a big gap [in knowledge] - I'm in college and I'm hearing about STDs. Even from primary school, secondary school I wasn't aware they didn't even spoke to me about sex nothing not even a condom."

Many further education providers have recognised that they need to provide SRE to their students. In some cases the motivation has been practical as colleges have seen high drop-out rates due to unplanned pregnancies. The fact that 80% of teenage conceptions are to 16 and 17 year old young women is a compelling reason to ensure that this age group can access clear information about sexual health. Nearly half of conceptions to 16 and 17 year olds end in abortion, suggesting that they were not intended.

### Diverse approaches to SRE in Further Education

With no further education equivalent to the government 'Sex and Relationship Education Guidance' for schools (DfEE, 2000), providers have taken a diverse range of approaches. York College of Further Education employ a sexual health promotion specialist to tour tutor groups, delivering a one-hour session on sexual health to every group in the college over the course of the year. Young people are also told about the sexual health drop-in service that they can access in college. Work-based learning provider 'Biscom' have also ensured that all their learners have the chance to discuss sex and relationships by

building it into the induction programme.

The Sexual Health Education Team (SHET) in Camden and Islington link with local further education colleges and run educational group visits to the local sexual health clinic. These visits have been particularly beneficial for groups of ESOL students and young people with learning difficulties who face additional barriers in accessing local services.

By embedding sexual health in the curriculum, students at South Thames College have been able to take part in intensive sexual health themed projects:

"At school there was a teacher just talking, talking, talking, but never really said nothing. With this project we actually got to do our own research. We got to find out the consequences of each and every STI and what they mean... I think it was good that we learnt and I think that everyone should learn some".

Regrettably, many young people have negative experiences of school SRE. In a recent UK Youth Parliament survey of over 20,000 young people 40% said that their school SRE was either poor or very poor (UKYP, 2007).

Young people value the opportunity not just to learn facts, but to have space to think critically about the range of messages they receive from school, home, peers and the media:

"There is a lot of hype surrounding sex and I've heard it's not what it's cracked up to be. Education needs to come first, the hype can come later".

## Linking sexual health services and SRE

Government guidance published earlier this year, (DfES, 2007), encourages further education providers to assess their current provision and ensure that they are signposting young people to local sexual health services and also developing services

on-site.

Creating a link between sexual health services and SRE is vital. Young people say that SRE sometimes fails to provide adequate information about services:

"At school I learnt how to put a condom on a banana, but no one told me where I could get them from".

Without clear, open and thorough SRE young people cannot judge if they need to use a sexual health service or not. For example, if a young person has never heard of Chlamydia or learnt that it is usually asymptomatic how can they judge if and when they need to for a test?

## Website and email network

The Sex Education Forum have launched a mini-site dedicated to supporting professionals who are developing on-site sexual health services and linked programmes of SRE in schools and colleges. Visit [www.ncb.org.uk/sexualhealthservices](http://www.ncb.org.uk/sexualhealthservices) to read case-studies, frequently asked questions and listen to interactive sound-bites.

Professionals are also invited to join the free 'further education and sexual health services network' for regular e-mail bulletins and the chance to network with colleagues across the country.

### References

Sex Education Forum (2005). *'Sex and Relationships Education Framework'*, Forum Factsheet 30, National Children's Bureau, London.

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Wellings, K. et al. (2001) Sexual behaviour in Britain; early heterosexual experience, *Lancet*, Vol 358. 1 December pp1843-1850.