Relationships and Sexuality Education (RSE) in Primary and Post-Primary Irish Schools

A Research Paper

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Contents

1. Introduction

In April 2018, the then Minister for Education and Skills, Richard Bruton T.D. asked the National Council for Curriculum and Assessment to undertake 'a major review' of Relationships and Sexuality Education (RSE) in schools. The Minister noted that the review should encompass the curriculum for RSE, the support materials for this area of the curriculum, but also 'the delivery of the curriculum to students.' This latter dimension of the review reflects commentary in research and evaluations over the years which suggests that many of the issues of experience in RSE in schools are related to its implementation, as much as its curriculum or provision.

There have been significant developments in the curriculum for RSE in recent years, as part of the broader developments in Social, Personal and Health Education (SPHE). RSE is an aspect of SPHE in the Primary School Curriculum. A new short course for SPHE, with learning outcomes in the area of RSE, was introduced in 2015 as part of junior cycle developments and the new curriculum area of Wellbeing. In 2011, a new curriculum framework for senior cycle SPHE was published; it is built around five areas of learning, one of which is RSE. Notwithstanding these developments, the Minister expressed the view that there is a need to 'undertake a comprehensive review across all stages of education to ensure that it is fit for purpose and meets the needs of young people today in modern Ireland.' Specifically, the NCCA's review will encompass the following aspects of RSE:

- Consent, what it means and its importance

- Developments in contraception

- Healthy, positive sexual expression and relationships

- Safe use of the internet

- Social media and its effects on relationships and self-esteem

4

- LGBTQ+ matters.

The review will also consider 'the experience and reality of RSE as delivered in schools,' providing an opportunity for teachers, students, principals and parents to be consulted about RSE on questions such as:

- How the RSE curriculum is planned, how it is taught and how parents are involved
- The role of the classroom teacher in teaching the curriculum and the appropriate level of supports which are currently being provided by external providers
- What time is given to it, what resources are being provided, and what support materials are being used
- How effective are the continuing professional development opportunities which are currently provided by the Department of Education and Skills and other bodies to teachers of RSE?

The review of RSE will inform wider reviews currently taking place in the NCCA, notably primary curriculum redevelopment and senior cycle review. This paper sets out the background and context for the review of Relationships and Sexuality Education (RSE) in Irish schools. It presents different approaches which can be adopted when designing RSE programmes, discusses ways that schools provide for RSE at classroom level, and suggests some factors that influence implementation. It also provides evidence from Irish and international studies relating to the experience of RSE and concludes with some questions and considerations to inform consultations around the review. With regard to the limitations of this paper, it is important to note that the story of RSE in Irish schools since its inception in the mid-nineties is multi-faceted, with varying experiences across schools, students and parents. Furthermore, the emphasis of this paper is almost exclusively concerned with the

role of the school in RSE. The roles of parents, community and the media are given less attention. Finally, the paper has relied on published work including research, evaluation reports and education policy statements.

2. Historical Background and Context in Ireland

This chapter considers the main events and influences which supported the introduction of RSE in Irish schools in the mid-nineties and subsequent curriculum and policy developments. Drawing upon implementation studies and reports it also considers the extent to which the curriculum and policy for RSE have been successfully enacted in schools.

The context for introducing RSE

A range of factors influenced the introduction of the RSE programmes in Irish schools; these included the introduction of school-based RSE across Europe, the emergence of HIV/AIDS, the increasing numbers of teenage crisis pregnancies and research on the behaviour and attitudes of young people with regard to sexual activity and sexual knowledge. The following studies were relevant in providing evidence of the number of young people that were sexually active. It emerged in a study, based on a survey of 43 post-primary schools in Galway city and county, that21% of the respondents aged 15-18 years had had sexual intercourse (MacHale and Newell, 1997). The mean age of first sex was 15.5 years and no gender difference emerged with regard to the reported age of first sex experience. Bonner's (1996) survey of health-related behaviour involved 12 randomly selected post-primary schools in the Midland Health Board region. With regard to the 16-18-year-olds in this sample, 32% had experience of sexual intercourse. More males (38%) than females (26%) were sexually active.

