Glasgow Parents' Views and Experiences of Sexual Health and Relationship Education

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Independent Researchers

FINAL REPORT TO GLASGOW TEENAGE PREGNANCY STEERING GROUP

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ABBREVIATIONS GUIDE

EC	Emergency Contraception
LTScotland	Learning and Teaching Scotland
SHRE	Sexual Health and Relationship Education
SRE	Sex and Relationship Education
STIs	Sexually Transmitted Infections
TPSG	Teenage Pregnancy Steering Group

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EXECUTIVE SUMMARY

Background

This report details the findings from two consultations directed by the Teenage Pregnancy Steering Group in Glasgow in Spring 2005. The overall aim was to provide an opportunity for parents* of school aged children and preschool children in Glasgow to express their views and experiences across a range of sexual health and relationship issues for their children. Two different approaches were adopted for the consultation. The first of these was a survey consultation that was designed and undertaken by the Teenage Pregnancy Steering group. The second consultation, consisted of a series of focus groups with parents from across Glasgow City and was carried out by two independent research consultants.

Objectives of Consultation

Specific objectives of the consultation were to:

- determine parents' own experience of SHRE
- provide insight into parent-child communication about SHRE
- investigate parents' approaches to parenting and family time
- explore parents' views of school based SHRE
- ascertain parents' support needs in this area

Survey Consultation - Main Findings

Response Rate

- A total of 1177 respondents completed the questionnaire, of which 790 (67%) completed the online questionnaire and 387 (33%) responded by means of the paper questionnaire.

Parents' own experience of SHRE

- Approximately a fifth of parents (17%) reported that they had not received any sexual health and relationship education (SHRE) from their parents, and one in ten (10%) parents reported that they had not received any school based SHRE. The majority of respondents felt that neither their home based SHRE (55%) nor their school based SHRE (69%) had prepared them for adult life, with only a quarter stating that they would hope that their children would receive the same home based SHRE (22%), and only a fifth (18%) hoped that their children would receive the same school based SHRE that they had received.

Main Responsibility for Providing SHRE

- The majority (70%) of parents believed that parents and schools should share responsibility for educating children/young people about sex and relationships, and a quarter (25%) of respondents believed that parents should be mainly responsible for SHRE. Notably, the majority of parents from

* Throughout this report the term parent is used to include primary carer

all faith groups (including the no religion group) felt that parents and schools should share responsibility

Parents' views on the Timing and Content of SHRE topics

- Most (90%) parents held the viewpoint that girls and boys should receive the same information. Similarly, an overwhelming majority of parents believed that the content of SHRE should be the same for the denominational and non-denominational schools (93%).
- Most parents felt that the 'softer' topics such as *basic feelings and emotions* (82%), *naming body parts* (76%), *puberty* (60%), and *menstruation* (57%) might be discussed in the home when the child is of primary school age, but that topics such as *avoiding pregnancy* (72%), *abortion* (75%), *emergency contraception* (78%), *sexually transmitted infections* (STIs) (75*%), lesbian and gay issues* (62%), and *information on sexual health services* (74%) might be discussed when the child is their teens. The majority of parents felt the timing of the discussions of each of the topics should be broadly similar in home and at school, although some felt that some topics might be introduced slightly earlier in the home.
- Most parents of older children had already discussed many of the 'softer' topics but less than one in five parents had discussed *emergency contraception* (15%) or *sexual health services* (18%), and a fifth (21%) had discussed *abortion*, and only one in four (24%) had discussed *sexually transmitted infections*.

Parents' Experiences of Providing SHRE

- Two thirds (64%) of parents with daughters reported that mothers were most likely to take this role, with less than one in five (16%) respondents stating that both parents shared this responsibility. Over a quarter (28%) of parents with sons reported that mothers were most likely to take on this role. Less than one in five (15%) parents reported that fathers were most likely to have the discussion, and just over a third (37%) parents reported that both fathers and mothers shared the responsibility. Different accounts were provided depending on the gender of the parent, whereby mothers' were less likely than fathers to report that fathers were most likely to provide the SHRE.

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Parents' Knowledge and Awareness of School Based SHRE

- One in four (26%) parents with primary school aged children did not know if their child was currently being taught SHRE, compared with 15% parents with children aged 11-14, and 16% of parents with children aged 14-18. Slightly less than one in five respondents reported that they learned about their child's school based SHRE from a letter (18%), newsletter (15%), or an information evening (14%). While a fifth (18%) of parents indicated that their children had informed them about the programme, a similar proportion (22%) reported that the school had not provided them with any information about their child's SHRE. A third (33%) of parents were not happy with the way they had been informed about their child's SHRE.
- Parents' knowledge of the content of their child's school based SHRE was mixed. While a quarter of parents reported that they knew a great deal (23%) or a lot (27%), half (50%) reported that they know nothing at all.

- Parents' satisfaction with their child's SHRE was also mixed. While 45% reported that they were satisfied with content of their child's SHRE, one in five (18%) parents were not, and over a third did not know what was being taught.
- Approximately half (49%) of all parents reported that their child had not discussed their school based SHRE programme with them. In the case of non-Christian faiths group, this finding was higher at over two thirds of parents (67%).

The Delivery of School Based SHRE

- Just over a third (38%) of parents reported that a teacher trained in SHRE currently provided their child's SHRE programme, and a similar proportion felt that this should be the case. However, only one in ten (13%) parents reported that a specialist sexual health worker currently provided SHRE to their child, compared to 58% of parents who felt that this should be the case.
- A third (32%) of respondents believed that an outside agency with a particular religious/moral stance should deliver school based sexual health and relationship education, compared to only 6% of parents that felt that the religious education teacher should deliver the SHRE programme.

Parents' Support Needs

- Only 14% respondents felt that they had no need for assistance with SHRE. The majority indicated that they would welcome leaflets (67%), recommended books (57%) or a website (51%). A third (32%) of parents felt that an education course/group for parents would be useful, and 28% thought information sessions would be helpful.

Focus Group Consultation – Summary

- Forty-nine parents, representing a cross section of parents from Glasgow City, were consulted through seven focus groups.

Family Time and Parenting

- Parents reported that family time and communication was strong during primary school years but more difficult to maintain through secondary school.
- The link between general parenting style and SHRE was raised by a number of parents, and a small number of parents described local programmes to develop parenting skills.

Parents' Experiences of SHRE

- Participants described using different parenting approaches with their children than their parents had used with them. In particular, there was a feeling that parents were less strict and more communicative than the previous generation.
- Most participants received little SHRE from their parents or school.

Parents' Approaches to SHRE

- Parents were aware of their role in SHRE, and in particular felt they had an opportunity and responsibility to encourage their children to consider related values and beliefs.
- The majority of parents adopted an open approach to questioning but some reported shying away from questions or giving inaccurate answers. This was partly to do with the age of the child or comfort levels in discussing sexual health related topics.
- Many parents vocalised the conflict of wanting to protect the '*innocence*' of their child while being aware of their child's need for full and honest information to protect their future health and well-being.

Parents' Attitudes to School Based SHRE

- All parents supported the role of schools in providing SHRE but few understood school based SHRE in the broader context of respect, responsibility
- Most parents felt school-based SHRE should commence in late primary and, based on a spiral curriculum, continue into secondary school.

Partnerships with Schools

- While parents supported school based SHRE, many perceived a lack of communication between school and home and felt that this could be improved.
- In particular, parents were keen to be informed of the content of SHRE in advance in order to prepare either themselves or their children.

Sexual Health Services

- Parents of secondary school aged children thought that services were important, and that young people should have access to a range of services, and should be informed of the available services.

Parents' Information and Support Needs

- Parents expressed their own need for education and information on sexual health matters to supplement their limited experience of SHRE.
- Parents acknowledged that no single approach would meet the needs of all parents so a range of methods should be developed including information packs, homework packs, group work, websites etc etc.

CONCLUSIONS

Educating young people about sexual health and relationships continues to be a contentious and sensitive task. Many parents who responded to this consultation reported providing some level of SHRE in the home, but this provision varied depending on parents' confidence and skills, their social background, the age of the child, and the gender of both the child and the parent concerned.

The majority of parents from both the focus group and the survey consultation reported that their own experiences of home and school based SHRE were very

limited, and only a small proportion wanted their children to receive the same level of SHRE. Whilst the issue of age and stage appropriate information was debated during the focus groups, there was consensus that young people need to receive SHRE both at home and at school. It was evident that most parents were comfortable discussing 'softer' topics, a smaller proportion of parents reported having discussed topics such as avoiding pregnancy, sexually transmitted infections, abortion and sexual health services with their children.

A consistent finding from the survey consultation was parents' lack of awareness of their child's school SHRE. Perhaps reflecting the high proportion of parents with younger age children, a substantial proportion of parents did not know if their child was receiving SHRE, and half of the parents of school age children knew nothing about the content of their child's school based SHRE.

In conclusion, it is evident from this consultation that a number of parents' hold a very narrow understanding of SHRE, and many are not fully informed about the content of school based SHRE. While there are examples of good practice in schools in Glasgow, concerted effort is required to develop more effective communication and partnership with parents. Unless parents and schools are supported and facilitated to be effective providers of SHRE, the poor sexual health and relationships education described by the current generation of parents may be repeated for the next generation of young people.

1 Background

1.1 Introduction

In June 2004 Glasgow City Council in partnership with Greater Glasgow NHS Board developed a Teenage Pregnancy Steering Group to facilitate a shared response to improving the sexual health of Glasgow's young people. As part of this response, the Steering Group commissioned two pieces of work with parents to find out what they know and think about the sexual health and relationships education (SHRE) that is currently available through schools, what they think their own parental role is, and to find out what changes they would like to see happen. The first piece of work was quantitative in nature and took the form of a self-completion questionnaire. The second piece consisted of focus groups with a cross section of parents from across Glasgow and examined the main issues for parents in connection with sexual health and relationship education (SHRE) for their children.

1.2 The Provision of School Based SHRE in Scotland

All schools in Scotland are expected to provide sex and relationship education (Scottish Executive 2005). A report on the Working Group on Sex Education in Scottish Schools (know as the Mc Cabe Report) states that sex and relationship education should present facts in an objective, balanced and sensitive manner within a framework of sound values. In addition, schools are expected to ensure that sex and relationship education is age and stage appropriate, and that they have procedures in place to consult with parents and young people, and to respect cultural, ethnic and religious environments and circumstances of young people. The importance of involving and supporting parents more proactively in the provision of SRE has recently been re-emphasised in the recent national sexual health strategy *Respect and Responsibility* (Scottish Executive 2005) which states that parents play a key role in all aspects of their children's education, including sex and relationships education.

> *Parents can play their part in the sex and relationships education of their children both directly and through stable family and home life and by their involvement in their children's general education and school, voluntary organisations and faith-based groups that have contact with their children. (Scottish Executive 2005 p6).*

The action plan which accompanies the national strategy includes a commitment to provide parents and carers with information in a variety of formats, and also encourages parents to make a commitment to playing a part in the sex and relationships education of their children. This builds on the previous work of the Working Group on Sex Education in Scottish Schools (often referred to as the McCabe Report) which set parental consultation at the core of SRE in schools. Subsequent guidance for schools and parents was developed by Learning and Teaching Scotland (LT Scotland). However, despite this guidance, in 2004 only 50% of schools inspected by HMIE had consulted with parents and provided them with opportunities to view materials (HMIE 2004).

1.3 Previous Research with Parents

The importance of consulting and supporting parents in their children's sex and relationships education is based on a growing body of evidence which proposes that

learning about sex and relationships is a lifelong process, which commences during the early years. For most young people, parents are their first influence and research indicates that a positive home environment where there is open discussion about sexuality can act as a protective factor in young people's sexual activity and in the prevention of teenage pregnancy (Wellings & Field 1996).

Looking in more detail at the family, a number of aspects have been found to influence young people's sexual behaviour including parents' characteristics, the family structure, family relationships and interactions (Fullerton 2005). Such aspects are reflected in parenting styles or strategies, parent-child communication, and parental control and monitoring (Miller et al 2001). The factors that influence communication about relationships and sexual health in the home have been identified through three major UK studies (McGuire et al 1996, Walker 2001, and Wellings et al 2001) and are summarised in Table 1.

Table 1: Factors influencing the provision of sex and relationship education in the home

Parents' sexual careers	Family Structure and Profile	Family Ethos	Other SHRE provision
Own parents' provision of SHRE	Sex of parent(s) providing sex education	Established a talking environment within the home	School (including outside agencies)
Parents' past sex education	Sex of child	Personal and social origins of the family	Health settings
Self awareness	Range of siblings – gender & age	Parenting style	Parents' peers
Continued learning in this area	Number and 'type' of parents e.g. step parents, adoptive parent	Time spent together	Media and magazines
Role modelling	Stage in family cycle	Openness and style of decision making	Siblings' peers
Own beliefs and morals	Ethnicity	Cultural beliefs	Clubs and other institutions
Lay beliefs & assumptions	Socio-economic status	Moral and ethnical stance	Youth workers
The embarrassment factor	Parental occupations and educational status	Respecting personal privacy	Education materials
Parents' teaching and listening skills	Closeness of extended family		
	Personalities within the family		

Source: Walker 2004

While research exploring parents' influence on adolescent sexual health and wellbeing has played an important role in the development of sexual health promotion work, further research is needed to examine and document parents' specific support needs to provide SHRE. Whilst elsewhere in the UK, a number of studies have recently been completed (Fullerton & Lee 2004, HPANI 1997, Walker 2001, BMRB 2001, Ingham 2002), there has been limited Scottish research

examining parents' views of their role in the provision of SHRE, and how best to support them in this role. The research described in this report, sets out to answer this question for the Glasgow area.

1.4 Parents' Views and Experiences

Few studies have elicited parents' views and experience of receiving and providing sex education. Such research can document parents' experiences of SHRE, and can elicit their views and concerns about home and school based SHRE. Some argue (Walker 2004) that the findings from such research are important to both policy and practice to (a) open the dialogue between parents and practice, and (b) to identify and respond to parents' opposition to SHRE.

Within the UK context there is limited large-scale research exploring parents' views and attitudes to SHRE. In 1996 the Health Promotion Agency Northern Ireland (HPANI) published findings from a qualitative and quantitative research project with parents from across Northern Ireland (HPANI 1996). The study combined survey research with focus groups interviews with parents and teachers. The research found that most parents believed they had a responsibility to discuss sex with their child. However, while many parents of teenage children reported they had discussed physical changes, biological facts of life, pregnancy and childbirth, fewer than half reported that they had discussed abortion, contraception, STIs, or sexual feelings/relationships. Only a third had discussed homosexuality/lesbianism. Thus indicating that while many parents would like to discuss most topics with their child, many parents find such discussions difficult.

Parents' desire to provide sex education in partnerships with schools emerged as an important finding in the Health Promotion Agency NI research (HPANI 1996). Ninety nine per cent of parents felt that schools should play a role in teaching sex education to children and young people, and just under three quarters (72%) held the view that parents and schools should share equal responsibility. Many of the parents surveyed recognised that parents do not talk with their children and highlighted the importance of schools' role in this regard. A number were concerned that they might *'get it wrong'* particularly in relation to explaining the 'mechanics' of the reproductive system and teaching their children about HIV or AIDS.