A further study was carried out in the Cork area in 1997 (Alliance Review, 1999). This showed that nearly half of respondents aged 15-24 had had sexual experiences and for nearly half of those their first experience was at age 16 years or younger. Furthermore, the

respondents in the sample were critical of the sexual education that they had received. Specifically, many said that the approach was heavily influenced by a biological perspective and that emotional aspects were not emphasised. A study by Mahon *et al.* (1998) focused on groups of women experiencing a crisis pregnancy, including women who were planning an abortion, others who planned to have their babies adopted and women who planned to become single mothers. Interviews with the women indicated that many were unaware of fertility and contraception. Furthermore, some of the women lacked the social and personal skills to control the sexual encounters in ways they would have wanted.

These studies show at the time of the launch of RSE in the mid-nineties, there was growing evidence of the need for a systematic approach to educating young people regarding relationships and sexuality. While there were some differences between studies, the work demonstrated that a very substantial number of young people took the view that the sex education that they received was inadequate. It is noteworthy that this outcome emerged in the case of both boys and girls and the same pattern emerged for young people from different backgrounds. It is also noteworthy that this perspective regarding sex education emerged among various age groups and was especially relevant for young women going through a crisis pregnancy. Another important message of these studies was the perceived need for RSE to adopt an approach that went beyond just providing biological information. It was evident that knowledge regarding sexual matters needed to be complemented by social and personal skills to enable young people to manage the situations in which they found themselves.

Responses of the system: curriculum, policy and resources

While there was some development of policy and practice in the area of RSE in the seventies and eighties, the serious work of developing a coherent and coordinated approach

began in the mid-nineties. The following section sets out the main landmarks. The Expert Advisory Group on Relationships and Sexuality (EAG) was set up by Minister Breathnach in April 1994 and presented an overview of the main issues regarding the introduction of RSE in 1995. The group concluded that the school had a role to play in supporting and complementing the work of the home while stressing that parents are the primary educators and, therefore, should have a major role in influencing developments in this area. The report put forward a framework for RSE which was mindful of the role of parents and the school community, as well as school ethos, in shaping delivery. Following on from the *Report of the Advisory Group on Relationships and Sexuality Education*, the Minister for Education decided to proceed with arrangements for the introduction of Relationships and Sexuality Education. As a first step, schools were directed to begin the process of developing a school policy in collaboration with parents, teachers and management so that they could start to introduce RSE as part of the wider aspects of SPHE in their curricula in the year 1995/1996 (*Department Circular M4/95*). Further guidance to post-primary schools was provided in *Department Circular M20/96* which states that 'On the introduction of an SPHE programme, which will involve one class period, the RSE programme will become an element of SPHE. It is intended that RSE will be delivered during six class periods per year.' In 1999, RSE became a mandatory part of the new primary school curriculum as part of Social Personal and Health Education (SPHE).

To support schools in planning for RSE, the NCCA developed an *Interim curriculum and guidelines for RSE as an aspect of Social, Personal and Health Education* for both primary and post-primary schools (1996). These provided a broad set of aims and objectives for RSE and suggested content for teaching and learning for all classes. Particular emphasis was placed on factors associated with good practice in RSE, including the importance of building practice based on consultation with all partners (including parents), a whole-school

approach to RSE and the situating of RSE within the context of a school's overall SPHE programme. In addition, an emphasis was placed on the need for the values inherent in the programme to be consistent with the core values and ethos of the school.

Following the publication of the *Interim curriculum and guidelines for RSE*, resource materials for primary and post-primary were developed under the guidance of the RSE Training Support Service for Schools. The resources were intended to provide teachers with a range of methodologies and a menu of resources which could be used in implementing an RSE programme in schools, in accordance with school policy, ethos and needs within a school. A child's right to Social, Personal and Health Education was enshrined in law in the Education Act, 1998. Section 9 requires that every school shall use its available resources 'to promote the moral, spiritual, social and personal development of students and to provide health education for them, in consultation with their parents and having regard to the characteristic spirit of the school.'