When asked about the topics that might be covered in school based sex education and who might provide this, parents tended to believe that the 'softer' aspects of SHRE such as the physical changes, the facts of life and childbirth should be dealt with at home, but the more 'technical' topics such as contraception, sexually transmitted infections (STIs), and HIV & AIDS should covered in post primary school sex education. The findings indicated that for some parents, abortion and homosexuality continue to be contentious and sensitive topics.

Parents' views about their responsibility to discuss different topics with their child do not necessarily marry with what they do in practice. This gap between the ideal and reality is reflected in Ingham's (2002) research, which presents parents' views of their responsibility to discuss a range of topics with their offspring alongside what happens in practice (see Table 2). While over 90% or more of parents agreed that it was their responsibility to discuss each of the topics, only a fraction of parents had done so. For example, while nearly all (93%) parents believed it was their responsibility to discuss the importance of discussing contraception with one's partner, in practice less than a third (29%) had actually discussed this. Similarly, most (92%) believed that parents' should discuss abortion with their children, only 40% had done so. This

research indicates that while, in theory, parents would like to discuss most topics with their child, in reality many parents find such discussions difficult.

Table 2: Parents' views of responsibility and parental action in relation to discussions with their children (%)

Topic	Believe it's parents' responsibility	Have Already discussed with child
Saying 'no'	97	47
The role of emotions	95	48
Contraception	95	58
Abuse and rape	93	50
Discussing contraception with partner	93	29
Abortion	92	40
HIV/AIDS	91	60
Values	91	49
Homosexuality	90	52

Source: Ingham (2002)

2 Consultation Approach and Profile of Parents

2.1 Consultation Approach

The overall aim of the consultation was to provide an opportunity for parents of school aged children and preschool children in Glasgow to express their views and experiences across a range of sexual health and relationship issues for their children. Two different approaches were adopted. The first of these was a survey consultation, which was designed and undertaken by the Teenage Pregnancy Steering group. The second consultation, consisted of a series of focus groups with parents from across Glasgow City, and was carried out by two independent research consultants.

The specific objectives of the **survey** consultation were to:

- determine parents' own experience of SHRE
- explore parents' knowledge and attitudes to school based SHRE
- examine parents' experiences in providing SHRE to their child
- highlight any areas of difficulty that parents have in discussing sexual health issues with their children
- explore what age parents consider it to be appropriate to deal with different topics at home and at school
- examine what topics parents believe should be covered in school SHRE, and who might deliver this education
- ascertain parents' support needs in this area.

Specific objectives of the **focus group** consultations were to:

- determine parents' own experience of SHRE
- provide insight into parent-child communication about SHRE
- investigate parents' approaches to parenting and family time
- explore parents' views of school based SHRE
- ascertain parents' support needs in this area.

2.2 Survey Consultation

The survey consultation was undertaken by the Teenage Pregnancy Steering Group[†]. The self-completion questionnaire used in the consultation was developed and piloted with parents before it was widely publicised through community organisations, health agencies, schools and the media. (See Appendix 1 for Questionnaire.)

The questionnaire was made available online, and in paper format which parents could request by calling a designated telephone number. Additionally, some parents were approached directly by sessional workers to complete a paper copy. As the survey was completed as part of a consultation no sampling techniques were employed, thereby allowing everyone the opportunity to complete the questionnaire. It is important to note that during the consultation period a letter from the Archdiocese of Glasgow was distributed to all Catholic schools in Glasgow. The letter contained a number of concerns about the quantitative research and issued guidance for the completion of the questionnaire survey

[†] The analyses presented in this report were completed by two independent consultants

A total of 1177[‡] respondents completed the questionnaire, of which 790 (67%) completed the online questionnaire and 387 (33%) returned the paper questionnaire. The demographics of respondents are summarised in Table 3.

Table 3: Profile of Survey Respondents[§]

Characteristic of Respondent		**N**	**%**
Sex of Respondent	Male	178	20
	Female	720	80
Faith of Parent[**]	CoS/Other Christian	239	27
	Catholic	348	39
	Other non Christian	113	13
	No Religion	188	21
Age of Parent	Under 40	539	60
	40 plus	358	40
Type of School	Denominational	357	43
	Non-denominational	474	57
Age of Oldest Child	Under 11	593	66
	11-13	202	23
	14 – 18	101	11
Area[††]	Low Deprivation	40	5
	Mid Deprivation	236	30
	High Deprivation	786	65

More mothers than fathers responded to the survey (80% cf 20%), and more younger parents (aged under 40) than older parents (aged 40 plus) completed the survey (60% cf 40%).

Christian faith groups constituted two thirds (66%) of the respondents, the majority (39%) of whom were Roman Catholic (RC). One fifth (20%) of respondents described themselves as belonging to the Church of Scotland, and a further 7% described their faith group as other Christian. Among the non-Christian faith group which accounted for 13% of respondents, 8% described themselves as belonging to an other faith (no further details were provided), and 4% described themselves as Muslim, and 1% described themselves as Buddhist or Jewish. Possibly reflecting the higher proportion of Catholic respondents, parents reported that just under half (43%) of their children attended denominational schools.

The majority (66%) of respondents reported that their oldest child was of primary school age (aged 10 or younger), and a quarter (23%) of parents' oldest child was aged between 11 and 13 years, and one in ten (11%) of parents' oldest child was aged 14 or older.

[‡] In total 1322 responses were received but 145 of respondents had postcodes from outside Glasgow and were excluded from all analyses. Not all respondents provided a post-code. These responses have been included.

[§] * Not all respondents provided all their background details

[**] For the purpose of analyses Church of Scotland and other Christian faiths were combined in one category (CoS/Other Christian), and Muslim, Buddist, Jewish & other non-Christian faiths were combined in one category (Other non-Christian).

[††] Based on deprivation category derived from postcode – not all respondents provided postcodes

2.3 Focus Group Consultation

Focus groups were employed to explore parents' experiences of, and attitudes to sexual health and relationship education. Parents were recruited from across Glasgow City using set criteria that could affect parents' attitudes towards SHRE including age of child, socio-economic group, parent gender, and family type (dual or lone parent). A total of 49 parents participated in the research spread over 7 groups reflecting the recruitment criteria (See Table 4).

Table 4: **Profile of Parents Attending Focus Groups**

Group	Criteria	Social Class	Age of children
1	Two parent family	Middle class	Pre-school or primary school
2	Two parent family	Working class	Pre-school or primary school
3	Two parents	Middle class	Secondary school
4	Two parents	Working class	Secondary school
5	Lone mother	Mixed	Pre-school or primary school
6	Lone mother	Mixed	Secondary school
7	Fathers	Mixed	Primary or secondary school

Each group had at least one participant from an ethnic minority community and contained a broad mix of religious backgrounds. All seven focus groups were conducted in a central location in Glasgow and participants were offered an allowance to cover travel and childcare expenses.

Six broad themes including family communication and parenting, parents' own experiences of SHRE, parent-child communication about sex, outside influences on adolescent sexual health, school based sex and sexual health education, and parents' support and information needs were used to guide the discussion. Parents of teenage children were also asked about their views of sexual health services for young people.

In an attempt to overcome possible divergences from private views and opinions, participants were given the opportunity to complete a debrief questionnaire which provided them with a second chance to express any further views or opinions on each of the topics covered during the group discussion. Participants were informed at the beginning of the session that they would have an opportunity to privately express their views at the end of the discussion.

All group discussions were audio recorded and detailed notes were taken throughout the discussions. Data were analysed using thematic analysis based on all of the interviews. Where there was consistency, the findings are presented in terms of the whole sample. Where there are differences amongst the target sub groups, these are specifically highlighted.

3 Findings

This chapter presents the findings from the survey consultation with parents. Chapter 4 presents the findings from the focus group consultation.

3.1 Survey consultation

3.1.1 Parents' own experience of SHRE

The first section of the questionnaire concentrated on parents' experiences and views of home and school based SHRE. Parents were first asked about their views of the SHRE they had received at home and at school. Just under one in five (17%) respondents reported that they had not received any home based SHRE, and one in ten (10%) had not received school based SHRE (see Table 4a). Older respondents (aged 40 plus) were slightly more likely than younger respondents (aged under 40) to report that they had not received any home based SHRE (23% vs 14%) or school based SHRE (16% vs 7%).

The majority of respondents felt that neither their home based SHRE nor their school based SHRE had prepared them for adult life (Home SHRE 55%, School SHRE 69%), and only a small proportion said that they would like their children to have the same SHRE that they had received (Home SHRE 22%, School SHRE 18%). It is notable that while the majority of all parents did not want their child to receive the same home based SHRE, parents from the other non-Christian faiths group were the most likely to say they would like their child to receive the same SHRE, and parents from the no-religion group were the least likely to hold this viewpoint (Table 4b). Parents from different faith groups also differed in their evaluation of home based and school based SHRE (see Fig 1b and 1b).

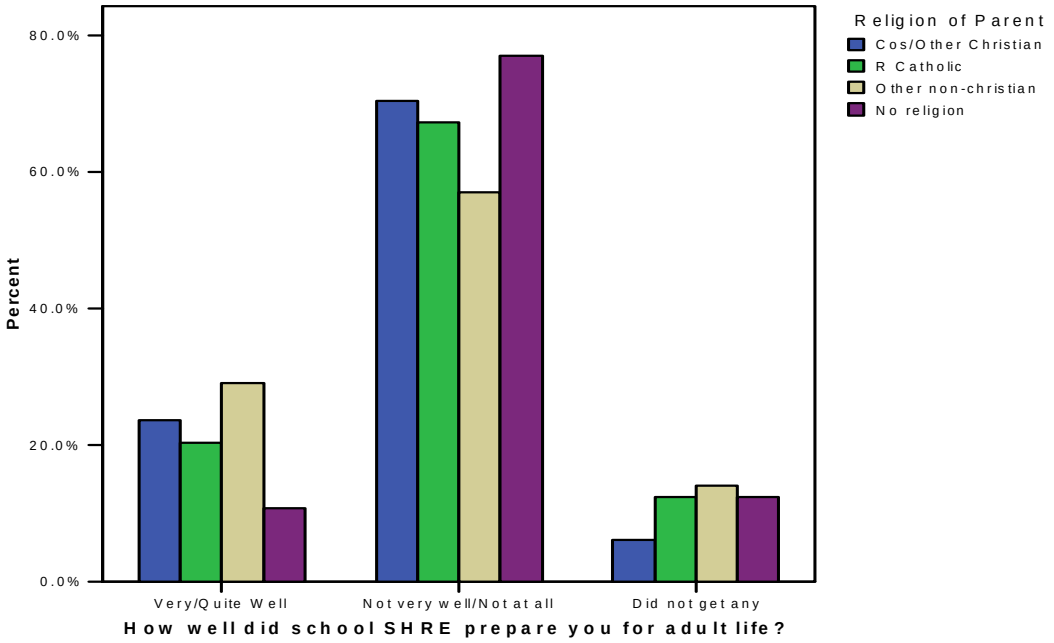
Table 4a Percentage of respondents that felt SHRE prepared then for adult life By source of SHRE

	Home (n=1152)	**School (n=1068)**
Very/Quite well	28	21
Not very well/not at all	54	69
Did not get any	17	10

Table 4b Percentage of respondents who would like their child to receive the same SHRE that they had received.

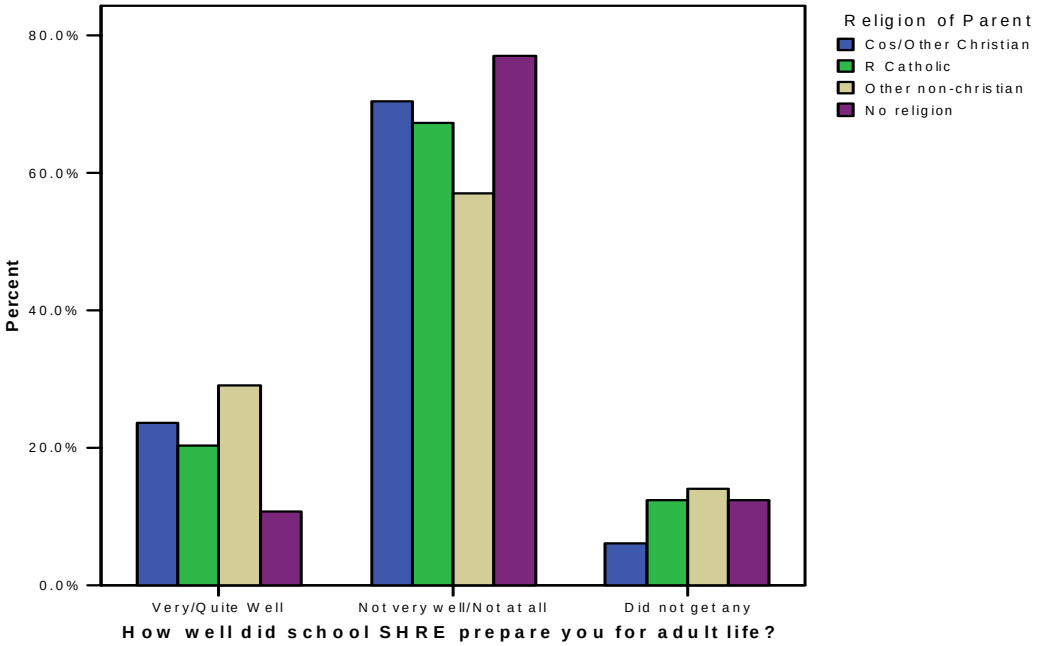
	CoS/OC	**RC**	**Other (non Christian)**	**No Religion**	**Total**
Yes (Home based) (n=1144)	23	22	35	18	22
Yes (School-based) (n=1059)	22	19	25	5	18

Figure 1a: How well did home based SHRE prepare you for adult life? (By Faith of Respondent %)



Base: n=1152 respondents

Figure 1b: How well did school based SHRE prepare you for adult life? (By Faith of Respondent)



Base: n=1068

Parents were asked to provide examples of positive experiences of home based SHRE. A total of 215 respondents responded. Table 4c presents a summary of the categorised responses, and Box 1 provides examples of some of their comments.

Table 4c: Summary of Positive Experiences of Home Based SHRE (Open responses categorised)

What was good about the SHRE you received from parents? (Open comments)	%
Openness/honest/approachability	29
Other	23
Moral Framework/Religious slant	14
Emphasis on delay/marriage	10
Information on practical aspects / facts / puberty	8
Nothing Good	7
Emphasis on relationships/emotions	5
Their example	2
Books/Magazines/Newspaper cutting	2

Base n=215

Box 1: Examples of parents' descriptions of their positive experiences of Home Based SHRE

What was good about the SHRE you received from your parents?

Content

The value of marriage was strongly emphasised and I would certainly do the same for my children.

General information on basis of good relationships

Approach

Information given gradually, answering questions as they were asked by the child, not given 'all at once'. Most information given by parents.

I'm from Sweden and sex education is very open both from parents and school, it helped me to think of it as natural and nothing taboo.

Firstly I think that information is only as good as the person who is teaching it, and fortunately I had a good relationship with my parents where we could discuss sexual relationships openly

They answered my questions in a matter of fact way so there was no embarrassment on either side

Negative aspects

It was hindered by school giving the Catholic party line

When I was a young girl my father made you feel that these feelings are dirty and shouldn't be spoken about, so I don't want the same relationship with my little boy.

When questioned on what they would do differently when providing SHRE, 823 parents responded (70%). Most parents said that they would be more open and honest, and would provide more information (See Table 4d and Box 2 for examples of responses).

Table 4d: Parents' suggestions on how they will approach home SHRE (Categorised open responses)

What would you do differently from your parents?	%
Be more honest/open	44
More information	26
Other	10
Start earlier	5
Warn about risks and how to protect themselves	5
Provide age appropriate information	5
Nothing	4
Set in religious context	1

Base: n= 823 respondents

A small number of parents suggested that they would start earlier (5%), would provide age appropriate information (5%), and would warn about risks and how to protect themselves (5%).

Box 2: Examples of parents' suggestions on what they might do differently from their own parents.

What would you do differently from your parents?

Timing

Start at an early age in bringing up simple issues and then as the child grows build on the information given. Make sure sex isn't seen as dirty but natural. Emphasise the emotional aspect and negotiating sex.

Content

Advise my child fully on all aspects of sexual health. However, as Catholic I would put forward the view to respect themselves and their body and if possible wait until marriage

Focus on respect for self and others, non-abusive relationships; importance of protecting against STDs and unwanted pregnancy in the context of sex as natural and enjoyable

First speak to them. Specifically about the gift God has given us in our ability to relate as men & women.

Discuss relationships, respect and confidence together with issues around choice, contraception, and broader picture of self-development.

Approach

Just make sure my children know they can talk to me about anything. If they ask me something give them a straight answer and try not to be embarrassed

I would be a lot more open about sexual health and give lots of advice and information concerning this

Be more open every step of the way from puberty to adulthood inform them on sexual health and contraception

Other

I would ensure my children not to go down the safe sex route as it is a failed policy and consequently our young people are becoming more and more diseased through believing that condoms can protect

Similarly, parents were asked their opinion on what schools might do differently when providing SHRE (See Table 4d for summary, and Box 3 for examples of responses). A third of respondents' (35%) felt that there should be a more information and open discussion, and 13% felt there should be more focus on emotions and relationships. Approximately one in ten of respondents (10%) felt that SHRE should be part of the curriculum appropriate to age and stage of child.

Table 4d: Summary of parents' views on what they would like changed in school SHRE (Categorised open responses)

What would you like to see changed in school based SHRE? (Open comments)	**%**
More information / open discussion about the issues	35
Other	17
More focus on emotions and relationships	13
SHRE as part of the curriculum / age and stage	10
More on the consequences of sexual activity	8
Experienced teacher / outsider delivering lessons	6
Emphasis on morality / abstinence	5
More time devoted to SHRE	3
Nothing	2
SHRE in a moral framework of respect and trust	1

Base n=676 respondents

Possibly reflecting their RC Church's teaching, a small number of parents (n=34, 5%) voiced the opinion that school SHRE should have greater emphasis on the morality, value of abstinence, and natural family planning methods.

Box 3: Examples of parents' views on what they would like changed in school based SHRE

What would you like to see changed in school based SHRE?

Content

Less biological and more talk about respect for self and others, more advice about the emotional aspects of sexual relationships and better advice about where to go for further help.

Shouldn't be biological based. Should emphasise emotional issues and negotiating sex. Should start early with simple concepts and build on them.

More emphasis on the value of marriage and the real difficulties caused by pre-marital sexual relationships.

More information on STD's and pregnancy. Depending on age giving out free condoms.

Timing

For teaching to start younger, so my children are more aware of sexual health

More information in a suitable format at a younger age and continue through with more appropriate information throughout their education

What would you like to see changed in school based SHRE?
Approach *Time taken to discuss and explain issues and encourage questions to be asked by the children* ***Staffing*** *I would like a specific person identified (teachers are mostly too embarrassed). I would like information home about what has been discussed that week in order to stimulate discussion at home.* *To move away from the biological perspective, talk openly about feelings and maybe enlist educators who are more comfortable with the subject matter.*

3.1.2 Main Responsibility for Providing SHRE

Parents were asked their views as to who should have main responsibility to provide SHRE to their children. The vast majority (70%) of parents felt that parents and schools should have shared responsibility for the delivery of SHRE (Table 5a). One in four (25%) respondents felt that parents should be mainly responsible for educating children/young people about sex and relationships, and parents who were regular church attenders were more likely than other parents to hold the viewpoint that parents should have the main responsibility (Table 5a).

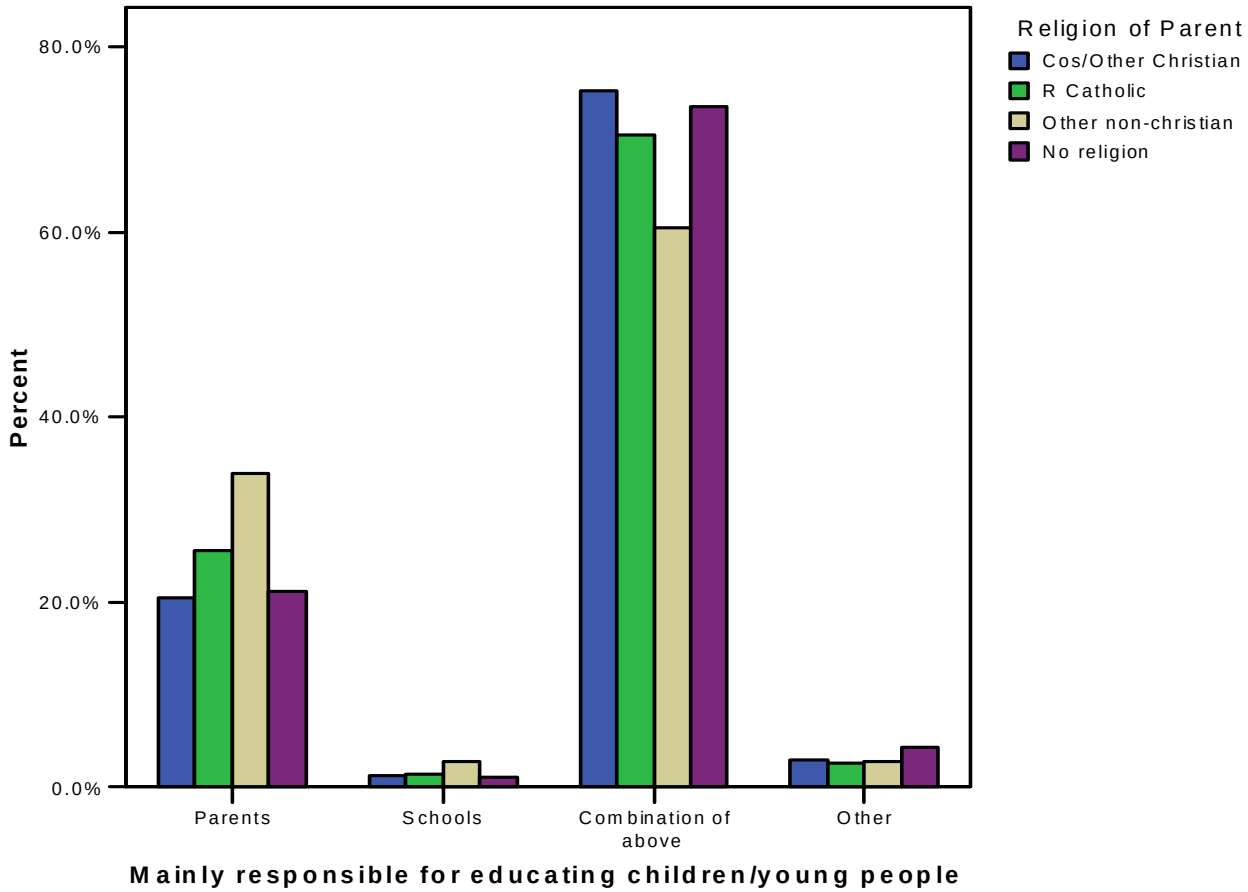
Table 5a: Parents' views on who should be mainly responsible for educating children/young people about sexual health and relationships? By Religiosity of Parent (%)

	Regular Church Attender	**Not regular church attender**	**Total**
Parents	33	21	25
Schools	1	2	1
Parents and schools	62	75	70
Other	4	2	3

Base n=1053

Similarly, possibly picking up the views of Muslim parents, parents from Other-Non Christian faith groups who were slightly more likely than other respondents to believe that parents should be mainly responsible for SHRE (Figure 2a).

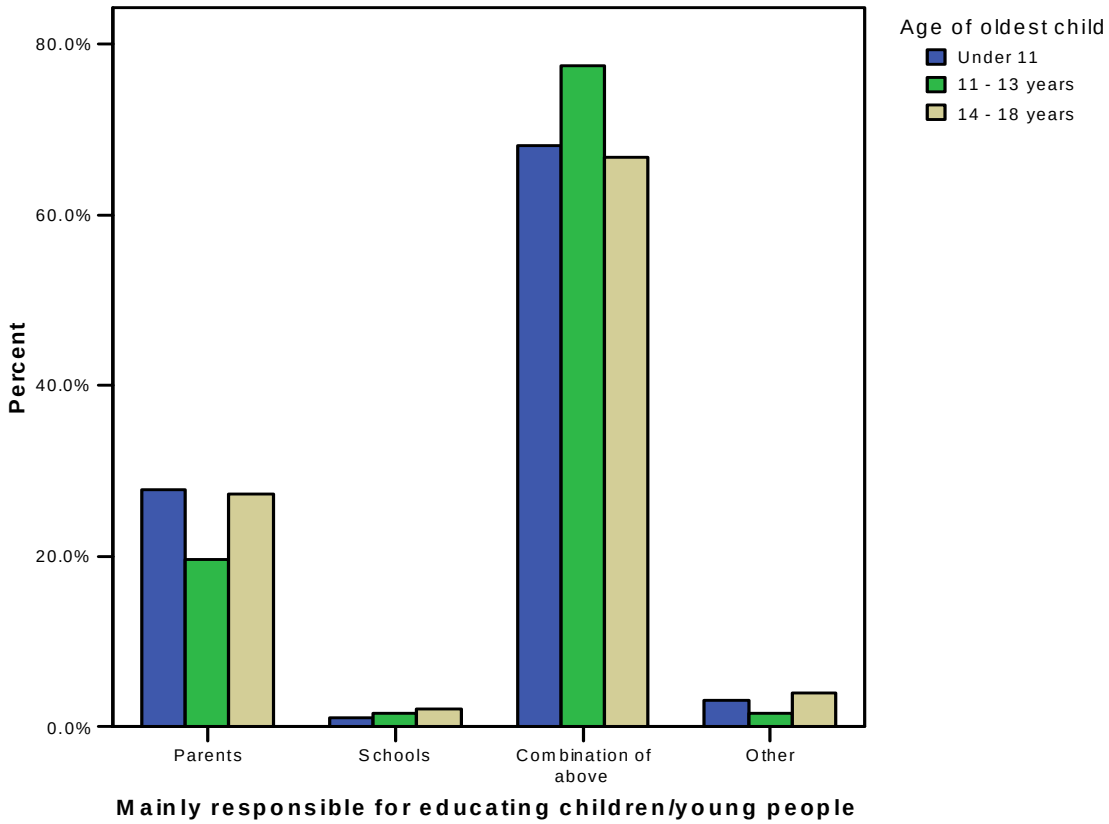
Figure 2a: Parents' views on who should have the main responsibility for SHRE by Faith of Parent.



Base n=1053 respondents

Parents of children aged 11-13 were slightly more likely than parents with younger and older children to hold the viewpoint that a combination of schools and parents should have the main responsibility for the provision of SHRE (See Figure 2b)

Figure 2b: Parents' views on who should have the main responsibility for SHRE by Age of Oldest Child.



Base n=1053 respondents

Parents' who selected the 'other' option on who should be mainly responsible for SHRE provision were asked to provide more details. Their responses included parents, schools and church, and parent schools and other agencies. Box 4 presents some examples of parents' views on this issue.

Box 4: Examples of parents' comments on who should be mainly responsible for educating children/young people about SHRE.

Who do you think should be mainly responsible for educating children/young people about sexual health and relationships? Examples of parents' comments
Parents *Really I think parents should be responsible, but you can't rely on that and as a society we need to make sure that our children get the information they need to make the best choices* ***Parents and Schools*** *Schools and parents should jointly be responsible for this type of education, but it has to be recognised that many parents are not confident to provide this information, neither are teachers* *Schools and parents should jointly be responsible for this type of education, but it has to be recognised that many parents are not confident to provide this information, neither are teachers*

Who do you think should be mainly responsible for educating children/young people about sexual health and relationships? Examples of parents' comments
I fully support SHRE being taught in schools, but mainly because I am too much of a coward to do this myself, as are many other parents. *Jointly schools and experts (e.g., sexual health, health professionals) with parent collaboration*

When considering the general content of school based SHRE, most (90%) parents held the viewpoint that girls and boys should receive the same information (See Table 6a). However, compared to respondents from the Christian faith groups or no–religion group, parents from the other non-Christian faiths group were slightly less likely to agree with this viewpoint (Table 6a). Table 6b presents a summary of their reasons for their viewpoint on provision of SHRE for boys and girls, and Box 5 presents examples of comments on the issue.

Table 6a: Parents' Views on the provision of SHRE for males/females and denominational/non-denomination schools by Religion of Parent (%)

	CoS/ OC	**RC**	**Other non Christian**	**No Religion**	**Total**
SHRE should be the same for boys and girls (n=1056)	91	90	74	92	90
SHRE should be the same in denominational and non-denominational schools (n=1046)	98	89	88	99	93

Table 6b: Reasons for responses to question on content for boys and girls (Categorised responses to open question)

Should boys and girls be given the same information about sexual health and relationships education as each other? Reason for this?	**%**
Better understanding and respect between the sexes (should be same)	28
Equality of information/no difference (should be same)	21
Better decision making/Joint decision making (should be same)	15
Need for knowledge of each others' body (should be same)	7
Different needs (should be different)	*5*
They mature at different rates (should be different)	*4*
No need to give the same information/privacy (should be different)	*1*
Other	*20*

Base n=713

Box 5: Examples of parents' views on the content of SHRE for male and female

Should the factual content of sexual health and relationships education be the same for males and females? Reasons for answer (examples of responses)
Both are responsible for any sexual intercourse which takes place both are responsible for protecting themselves (Should be the same)
You can't keep info back from a child just because they are male or female!! (Should be the same)
Everyone should learn about what happens to both males and females to increase understanding between the sexes (Should be the same)
I think different classes should be offered to cater for different levels of knowledge and development. They say boys mature later so should maybe be given certain information later too.(Should be different)
Sexual relationships are about equality, why would you give different information? (Should be the same)
I would like to see gender specific presentation of the same information promoting the different maturity levels, emotional aspects and also that it promotes equal, healthy relationships. (Should be different)

Similarly, parents were asked if the factual content of SHRE should be the same for the denominational and non-denominational schools (see Table 6a). Again, an overwhelming majority (93%)of respondents felt that that SHRE should be the same for denominational and non-denominational (Table 6c presents a summary of their reasons for their viewpoint on provision of SHRE for boys and girls, and Box 6 presents examples of comments on the issue)

Table 6c Reasons for responses to question on content for denominational/non-denominational schools (categorised responses to open question)

Should the factual content of sexual health and relationships education be the same for denominational and non-denominational schools? Reasons for answer	**%**
Sex is the same for everyone/ issues same/ same information needs	30
Religion should play no role in sexual health	26
Children are equal and have the right to the same information	18
Different perspectives	7
Other	17

Base n=676

Box 6: Examples of parents' views on the content of SHRE for denomination and non-denominational schools

Should the factual content of sexual health and relationships education be the same for denominational and non-denominational schools? Reasons for response
Because as a Catholic parent I worry that my child will have less info than other religious groups which may put my children in potentially stressful and even dangerous situations (Should be the same)
Denominational schools should not be allowed to pursue their outdated and dangerous beliefs (Should be the same)
Most people have moral values whether they attend a denominational or non-denominational school (Should be the same)
It is criminal that children attending Catholic schools are denied access to factual advice about condoms and safer sex (Should be the same)
The factual content should be universal, the moral content should come from the parents (Should be the same)
Facts don't change according to denomination (Should be the same)
All young people have a right to factual information. Religious views can then explain in an open way what their faith says (Should be the same).

3.1.3 The timing and content of SHRE

Parents were asked their views on a range of topics that might be included in SHRE (home or school), and to indicate whether they had discussed each of the 16 sexual health topics with their child (or oldest child if they had more than one child).

Tables 7a-7c present a summary of parents' views on the age at which each of the topics should be discussed. It is important to note that approximately one in four parents did not answer the question on the topics that might be covered in school based SHRE.

Most parents felt that the 'softer' topics such as *basic feelings and emotions* (82%), *naming body parts* (76%), *puberty* (60%), and *menstruation* (57%) might be discussed in home when the child is primary school age, and topics such as *avoiding pregnancy* (72%), *abortion* (75%), *emergency contraception* (78%), *sexually transmitted infections (STIs)* (75%), *lesbian and gay issues* (62%), and *information on sexual health services* (74%) might be discussed when the child is in their teens. The majority of parents felt the timing of the discussions of each of the topics should be broadly similar in home and at school, although some felt that some topics might be introduced slightly earlier in the home

Table 7a: Age at which topics might be covered in **home & school** based SHRE (%)

Topic	Source	Under 11	11-13 years	14-16 years	No response
Naming basic feelings & emotions	Home	82	4		12
	School	71	5	1	24
Proper names for body parts	Home	76	8	2	14
	School	65	10	1	25
The 'facts of life' (how babies are made)	Home	57	26	3	14
	School	46	27	2	25
Puberty	Home	60	25	2	13
	School	48	26	1	25
Menstruation	Home	57	27	2	14
	School	46	27	2	25

* due to rounding not all rows total 100%
Base: n=1177

However, when thinking about topics such as *boyfriends/girlfriends* and *setting boundaries in relationships*, parents were more likely to believe that such conversations might begin earlier at home than at school. However, the majority believed that by aged 14, such discussions should have commenced both at home and at school (See Table 7b).

The majority of respondents believed that HIV/AIDS should be discussed at home and at school. Approximately two thirds of respondents believed such discussions should take place in the teenage years, with many believing that age 11-13 would be an appropriate time to begin such discussions (at home 45%, at school 40%). A similar pattern is evident in parents' views on abortion and STIs (Table 7c).

Table 7b: Age at which topics might be covered in **home & school** based SHRE (%)

Topic	Source	Under 11	11-13 years	14-16 years	No response
Boyfriends/girlfriends	Home	42	36	7	15
	School	31	37	6	26
Maintaining long term relationships	Home	15	34	36	15
	School	12	31	32	26
Setting boundaries in relationships	Home	19	43	23	15
	School	14	37	22	26
Avoiding pregnancy	Home	13	55	17	15
	School	8	48	18	26
Emergency contraception	Home	5	39	38	18
	School	5	37	31	28

Base: n=1177

Table 7c:Age at which topics might be covered in **home & school** based SHRE (%)

Topic	Source	Under 11	11-13 years	14-16 years	No response
HIV/AIDS	Home	19	45	21	15
	School	14	40	20	26
Abortion	Home	7	40	35	18
	School	5	37	30	28
Sexually transmitted infections	Home	10	48	27	15
	School	8	43	23	26
The responsibilities of being a parent	Home	14	37	34	15
	School	12	34	28	26
Lesbian and gay issues	Home	21	34	28	17
	School	16	30	25	28
Information on sexual health services	Home	9	41	33	17
	School	7	40	25	27

Base: n=1177

While over one in ten (parents felt that discussions around the responsibility of being a parent might begin when the child is primary school age (aged under 11) (home 14%, school 12%), approximately a third believed that aged 11-13 was an appropriate age for such discussions (home 37%, school 34%), and similar proportions felt that the older age category (14-16 years) was the best time to raise this topic with their child at home (34%) or at school (28%) (Table 7c).

As regards providing information on sexual health services, two fifths (home 41%, school 40%) of parents felt that age 11-13 was the best time to commence such discussion, and approximately a third (home 33%, school 25%) felt this topic was best delayed until the child was aged 14-16 years.

3.1.4 Parents' experiences of providing SHRE to their child

In order to compare what parents say and what they do in practice, respondents were asked to indicate what topics they had already discussed with their child (Table 8a presents a summary of their responses). Echoing parents' views on the timing of introduction of the SHRE topics, most parents of older children had already discussed many of the 'softer' topics such as *naming basic emotions, proper names for body parts and puberty*. However, possibly reflecting the high proportion of parents with younger children, approximately one in five parents had discussed *emergency contraception* (15%), *abortion* (21%), and one in four had discussed *sexual health services* (25%), and a third had discussed *sexually transmitted infections* (33%).

While mothers and fathers were broadly similar in their reports of the topics they had discussed with their child, fathers were less likely than mothers to have reported discussing menstruation with their child (35% vs 56%), and were slightly less likely to report feeling comfortable with this discussion (85% vs 93 %).

Table 8a: % of parents who'd had discussed topic and % who felt comfortable

Topic	Total	
	Had discussion	Felt comfortable
Naming basic feelings and emotions	92	98
Proper names for body parts	77	92
The 'facts of life'	66	88
Puberty	59	92
Menstruation	52	92
Boyfriends/girlfriends	66	94
Maintaining long-term relationships	40	96
Setting boundaries in relationships	40	95
Avoiding pregnancy	40	92
Emergency contraception	20	91

Topic	Total	
	Had discussion	Felt comfortable
HIV/AIDS	43	96
Abortion	30	92
Sexually transmitted infections	34	92
The responsibilities of being a parent	49	97
Lesbian and gay issues	50	94
Information on sexual health services	25	93

Table 8b presents a summary of the different topics discussed, broken down by the age of the child. It is evident that the majority of parents with older children (age 14-18) had discussed most of the topics with their child. However, topics such as *emergency contraception*, *abortion*, and *information on sexual health services* are less likely to be discussed by parents.

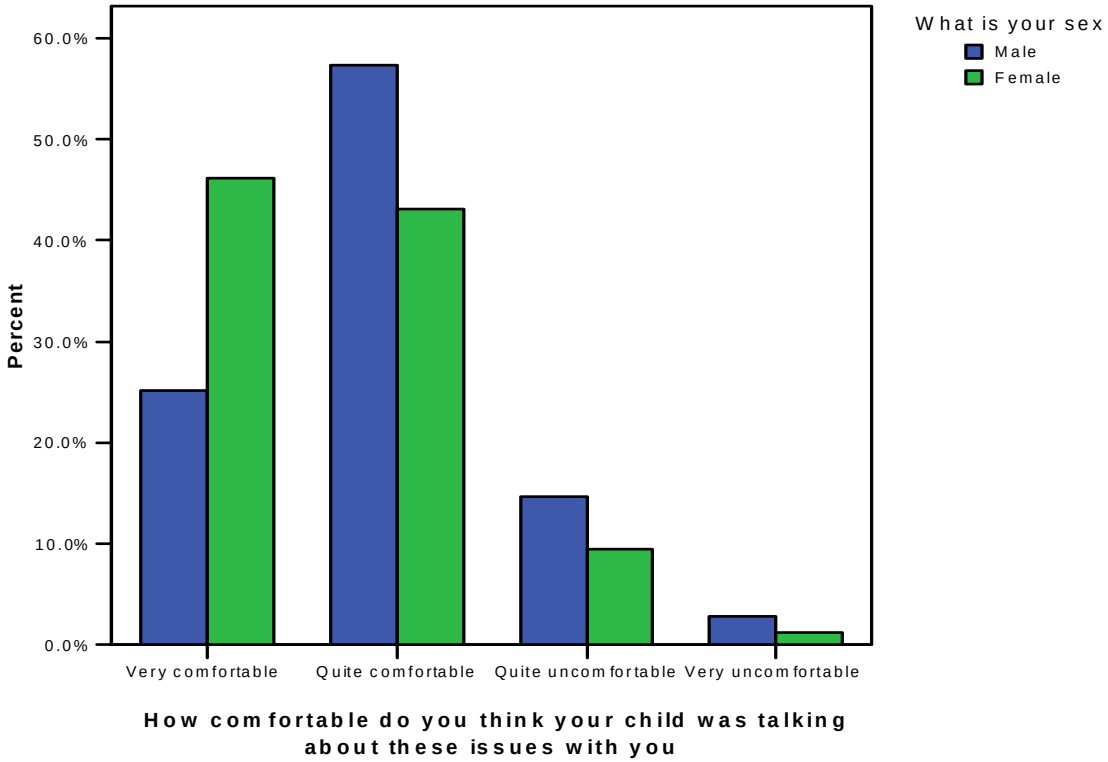
Table 8b: Percentage of parents that had discussed topic with child By Age of Oldest Child (%)

	Under 11	Age 11-13	Age 14-18
	Had discussion	Had discussion	Had discussion
Naming basic feelings and emotions	92	95	93
Proper names for body parts	72	85	92
The 'facts of life'	56	82	92
Puberty	43	89	90
Menstruation	39	77	76
Boyfriends/girlfriends	56	85	91
Maintaining long-term relationships	25	60	72
Setting boundaries in relationships	24	60	78
Avoiding pregnancy	20	71	83
Emergency contraception	9	35	40
HIV/AIDS	28	65	80

	Under 11	Age 11-13	Age 14-18
	Had discussion	Had discussion	Had discussion
Abortion	16	50	57
Sexually transmitted infections	16	60	72
The responsibilities of being a parent	35	67	86
Lesbian and gay issues	39	68	77
Information on sexual health services	10	44	54

While most parents reported that they had felt comfortable discussing most topics with their children, one in ten (11%) thought that their child had been uncomfortable during the discussions. Fathers were less likely than mothers to perceive their child was comfortable during discussions (Figure 3a)

Figure 3a: Parents perceptions of child's level of comfort with discussions by Sex of Respondent



Base n=781 respondents

3.1.5 Gender Differences

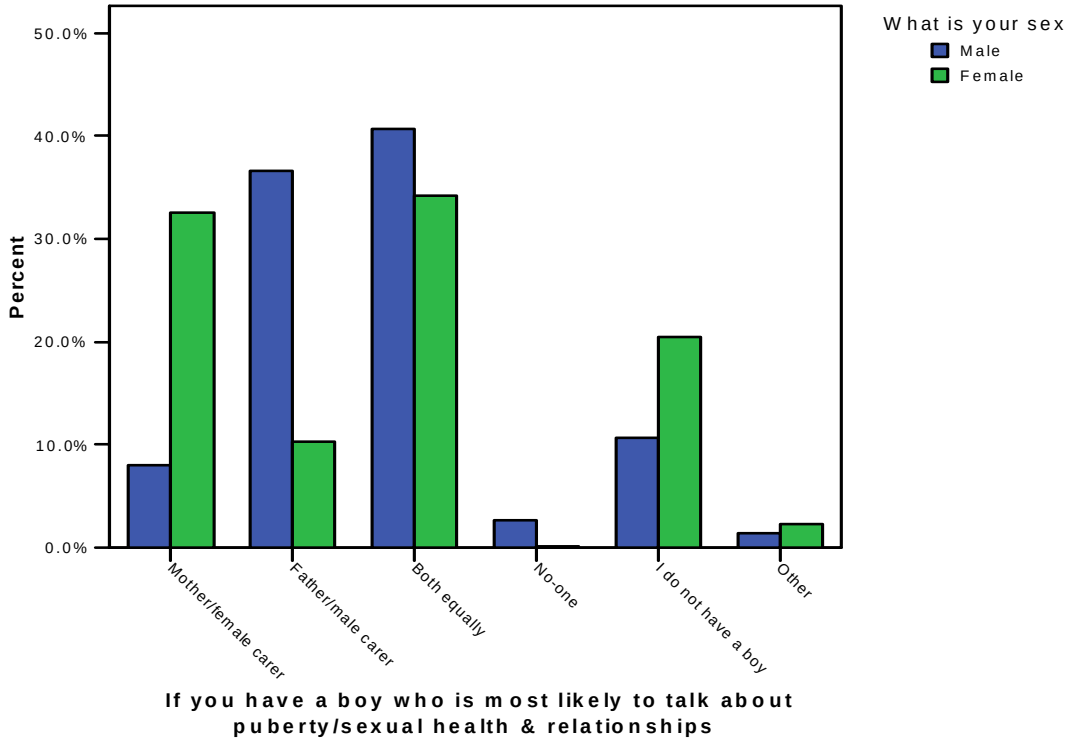
In order to explore possible gender effects in the provision of home based SHRE, parents were asked who was most likely to discuss SHRE related topics with their child (Figure 4a and 4b). Two thirds (64%) of parents with daughters reported that mothers were most likely to take this role, and less than one in five (16%) stated that both parents shared this responsibility. However, a different pattern emerged in relation to sons, where just over a quarter of parents (28%) reported that mothers were most likely to take on this role. Less than one in five parents (15%) reported that fathers were most likely to have the discussion with their sons and just over a third of parents (37%) reported that both fathers and mothers shared the responsibility.

Gender differences were evident in parents' perceptions of the provision of SHRE, whereby females were more likely than males to report that mothers were most likely to have responsibility for the provision of SHRE to sons (32% vs 8%) (See Figure 4a). The opposite held for males where a third felt that fathers were most likely to take responsibility for sons' SHRE (37% vs 10%). However, the majority of both males and females reported that both parents shared the responsibility (40% vs 34%).

In relation to the provision of SHRE to daughters, the majority of both males and females reported that mothers had the main responsibility (50% vs 68%), but males were more likely than females to report it as a shared responsibility (25% v 14%) (see Figure 4b).

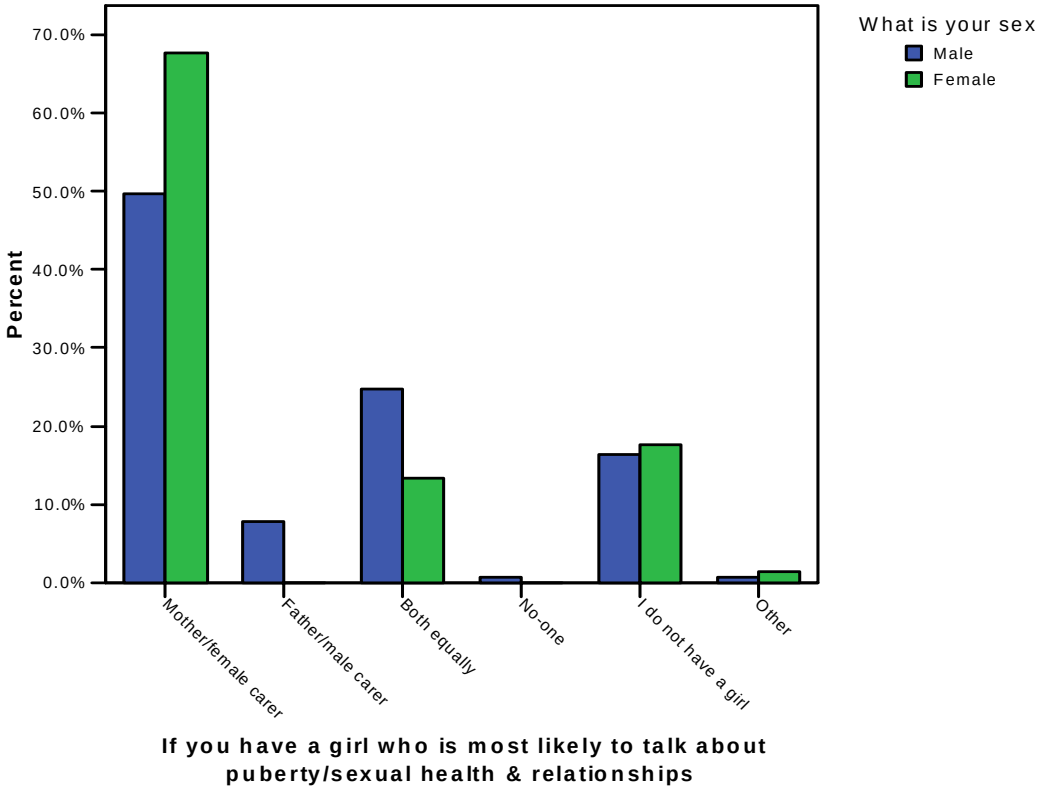
In summary, mothers are more likely to take the main responsibility for providing their daughters' SHRE, and that parents are more likely to adopt a joint approach when delivering their sons' SHRE.

Figure 4a: Parent most likely to discuss SHRE with Son By Sex of Parent (%)



Base: n=816 respondents

Figure 4b: Parent most likely to discuss SHRE with Daughter By Sex of Parent (%)



Base: n=815 respondents

3.1.6 Parents' knowledge of and attitudes to school based SHRE

Parents were asked to indicate if their children were currently receiving school based SHRE. One in four (26%) parents with primary school aged children did not know if their child was currently being taught SHRE, compared with 15% of parents with children aged 11-14, and 17% of parents with children aged 14-18. (See Table 9a.) Over half (53%) of parents with primary school age children reported that their child was not currently receiving SHRE at school, and approximately a quarter of parents with children aged 11-13 (23%) and children aged 14 plus (24%) reported this to be the case.

Table 9a: Parents' Awareness of Child's SHRE (%)

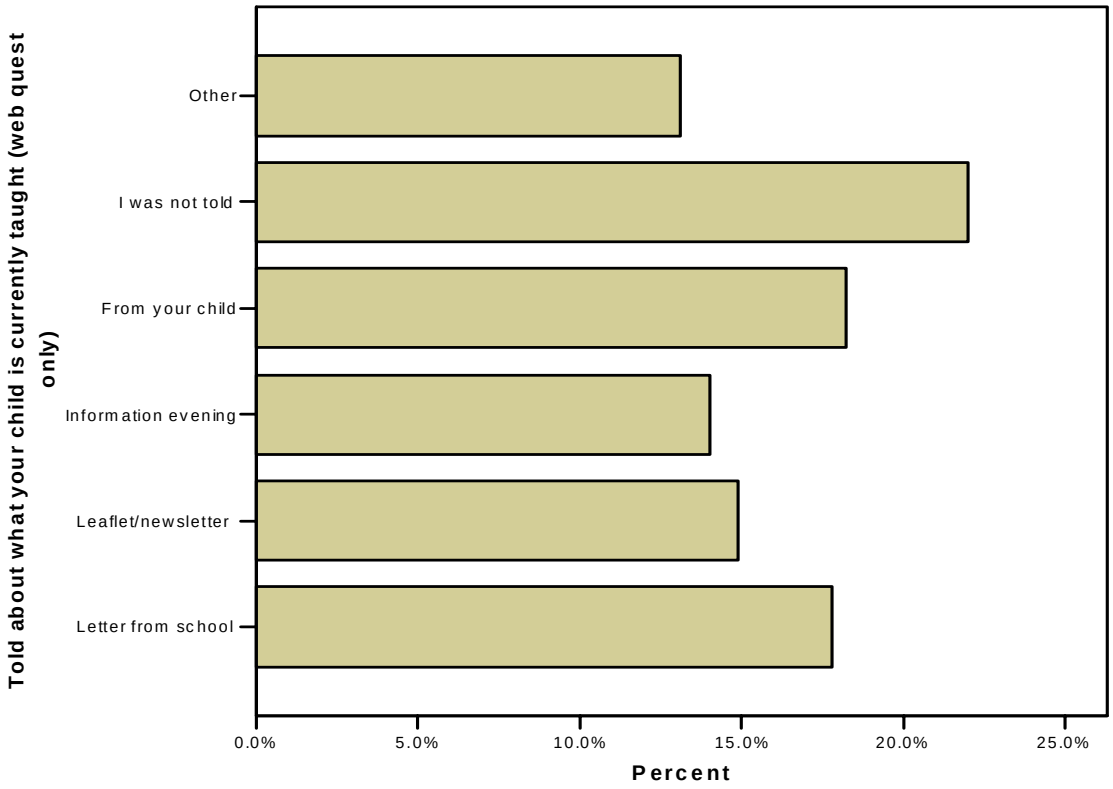
Age Category	Currently being taught SHRE		
	Yes	No	Don't Know
Under 11 (n=635)	22	53	26
11-13 (n=179)	61	23	15
14 plus (n=76)	59	24	17
Total	36	42	22

Base: n=890

Parents were then asked how they had been informed about the school based SHRE programme. However, due to differences in the design of the online and paper questionnaires it is not possible to provide an overall picture of the responses. On the online web questionnaire respondents were only offered the opportunity to select one response, whereas on the paper version, respondents were offered the opportunity to respond to as many response as necessary (multiple response). We present the findings from both surveys below.

It was evident that schools adopted a range of methods to inform parents about the school SHRE. Approximately one in five (18%) parents who responded to the internet survey indicated that they were informed about their child's school based SHRE by a letter 15% were informed by a newsletter and 14% were informed during an information evening (14%) (See Figure 5a)

Figure 5a: Source of information about school SHRE programme (Internet responses %)



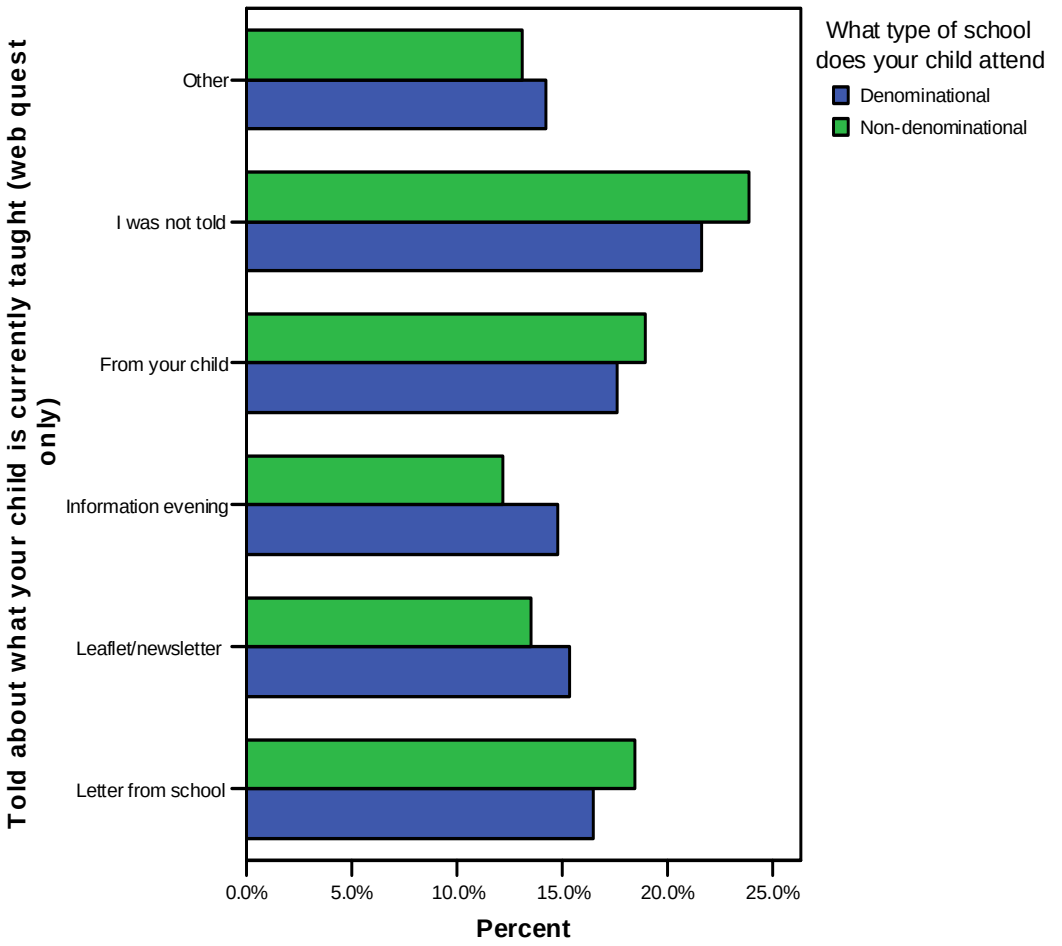
Base: n=450

While one fifth (18%) of parents indicated that their child had informed them about the programme, a similar proportion (22%) reported that the school had not done so. A small number of parents responded to the open question and provided reasons why they were not informed. Reasons included the age of child (too young) (n=23), SHRE not taught in school (n=7), and one parent reported that they had withdrawn their child from the programme.

Interestingly, in the online survey, parents of children attending denominational schools were slightly more likely than parents of children at non-denominational schools to say they had learned about their child's SHRE from information evenings (See Figure 10a)

As already stated, parents responding to the paper questionnaire (n=387) could select more than one response to the question on source of information, and as such the findings were different to the online responses. Unlike the web based survey, half (50%) of paper based respondents indicated that they had received a letter from the school informing them of their child's school SHRE. Just under 1 in five (16%) attended an information evening and a similar proportion reported receiving a newsletter outlining SHRE plans. Only 8% reported that they had not received any information from the school.

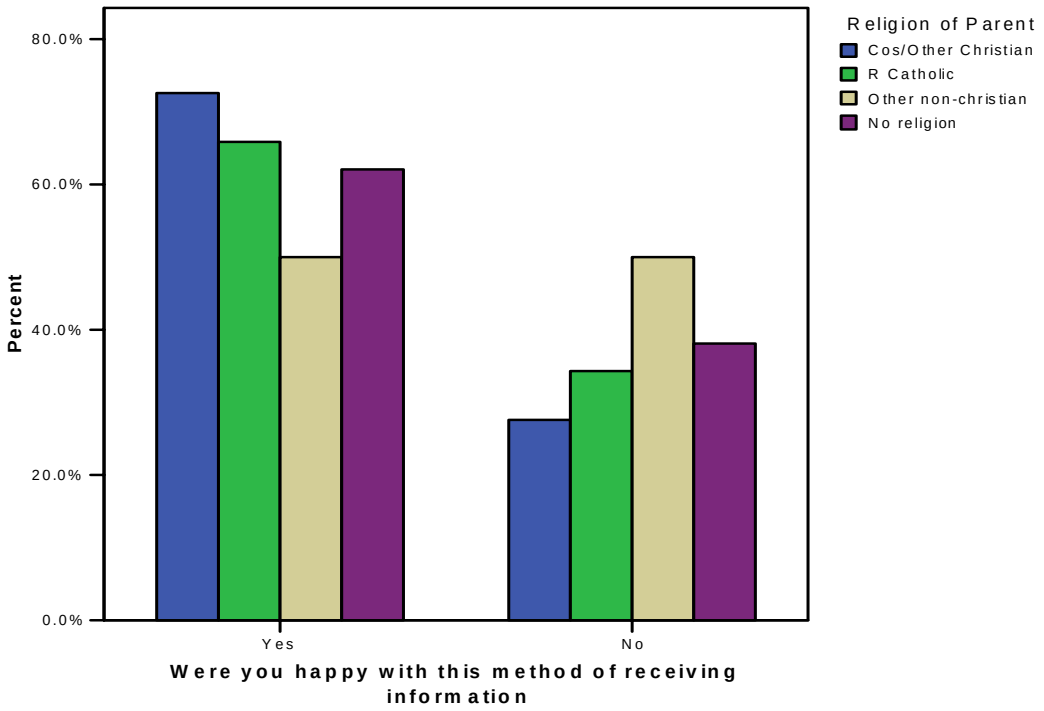
Figure 10a: Method of information about school SHRE programme (Internet responses) by Type of school (%)



Base: n=537

All parents (on online and paper questionnaire) were asked if they were happy with the school's method of informing them of their child's SHRE. Overall, two thirds (66%) of respondents were happy with the way they learned about their child's SHRE, a third (33%) were not. Some differences among parents of different religions were evident whereby parents from the other non-Christian faiths group were less satisfied than parents from the Christian and no faith groups with the method the school employed to inform them about the SHRE programme (See Figure 10b).

Figure 10b: Parents' response to method of receiving information on school SHRE by Faith of Parent (%)



Base: n=537 Respondents

Parents who were unhappy about the way they had learned about their child's SHRE were asked to provide the reason for their answer. 165 parents provided further details, their responses are summarised in Table 10c Grievances included no or insufficient information had been provided, the need to request more information on the content of the SHRE, and the need for better communication and consultation from school. A small number (n=16, 6%) were unhappy that no parental consent was requested.

Table 10c: Reasons for unhappiness about method of learning about SHRE (Categorised responses to open question)

Were you happy with this method of receiving information – if no why not?	***%***
More information requested on content of SHRE	*25*
No information at all/don't know	*24*
Better communication and consultation needed from school	*13*
Child not the best messenger	*9*
More information in advance of the classes	*8*
No parental consent requested	*6*
Other	*16*

Base n=165

Respondents were questioned on their knowledge of the content of their child's school based SHRE (Figure 11a). Parents' knowledge of the content of their child's school based SHRE was mixed. While a quarter of parents reported that they knew a great deal (23%) or a lot (27%), half (50%) reported that they know nothing at all (Table 11).

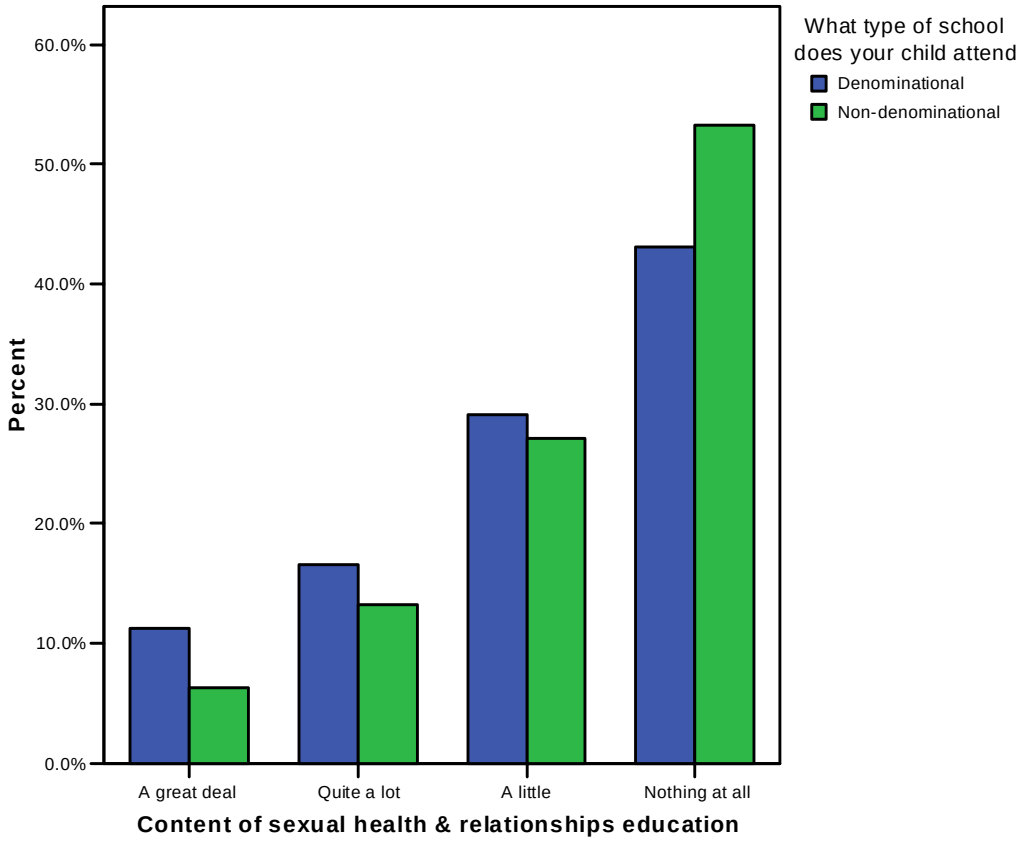
Table 11: Parents' Knowledge of the content of their child's SHRE x Age of Child %

	Aged under 11	Aged 11-13	Aged 14 plus	Total
A great deal	8	7	8	8
Quite a lot	12	24	11	15
A little	23	32	32	27
Nothing at all	56	37	48	50

Base n= 596

Parents with children attending non-denominational schools were slightly more likely than parents with children attending denominational schools to report that they know nothing at all (see Figure 11a), and parents with younger children (aged under 11 years) were more likely than other parents to report that the school had not told them anything about the content of the school's SHRE (see, Table 11).

Figure 11a: Knowledge of Content of School SHRE by Type of School



Base: n=596

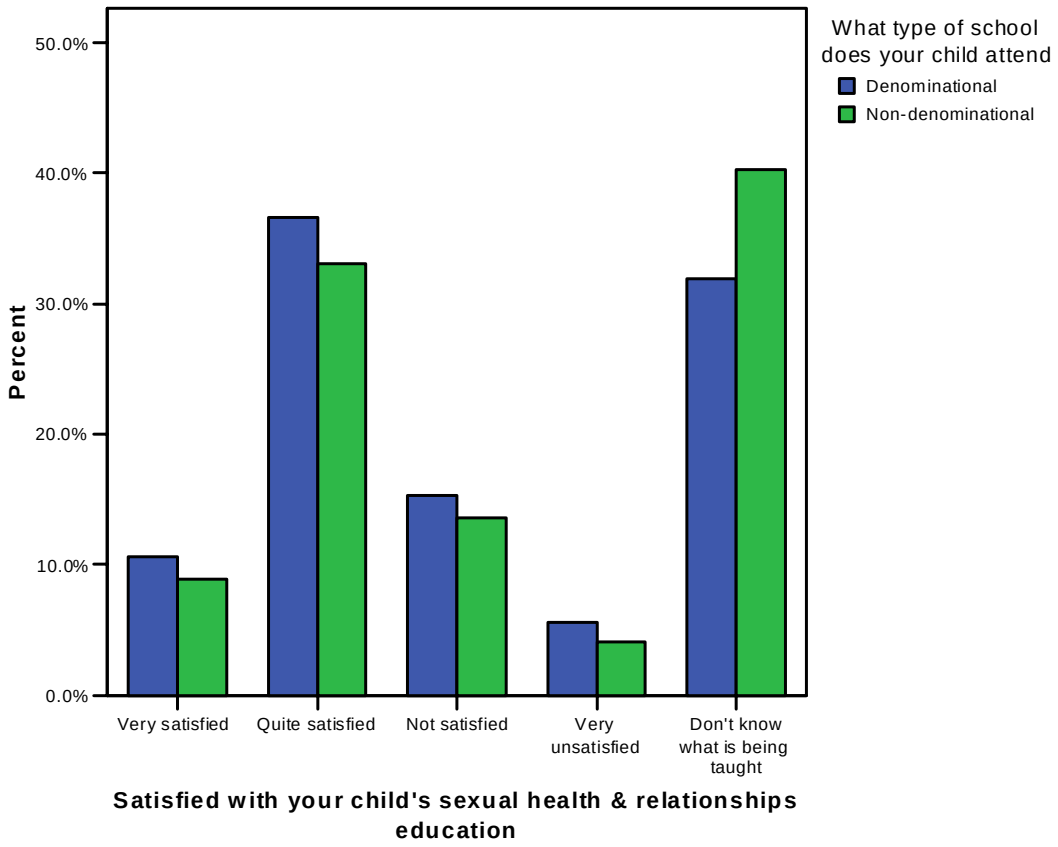
3.1.7 Parents' Satisfaction with School Based SHRE

Parents were asked about their level of satisfaction with their child's SHRE. Just under half (45%) of parents were happy with their child's SHRE. Reflecting the high proportion of parents who had not been informed about the SHRE, over a third of parents (37%) stated that they did not know what was being taught as part of their child's SHRE. Overall, one in five parents (18%) were not satisfied with their child's SHRE.

While the majority of parents were not satisfied or knew little about their child's SHRE programme, parents with children attending denominational schools were slightly more likely than parents with children at non-denominational schools to indicate that they were satisfied with the programme (See Figure 12a).

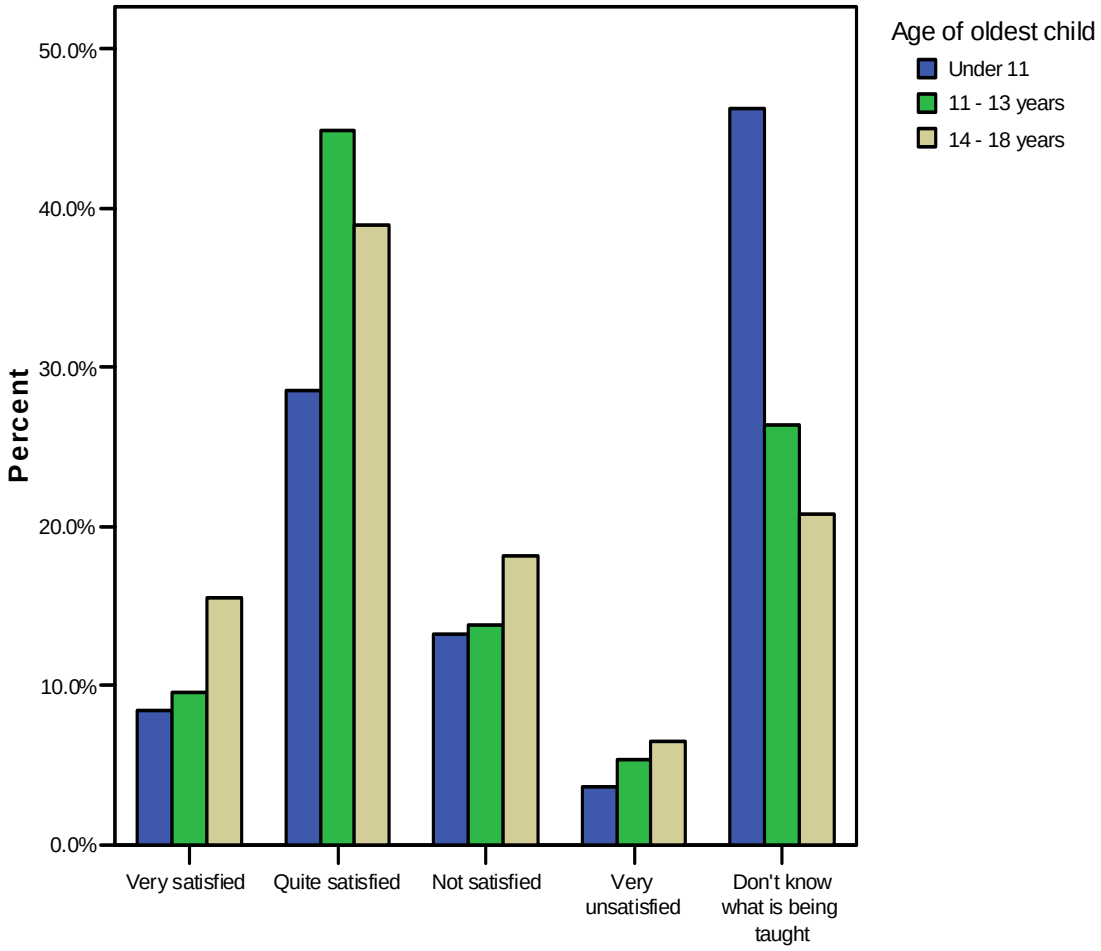
Similarly, parents with younger children (aged under 11) were more likely than parents of older children to report that they did not know what is being taught, and ere slightly less likely to report that they were satisfied with the SHRE (See Figure 12b).

Figure 12a: Parents' satisfaction with child's school SHRE by Type of School (%)



Base: n=585

Figure 12b: Parents' Satisfaction with their child's SHRE by Age of Oldest Child



3.1.8 Parent-Child Communication about School based SHRE

Approximately half of parents (49%) reported that their children have not discussed their school based SHRE with them (Table 12). Notably, over two thirds of parents (67%) from the other non-Christian faiths group reported that their child had not discussed SHRE with them.

Table 12: Has your child discussed their SHRE with you? By Religion of parent

	CoS/OC	RC	Other	No Religion	Total
Yes	54	50	33	54	51
No	56	50	67	46	49

Base: n=592

3.1.9 Delivery of School based SHRE

In response to the question on who delivers, and who should deliver school based SHRE, the majority (38%) of parents reported that a teacher trained in SHRE

currently provides the programme, and a similar proportion felt that this should be the case (Table 13). Only one in ten (13%) of parents reported that a specialist sexual health worker provided SHRE to their child, which contrasts with the finding that 58% of parents felt that this should be the case.

Table 13: Summary of Parents responses on who currently delivers SHRE, and who should deliver SHRE (%)

	Who currently delivers SHRE?	Who should Deliver SHRE?
Guidance/pastoral care teacher	14	10
Science teacher	7	13
Religious education teacher	6	6
Teacher	9	8
Teacher trained in SHRE	38	38
School nurse	12	16
Specialist sexual health worker	13	58
Outside agency with particular Religious/moral stance	15	32
I do not know	11	2

Base: n=687

A third (32%) of respondents believed that an outside agency with a particular religious/moral stance should deliver school based sexual health and relationship education, compared to only 6% of parents that felt that the religious education teacher should deliver the SHRE programme.

3.1.10 Parents' Support Needs

In the final section of the survey parents were asked about what support they needed to provide SHRE. Only 14% respondents stated that they had no need for assistance with SHRE. The majority indicated that they would welcome leaflets (67%), recommended books (57%) or a website (51%). A third (32%) of parents felt that an education course/ group for parents would be useful, and 28% thought information sessions would be helpful. A small number of parents made additional suggestions that included a trip to services, resources from church, helpline and information through the media.

3.1.11 Other comments

In closing, parents were offered the opportunity to make additional comments or clarification. Box 7 provides examples of some of the comments. Whilst it is not possible to generalise from these comments, it is evident that the majority of parents are in support of school based SHRE, and would like to work in partnerships with schools and other agencies to ensure that their children receive quality sexual health and relationship education.

Box 7 – Examples of Parents' Closing Comments

Examples of Parents' Closing Comments

Consultation

I hope this consultation goes somewhere and views are listened to especially with education in schools i.e. denominational schools

I am happy that you are engaging with parents as children's behaviour social and sexual is not formed in a bubble. How healthy a child develops has a lot to do with family life

You downplay the value of marriage. Forgot abstinence entirely (It always works) & forgot natural family planning as a way to avoid pregnancy. You should consult with religious groups when writing these.

Family SHRE

Sexual and Moral Education should be taught only in the home. Open discussions in classrooms only take away the intimacy of this gift from God.

Children's attitudes and behaviour is a reflection of those around them particularly parents and family/friends. This is a key area for focus as influencing and supporting good morals and support here.

This is very important to educate our kids so that they do not have any problems about sexual diseases or unwanted pregnancy....Parents must play a big role in the upbringing of their children

School SHRE

I fully support sexual health & relationships being taught in school, but mainly because I am too much of a coward to do this myself, as are many other parents

I would welcome more information given to children so that they are fully aware of the facts and can make the informed choice of how they use the information and can offer guidance throughout

Improvements are needed in sexual health education to protect the future of our children, to reverse the previous systems of embarrassing lectures in science lessons

I would like to see specifically trained people in schools to teach sexual health, I think it should be an open part of the curriculum and as such there should be examinations on the subject

Schools are not doing enough

Bring in teacher particularly for SHRE. Encourage a support group for parents

Good idea sex education should be taught maybe quite early on in school. There is plenty of sex on telly so they learn quickly. Plenty of education should be given about STDs.

Schools need to provide more progressive programmes like programmes in Holland

Examples of Parents' Closing Comments

Resources

The materials which are being used to teach my daughter about religious and moral education are fantastic. The pack which was given to us as parents to work through with our daughter was informative.

Parent-school partnership

Parents should introduce the discussion which should be enhanced and given further open discussion at school where children spend 6 hours a day, 5 days a week, 30 weeks a year

Some areas of discussion can be embarrassing for parent/child which will result in many parents avoiding the subject. It is essential therefore that it is also taught in schools.

This is very important to educate our kids so that they do not have any problems about sexual diseases or unwanted pregnancy....Parents must play a big role in the upbringing of their children

I wish we could complement what the school are saying, give him a chance to discuss or ask more questions that he couldn't ask at school

Faith Issues

As a Catholic parent I can't stress enough my concerns that my children will not receive full and valid information because of their religion.

I feel there is no place for Catholic sex education in schools

I would like the add the importance of SHRE in Catholic schools as they need to be given factual information like everyone else

Sex is a precious gift, something to be protected and respected

Why is the Catholic Church telling me what to think as a parent?

I was brought up a Catholic and this experience was very damaging for any child in the sexual education dept. I have made sure that my own children have had proper information without judgment.

I appreciate that the RC church has difficulty in accepting that sexual health is an issue which needs to be addressed, teenage pregnancies and STIs cut across all religious boundaries

As a family we live by the bible. We are young parents and by no means ignorant on sexual health issues. Parents should be the authority as to how their child receives sex education.

I believe that encouraging discussion of moral and ethical beliefs fosters tolerance - dictating one moral view promotes intolerance

General

I was a young mum at 17 and I wish I had more info from my parents as they didnt tell me anything but I will with my own kids as much as I love them to bits I wish I waited till I was older

I am an unmarried single parent who needs to ensure that my child is armed with more information than myself

4 Focus Group Consultation

This chapter presents a summary of the main findings from focus group consultations with parents. Fuller details of this study are available in the full report (Fullerton & Burtney 2005).

The main findings are presented by the topics covered during the discussions. Overall, views were broadly similar on each of the themes but where divergence occurred, social class of parent and the age and sex of the child/ren appeared to have the strongest influence on views and attitudes. These are highlighted where relevant.

4.1 Profile of Respondents

This part of the consultation was conducted by two independent researchers who carried out 7 focus groups with a cross section of Glasgow parents. The focus groups were conducted in Central Glasgow and a total of 49 parents from a range of backgrounds were involved (see Table 4 Chapter 2 for more detail).

4.2 Focus Group Consultation Main Findings

4.2.1 Family Time and Parenting

Parents described family time and communication to be quite strong during the primary years (particularly among families from higher socio-economic groups) but as children moved into the teenage years a number of parents reported increased challenges in maintaining good communication. Parents reported having to make particular effort to create opportunities for family time to keep connected with their child during these years.

> *"We don't really go to many things all of us of a family …we always eat together every-night, and that's usually when we talk about what happened at school today, and so and so said this and all the things come out usually around the table I suppose*." (C2DE mother secondary school aged daughter and son)

Some participants verbalised the link between general parenting and talking about SHRE to their children. A small number of parents with pre-school and primary school children were aware of parenting support available locally and suggested that such support with parenting skills would help but only when the perceived stigma associated with accessing such support had been removed.

4.2.2 Parents' Experiences of SHRE

Parents' descriptions of their own upbringing were very different to their own approach to parenting. Many described very strict upbringings, with little communication with their parents. Both males and females recounted very limited communication with their fathers. Often as a result, many parents reported adopting a more open approach to parenting and general communication with their children. A pattern noted in all groups but more so among parents from higher socio-economic groups.

> *"our generation of parents were much more standoffish"* (Father, pre primary/primary school aged daughter)

> *"the way we were brought up is not the way we want to bring our kids up"* (ABC1 Muslim mother pre primary/ primary aged children)

Most of the parents interviewed received very little (if any) sexual health and relationship education from their parents. Many described situations whereby their parents had actively avoided answering their questions.

> *"my mother was brilliant…she said..'ahem…..they do all that at school now don't they……'(*laughter*)." (*Lone mother pre primary/primary school aged son)

Their experiences of school based SHRE were limited to one-off lessons that focused on the biological aspects of reproduction. Peers and playground discussion were the main sources of information for most of the participants.

> *"too limited, functional – didn't deal with the emotional aspects or opposite sex view"* (ABC1 father, secondary school aged son)

A small number of parents reported reading magazines (mainstream and pornography) to find out more about sex and contraception.

4.2.3 Parents' Approaches to SHRE

With regard to their own children, parents were acutely aware of their role as SHRE educators, particularly their role in providing the moral guidance by discussing their values and beliefs with their children at home to counteract potential messages from other sources such as peers and the media. While the majority reported adopting an open approach, answering questions with honesty, others reported shying away from the questions or in some cases giving inaccurate answers. In part this related to the age of the child. While many parents acknowledged that the ideal would be to start early in order to set a firm foundation for future discussions with their child, few parents felt totally comfortable doing this, and many avoided valuable opportunities.

> *"I know that I've got to do it and it's probably from my own upbringing that I don't talk to them….but I've got to do it.*" (Lone mother primary school age daughter)

Throughout the focus groups, it was apparent that many parents held some potentially conflicting views on the subject of SHRE. On one hand many parents wanted their children to enjoy their childhood and the *'innocence*' of this stage of their life. However, parents were also aware that children and young people need to be fully informed in order to protect their future health and well-being. However, there was a general consensus that their children and young people needed developmentally appropriate information and knowledge, and that they as parents would have an important role in providing this education.

> "*I think we sometimes subcontract the sex education bit to schools but it is important that kids get information from different sources including their parents"* (ABC1 father secondary school aged son)

4.2.4 Parents' Attitudes to School Based SHRE

Throughout the discussions it was apparent that the majority of parents assumed and inferred that school based SHRE covered very specific aspects of SHRE to the point whereby SHRE equated to reproduction and the physical act. This was probed during the discussions but some parents had difficulty shifting from the focus on the physical aspects to incorporate a broader understanding that includes emotional side of developing and maintaining relationships.

Nonetheless, the overwhelming majority parents involved in the research were supportive of school-based SHRE.

> *"I'm all for it to take place in the school – as early as possible" (C2DE mother secondary school aged son)*

Overall there was very little criticism of or objection to school based SHRE in either primary school or secondary school. Although, many felt there was a need for greater consistency across schools in the types of programmes that were provided. In addition, there was a general acknowledgement that for today's children and young people there is more SHRE available to young people than had been available when their parents were growing up, and that this was positive.

There was recognition among parents that for some young people, schools might be their only source of sexual health information, and as such it was important that schools played an important role in its provision. Some parents articulated a situation in which schools provided information, and parents provided the moral framework for the interpretation of this knowledge

However, similar to the findings from the survey consultation, parents' knowledge about the content of the SHRE available in their children's schools was patchy. Parents of secondary schools age pupils appeared to be less knowledgeable than parents' of younger children, which may reflect different patterns of communication between school and home. Parents were keen to improve this situation to enable them to either pre-empt SHRE in school or to allow them time to construct answers that might follow school SHRE.

Reflecting the findings from the survey consultation, most parents felt that school based SHRE should commence during the final years of primary school, and again at different stages during secondary school. Many described a spiral curriculum that provides different information to suit the developmental stage of the children. When thinking about SHRE in primary school, parents supported current teaching on important relationships, emotions and puberty as a providing a basis for further SHRE in secondary school.

> *"It should be a staged thing that starts in primary school and continues in secondary school…"* (Lone mother pre primary/primary school aged daughter)

4.2.5 Partnerships with Schools

Whilst the support and information needs of parents was a key focus of this consultation, in all of the groups the need for support from outside sources was

raised spontaneously. In particular, parents felt that better parent-school partnerships would ensure that parents were supporting the work in schools and vice versa.

Most participants were keen to work in partnership with schools in the provision of SHRE. For some parents this partnership might be in the form of information letters/packs about the curriculum, for others this might involve more active involvement through parent teacher meetings. All parents indicated they would like to be informed in advance of the programme to be able to provide their input at home.

> *"It would be good if they could give us like an outline, some indication or detail of what to tell them or what they will be telling them so we can back it up at home"* (ABC1 mother pre primary/primary school aged daughter)

While one of the strongest findings from the consultation was parents' support for school based SHRE, it was evident from both the survey consultation and the focus groups that communication between school and home on the subject of SHRE could be improved. This perceived lack of communication might well have contributed to parents' limited understanding of current school based SHRE. Many in the focus groups equated SHRE with teaching young people about sex, sexual intercourse and the associated health risks, but struggled to understand the broader scope of SHRE programmes that includes respect, responsibility and the emotional aspects of relationships.

Parents felt that there was a need for schools, particularly secondary schools, to communicate about the curriculum in more detail and to provide an opportunity for parents to feedback and support the work of schools. This might be achieved through regular letters/newsletters, parent-teacher meetings, homework assignments (which parents receive prior notice), and notices on school websites.

4.2.6 Protecting childhood

A consistent theme throughout all groups was the tension between '*protecting the innocence'* of childhood and ensuring that the child/young person is fully informed to protect against STIs and pregnancy. Generally, parents hoped that their children would delay their first experience until they were older, but many parents were aware that not all young people do this, and as a result there is a need to ensure that they are fully informed and protect themselves.

> *"the bottom line is it doesn't matter how much the school teaches them or you teach them they're gonnae make that decision…..you just hope you've given them enough information" (Father secondary school aged daughter)*

In hoping to 'protect' yet educate their children, parents took account of outside influences such as friends, extended family and the media. In general, parents felt that the media, particularly TV and film, '*glorify'* and '*glamorise'* sex without providing messages about the emotional aspect of sex and relationships. However, a number of parents felt that some aspects of the media, such as magazines, played an important role in providing young people with information about sex and contraception.

Another significant influence that parents mentioned was faith and cultural influences. In particular, representatives from a Muslim background noted that in their culture attitudes to sexuality and relationships were strict with limited but growing tolerance of premarital sex or children outside of marriage. However, participants' generally felt that different religious beliefs and faiths play an important role in providing young people with values and moral frameworks though there was a consensus that this influence should be imparted through the home or through church attendance and not through the school.

4.2.7 Parents Attitudes to Sexual Health Services

Parents of secondary school aged children were asked about their views on sexual health services for young people. There was a general consensus that such services were important, and that young people should have access to a range of services, and should be informed of the available services.

> *"There should be more services available for young people*" (CED2 father secondary school aged daughter)

> *"These* [sexual health services for young people] *should be promoted more – maybe a teenage clinic in GP service"* (ABC1 mother secondary school aged son)

A small number of parents felt that in an ideal world parental consent should be required for under 16 years olds. But there also was the acknowledgement that this may not always be possible, and it would be better that young people would protect themselves. Overall, there was a general consensus that sexual health services were important, and that young people should have access to a range of services, and should be informed of the available services.

4.2.8 Parents' Information and Support Needs

In general, parents acknowledged their need for more education and information.

> *"Educate us to educate them"* (Lone mother secondary school aged daughter)

As most parents had experienced very limited or no sex and relationship education, parents felt ill-informed about the names of different infections, and how they are transmitted. There was an acknowledgement that no single approach would meet the information and support needs of all parents, but that parents' information and support needs might be met through the provision of mail shots, leaflets/booklets, websites, TV programmes, articles in magazines etc.

> *"you get healthy living bumph through your door…why are you not getting SHRE information through your door"* (C2DE mother pre primary/ primary school aged son)

However, the majority of parents in this research felt they would benefit from greater parent/school communication to ensure consistency of message for young people. Again a number of ways of improving current communication were listed including regular letters/newsletters, parent-teacher meetings, homework assignments (which parents receive prior notice), and notices on school websites.

> *"[if SHRE was a project at school] 'then maybe you could discuss it with them you know"* (C2DE mother pre primary/ primary school aged daughter)

Acknowledging that not all parents might be comfortable attending groups, a small number of parents suggested that peer support would be useful for some participants commenting that they had been reassured by discussions at the focus group.

5 Conclusions

Educating young people about sexual health and relationships continues to be a contentious and sensitive task. Many parents who responded to this consultation reported providing some level of SHRE in the home, but this provision varied and depended on the parents' own confidence and skills, their social background, the age of the child, and the gender of both the child and the parent concerned.

The majority of parents from both the focus groups and the survey reported that their own experiences of home and school based SHRE was very limited, and only a small proportion wanted their children to receive the same education. Whilst the issue of age and stage appropriate information was debated, there was consensus that young people need to have SHRE both from the home and at school. This view is reinforced in the responses to the survey consultation as the majority of parents felt that both home and schools should provide SHRE. It was evident in both consultations that most parents were comfortable discussing softer topics such as puberty and body changes, but a smaller proportion of parents reported discussing topics such as avoiding pregnancy and abortion.

A consistent finding from the survey consultation was parents' lack of awareness of their child's school SHRE. Many parents did not know if their child was receiving SHRE, and half of the parents of school age children knew nothing about the content of their child's school based SHRE. Approximately half of parents reported that their child had not discussed their school based SHRE programme with them.

In conclusion, it is evident from this consultation that a number of parents' hold a very narrow understanding of SHRE, and many are not fully informed about the content of school based SHRE. While there are examples of good practice in schools in Glasgow, concerted effort is required to develop more effective communication and partnership with parents. Unless parents and schools are supported and facilitated to be effective providers of SHRE, the poor sexual health and relationships education described by the current generation of parents may be repeated for the next generation of young people.

6 Recommendations

General Parenting Support

In the focus groups, many parents recognised and identified good parenting skills as important for the long-term well-being of their children. Some parents may benefit from support to develop more effective parenting skills. The provision of universal support, that is services that are available to all parents as a matter of course, has the potential to overcome some of the current barriers to accessing support.

We recommend that the Teenage Pregnancy Steering Group (TPSG):

- Publicise currently available parenting programmes and services to increase parents' awareness of support and information programmes available in their area. Specific attention should be given to identifying and addressing the barriers to using currently available services.

- Provide support and information to parents during key events in the child's life such as starting school, or making the transition to secondary school, and other key stages such examination periods. SHRE messages might be integrated within existing support programmes rather than as the sole focus of programmes thus overcoming potential stigma to availing of the support.

Parents as SHRE providers

Parents acknowledged their role as sexual health and relationship educators but some parents may need to be reassured about their importance and the influence they have on their children's views and behaviours.

When developing work with parents we suggest the following points are considered:

- Many parents hold a very narrow view of SHRE and equate it to the biological and physical aspects of sex. There is a valuable opportunity to challenge this view and replace it with a broader understanding of SHRE that includes respect, emotions, and responsibility.

- Many parents are aware that they are primary sexual health and relationship educators but some parents may need additional reassurance that current school and community based sexual health programmes aim to support home based SHRE.

- Some parents are aware of their role but lack the confidence and skill to fulfil this role, and may need additional support and encouragement to fulfil this role.

- Some parents may not be aware of their role as sexual health and relationship educators and may need additional support and encouragement to fulfil this role.

- Some parents underestimate their influence on their children and young people, and may need to be encouraged and supported in their role as primary educators for their children.

School Based SHRE

The majority of parents support a partnership approach between schools and home in the provision of SHRE, but many parents perceive a lack of communication between parents and schools particularly at secondary school level.

We recommend that the TPSG:

- Consider different formats to provide parents with accurate information on the background, value base and content of current SHRE in Glasgow.

- Extend partnership working with relevant professionals from education to support and facilitate schools to ensure they adhere to national guidance on consulting and involving parents in the provision of SHRE by compiling and disseminating examples of good practice in this regard.

- Explore ways in which parents might be more involved in school based SHRE in primary and secondary schools. Examples from elsewhere include homework assignments, parent-teacher meetings, newsletters, etc. Parents' specific suggestions included parent-teacher meetings, information on school websites, and letters to parents prior to the delivery of the programme informing them of timing and content.

- Work with professionals from education to improve communication between home and school at key transition point, i.e. the move from primary to secondary school, should be examined. This is a time when parents require additional support and ongoing information.

- Engage with faith groups to promote consistency across Glasgow so that all children and young people receive high quality SHRE.

Supporting Parents

Parents themselves suggested ways in which they could be supported to provide SHRE including:

- Better links and communication with schools, recognising the partnership element of SHRE to improve consistency of message and information. This could be via websites, email contact, parents evenings etc.

- Information and advice on providing SHRE.

We strongly recommend that the TPSG:

- Conduct a review of currently available resources and supports for parents, and ensure that all currently available services/materials and all new developed are well advertised and made widely available to all parents.

- Ensure that parents have access to written information through booklets/website/newsletters that include factual information and advice for different age groups. Include additional information such as tips and advice from other parents.

- Review and advertise different parenting support programmes including programmes with a specific focus on sexual health.

- Involve parents and young people in the development of new resources and programmes. In the development of new materials and supports, consideration should be given to encouraging and supporting parents to:

    - Develop close relationships and open communication with their children from the early years, and to maintain this relationship through to the teenage years
    - Discuss sexual health topics with their children, ideally start such conversations early but ensuring the messages are developmentally appropriate
    - Communicate their sexual values and beliefs with their child/ren.
    - Supervise and monitor their children's activities
    - Discuss teenage sexual behaviour and contraception and to outline the consequences of teenage sexual behaviour, teenage pregnancy, sexually transmitted infections

- Give specific consideration to the development of resources and supports to encourage and support fathers as providers of SHRE.

- Ensure that all current and new resources/programmes are subject to regular review and evaluation.

Other recommendations

We also recommend that the TPSG:

- Consult with young people to ascertain their views and experiences of home and school based SHRE.
- Consult with parents with additional information and support needs, such as parents of children with physical, sensory, and/or learning disability to identify their information and support needs.

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APPENDIX 1 – CONSULTATION QUESTIONNAIRE

SECTION 1
QUESTIONS IN THIS SECTION ARE ABOUT YOUR GENERAL VIEWS AND ATTITUDES TO SEXUAL HEALTH AND RELATIONSHIPS EDUCATION. PLEASE TICK ONE BOX

1:1 Looking back to your childhood, how well did advice/information from your **parent(s)/carer(s)** about sexual health and relationships prepare you for adult life?

1. Very well ☐
2. Quite well ☐
3. Not very well ☐
4. Not at all ☐
5. Did not get any ☐

1:2 Would you give your child/ren the same type of sexual health advice/information that you received from your **parent(s)?**

1. Yes ☐
2. No ☐

If there was anything good about it, please say what

_____

_____

_____

What would you do differently?

_____

_____

_____

1:3 Looking back to your childhood, how well did your sexual health and relationships education from **school** prepare you for adult life?

1. Very well ☐
2. Quite well ☐
3. Not very well ☐
4. Not at all ☐
5. Did not get any ☐

1:4 Would you want your child(ren) to receive the same type of sexual health education in **school** that you received?

1. Yes ☐
2. No ☐

If there was anything good about it, please say what

What would you like to see changed?

1:5 Who do you think should be **mainly** responsible for educating children/young people about sexual health and relationships?

1. Parents ☐
2. Schools ☐
3. Combinations of parents and schools ☐
4. Other (please specify) ☐

1:6 Should boys and girls be given the same information about sexual health and relationships as each other?

1. Yes ☐
2. No ☐

What are your reasons for this?

1:7 Should the **factual** content of sexual health and relationships education be the same for denominational and non-denominational schools?

1. Yes ☐
2. No ☐

What are your reasons for this?

1:8 Choosing **one**, and only one, of the following age bands for each topic, at around what age do you think children should be, when **parents** begin to talk with them about the following?

The age bands are:

Under 5 years ⇨ **A**
5 – 7 years ⇨ **B**
8 – 10 years ⇨ **C**
11 – 13 years ⇨ **D**
14 – 16 years ⇨ **E**

For example, if you think 'Puberty' should be taught around the age of 9, please put 'C' in the age band column.

Topic	Age Band
Naming basic feelings & emotions eg happiness, anger etc	
Proper names for body parts	
The 'facts of life' (how babies are made)	
Puberty	
Menstruation	
Boyfriends/girlfriends	
Maintaining long term relationships	
Setting boundaries in relationships	
Avoiding pregnancy	
Emergency contraception	
HIV/AIDS	
Abortion	
Sexually transmitted infections	
The responsibilities of being a parent	
Lesbian & gay issues	
Information on sexual health services	

SECTION 2

Questions in this second section are about your views on sexual health and relationships education in schools.

If your child is pre-school, please answer 2:1a (the question regarding age) and then go straight to 2:7b

2:1 Please answer the following questions for **each** of your children.

a. What **age** is your child?
b. What **class** is your child currently in?
c. Is your child **currently being taught** sexual health and relationships education in school?

	a) Age	b) Class e.g. P6, S3	c) Currently being taught Sexual Health and Relationships Education		
			Yes	No	Don't know
Child 1			☐	☐	☐
Child 2			☐	☐	☐
Child 3			☐	☐	☐
Child 4			☐	☐	☐
Child 5			☐	☐	☐
Child 6			☐	☐	☐

IF YOUR CHILD IS CURRENTLY OF SCHOOL AGE BUT IS NOT BEING TAUGHT SEXUAL HEALTH AND RELATIONSHIPS EDUCATION, OR YOU DON'T KNOW, PLEASE GO TO 2:7B

If you have more than one child, could you please answer the following questions in relation to your oldest child who is still at school?

2:2 How were you told about what your child is currently being taught? (Please tick all those that apply)

1. Letter home from school ☐
2. Leaflet/newsletter home from school ☐
3. Information evening ☐
4. From your child ☐
5. I was not told ☐
6. Other (please specify) ☐

_____

2:3 Were you happy with this method of receiving information?

1. Yes ☐
2. No ☐

If you answered 'no', why were you not happy?

2:4 How much has the school told you about the content of the sexual health and relationships education taught in your child's present school?

1. A great deal ☐
2. Quite a lot ☐
3. A little ☐
4. Nothing at all ☐

2:5 How satisfied are you with your child's sexual health and relationships education at school?

1. Very satisfied ☐
2. Quite satisfied ☐
3. Not satisfied ☐
4. Very unsatisfied ☐
5. I do not know what is being taught ☐

2:6 Has your child discussed their sexual health and relationships education with you?

1. Yes ☐
2. No ☐

2:7 Please answer each of the following questions about the teaching of sexual health and relationships education in schools.

a. Who **currently delivers** sexual health and relationships education to your child?
b. Who do you think **should deliver** sexual health and relationships education in the school setting (Please tick as many as you wish)

	a) Who currently delivers?	**b) Who do you think should deliver?**
Guidance/pastoral care teacher	☐	☐
Science teacher	☐	☐
Religious education teacher	☐	☐
Teacher	☐	☐
Teacher trained in sexual health & Relationships education	☐	☐
School nurse	☐	☐
Specialist sexual health worker	☐	☐
Outside agency with particular Religious/moral stance	☐	☐
I do not know	☐	☐

2:8 Although you have already given your views about when parents should talk with their children, we would now like to know your views on what should happen in school. So, thinking about the **school setting**, choosing **only one** of the following age bands, at around what age do you think the following **topics should be taught**?

The age bands are:

Under 5 years ⇨ **A**
5 – 7 years ⇨ **B**
8 – 10 years ⇨ **C**
11 – 13 years ⇨ **D**

14 – 16 years ⇨ **E**

For example, if you think that 'Avoiding pregnancy' should be taught in school at around the age of 12, please put 'D' in the age band column.

Topic	**Age Band**
Naming basic feelings & emotions e.g. happiness, anger etc	
Proper names for body parts	
The 'facts of life' (how babies are made)	
Puberty	
Menstruation	
Boyfriends/girlfriends	
Maintaining long term relationships	
Setting boundaries in relationships	
Avoiding pregnancy	
Emergency contraception	
HIV/AIDS	
Abortion	
Sexually transmitted infections	
The responsibilities of being a parent	
Lesbian and gay issues	
Information on sexual health services	

SECTION 3

Questions in this third section are about your own experience as a parent/carer in the sexual health and relationships education of your child(ren).

Again, if you have more than one child, could you please answer the following questions in relation to your oldest child.

3:1 For each of the issues below, please answer the following.

a. Have you **had a discussion** with your child about this issue?

b. If you answered **'yes'** to question (a), **were you comfortable** discussing this issue?

Topic	**a) Had discussion? (Please circle)**		**b) were you feel comfortable? (Please circle)**	
Naming basic feelings & emotions e.g. happiness, anger etc	Yes	No	Yes	No
Proper names for body parts	Yes	No	Yes	No
The 'facts of life' (how babies are made)	Yes	No	Yes	No
Puberty	Yes	No	Yes	No
Menstruation	Yes	No	Yes	No
Boyfriends/girlfriends	Yes	No	Yes	No
Maintaining long-term relationships	Yes	No	Yes	No
Setting boundaries in relationships	Yes	No	Yes	No
Avoiding pregnancy	Yes	No	Yes	No
Emergency contraception	Yes	No	Yes	No
HIV/AIDS	Yes	No	Yes	No
Abortion	Yes	No	Yes	No
Sexually transmitted infections	Yes	No	Yes	No
The responsibilities of being a parent	Yes	No	Yes	No
Lesbian and gay issues	Yes	No	Yes	No
Information on sexual health services	Yes	No	Yes	No

3:2 If you answered 'no' to any of the issues in 3:1a, please tell us your reasons for this?

3:3 If you answered 'yes' to any of the issues in 3:1a, in general, how comfortable do you think your child was talking about these issues with you?

1. Very comfortable ☐
2. Quite comfortable ☐
3. Quite uncomfortable ☐
4. Very uncomfortable ☐

3:4 Thinking now of all your children, if you have a boy(s), who is most likely to talk to them about puberty/sexual health and relationships?

1. Mother/female carer ☐
2. Father/male carer ☐
3. Both equally ☐
4. No-one ☐
5. I do not have a boy(s) ☐
6. Other (please specify) ☐

_____

3:5 Once again, thinking of all your children, if you have a girl(s), who is most likely to talk to them about puberty/sexual health and relationships?

1. Mother/female carer ☐
2. Father/male carer ☐
3. Both equally ☐
4. No-one ☐
5. I do not have a girl(s) ☐
6. Other (please specify) ☐

_____

3:6 Would you find any of the following helpful in discussing sexual health matters with your child(ren)? (Please tick as many as you wish)

1. Leaflets ☐
2. Recommended books ☐
3. Websites ☐
4. Information sessions ☐
5. Education course/group for parents ☐
6. I do not need any assistance/help ☐
7. Other (please specify) ☐

_____

SECTION 4

The questions in this final section are completely voluntary. They cannot and will not be used to identify you personally in any way. They are here to help us ensure that we are reaching as broad a cross section of parents as possible. If you choose not to answer all or some of them, it will not affect the responses you have given in the main body of the questionnaire.

4:1 Please indicate which age band is applicable to you?

1.	16 – 19	☐	7.	45 – 49	☐
2.	20 – 24	☐	8.	50 – 54	☐
3.	25 – 29	☐	9.	55 – 59	☐
4.	30 – 34	☐	10.	60 – 64	☐
5.	35 – 39	☐	11.	65 – 69	☐
6.	40 – 44	☐	12.	70 +	☐

4:2 What is your sex?

1. Female ☐
2. Male ☐

4:3 What is your relationship to the child(ren) you have completed this questionnaire about?

1. Mother ☐
2. Father ☐
3. Grandmother ☐
4. Grandfather ☐
5. Foster Carer ☐
6. Female Carer (not mother) ☐
7. Male Carer (not Father) ☐
8 Other (please specify) ☐

_____

4:4 What are the first 4 digits of your post-code?
(Please be assured that by giving this information, you cannot be personally identified. We need the fourth digit so that we can make comparisons with other geographical data).

G				X	X

4:5 Does your child have a disability?

1. Yes ☐
2. No ☐

4:6 Do you have a disability?

1. Yes ☐
2. No ☐

4:7 Which best describes your current living situation?

1. Lone parent ☐
2. Co-habiting relationship ☐
3. Married relationship ☐
4. Other ☐

4:8 Does the financial income of your household **mainly** come from

1. Full time employment ☐
2. Part-time employment ☐
3. State benefits ☐
4. Other ☐

4:9 What is your religion?

1. Church of Scotland ☐
2. Catholic ☐
3. Other Christian ☐
4. Muslim ☐
5. Sikh ☐
6. Buddhist ☐
7. Hindu ☐
8. Jewish ☐
9. I do not have a religion ☐
10. Other ☐

4:10 If you have a religion, do you regularly practise it?

1. Yes ☐
2. No ☐

4:11 What type of school does your child attend?

1. Denominational school ☐
2. Non-denominational school ☐

4:12 What is your ethnic origin?

1.	White Scottish	☐
2.	Other White British	☐
3.	White Irish	☐
4.	Other White	☐
5.	African	☐
6.	Black Scottish or other Black	☐
7.	Caribbean	☐
8.	Bangladeshi	☐
9.	Pakistani	☐
10.	Chinese	☐
11.	Other South Asian	☐
12.	Other Ethnic Group	☐

4:13 How would you describe your sexual orientation?

1.	Heterosexual	☐
2.	Lesbian	☐
3.	Gay	☐
4.	Bisexual	☐
5.	Other	☐

Please add any further comments if you wish to

_____

_____

_____

_____

_____

THANK YOU VERY MUCH FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

APPENDIX 2 – LETTER FROM ARCHDIOCESE OF GLASGOW

ARCHDIOCESE OF GLASGOW
Department for Catholic Schools
196 Clyde Street, Glasgow, G1 4JY
Tel 0141 226 5898 Fax 0141 225 2600

To Parents

17 March 2005

Dear Parent
Greater Glasgow Sexual Health and Relationships Survey for Parents

You may have received notification of a survey being carried out by Glasgow City Council and the Greater Glasgow Health Board to determine your views on the issue of Sexual Health and Relationships Education in schools.

Parents are being encouraged to compete an "on-line" survey by accessing this website: http://www.parentsquestions.org.uk. before 30th April 2005. You can also obtain a printed copy of the survey if you phone 0141 287 6862 and ask for one.

You should know that this consultation is being carried out without the prior knowledge of the Archdiocese of Glasgow. Had there been consultation on the content of this survey, a number of important suggestions would have been made, both to ensure that it was more appropriate in its content and to determine the uses to which it will be put.

The Archdiocese strongly recommends that you complete a response to this survey and that you consider making reference to the following points:

1 Why does this survey not refer to teaching about the value of Marriage as well as "long-term relationships"?
2 Why does it not refer to the promotion of abstinence as a positive choice for young people?
3 Why does if not refer to the teaching of methods of natural family planning rather than "avoiding pregnancy" or "emergency contraception" or "abortion"?
4 Why does it not ask if you, as a parent, would wish to receive support in your role as the most important educator of your child "for love"?

Hopefully, if enough concerned parents of all faiths and none indicate their proper concern about these issues, Glasgow City Council and the Greater Glasgow Health Board will realize that they need to be more careful when dealing with such a sensitive issue. I would ask you to pass this letter to your friends who have children in Glasgow schools and to encourage them to complete a survey as soon as possible.

Please be assured that the Church intends to work closely with various agencies to ensure that approaches and materials developed for Catholic schools are appropriate to their ethos and values.

Thank you for your co-operation.

Yours sincerely

Joseph Chambers

Rev. T. J. Chambers
Church Representative

NB Please copy and distribute to all parents in your school.