Not surprisingly, the introduction of the 1999 Primary Curriculum for recognised primary schools established SPHE for the first time as a subject that encompassed RSE. Consequently, RSE became a mandatory part of the primary school curriculum. The SPHE curriculum provided the opportunity to address RSE through the school culture and atmosphere, through integration in other subjects and discrete teaching. Since its introduction, many teachers and schools find addressing the sensitive elements of RSE a challenge (Nohilly and Farrelly, 2017).

In 2000, the *Junior Cycle SPHE Curriculum Framework* was introduced. It sets out the aims and learning outcomes for teaching and learning, structured around ten modules; These can be approached with the flexibility to meet students' needs. These are:

- Belonging and integrating

- Self-management: a sense of purpose

- Communication skills

- Physical health

- Friendship

- Relationships and sexuality

- Emotional health

- Influences and decisions

- Substance use

- Personal safety.

Since 2003, the provision of the equivalent of one class period per week (or 70 hours per annum) of SPHE is mandatory for all junior cycle students and it is required that RSE is taught as an integral component of SPHE. More recently, an *SPHE Short Course* (2015) was developed by the NCCA and introduced as part of a new junior cycle. RSE is integrated across a number of stands and learning outcomes within this course. Within the context of developing a junior cycle wellbeing programme, schools now have scope to allocate additional time to SPHE/RSE within the 400-hour programme.

In senior cycle, SPHE is not mandatory, although schools are required to teach RSE even in the absence of a timetabled SPHE class. A *Senior Cycle SPHE Curriculum Framework* was published by the NCCA (2011) to support planning for SPHE at this level. The five areas of learning for Senior Cycle in SPHE are:

- Mental health

- Gender studies

- Substance use

- Relationships and sexuality

- Physical activity and nutrition.

Many resources have been developed to support curriculum developments in RSE for primary and post-primary schools and a couple merit special mention as they are most widely used. At primary level, the *Relationships and Sexuality Programme* was published in 1999 and continues to be in use and sold through Laois Education Centre. This resource provides many lessons and options for how teachers might address various aspects of RSE. *The Walk Tall Programme* was published in 1999 to address substance misuse and abuse. However, there were many aspects of the programme that could support teaching elements of RSE, such as building self-esteem, communication skills and decision-making strategies. This resource was updated in 2015 with a more comprehensive menu of topics and lessons for teachers including some of the sensitive areas of RSE. *The Stay Safe Programme* is a child protection and safety skills programme, published in 1999. The Stay Safe programme covers aspects of SPHE (primarily about personal safety) with aspects of RSE covered. The programme has been mandatory in schools since 2011. This sets it apart from other resource materials which schools can choose to use. The Stay Safe programme was revised in 2015 and expanded to include anatomically correct terms for the body, greater emphasis on feelings and emotions as well as covering homophobic and cyberbullying. *Making the Links* is an important resource for primary school teachers as it aims to support planning using the three resources mentioned above. It lays out how each resource and its lessons cover the content objectives of SPHE. This resource was revised in 2016 and called *Making the Links and Beyond*. *Busybodies* booklet and DVD was produced in 2007 for teachers of 5th/6th class and their parents. Approximately 30,000 copies are ordered annually by schools through www.healthpromotion.ie. This resource covers puberty and reproduction.

Over the last number of years, the development of resources to support teaching RSE has accelerated. However, questions are still posed in terms of what resources teachers are permitted to use in schools, with some anecdotal accounts of teachers being told not to use certain resources such as picture books with LGBT families. The SPHE primary curriculum (1999) lays out specific guidance in this regard, for inclusion in policy, for choosing resources in SPHE. For example, is the resource in question;

- in accordance with school policies?

- in line with the principles of the SPHE curriculum?

- up to date?

- free of bias?

- produced by a reputable agency?

- devoid of racial or sexual stereotyping?

- in keeping with the aims and objectives of the class programme in SPHE?

Meanwhile, at post-primary level, the *TRUST Talking Relationships and Understanding Sexuality Teaching Resource* (2009) has been an important resource in supporting the implementation of RSE at senior cycle. This resource, produced collaboratively by the DES, HSE and Crisis Pregnancy Agency, consists of 21 lessons and a DVD covering topics on the senior cycle RSE curriculum, such as communication, decision-making, safety, self-esteem, contraception, sexually transmitted infections and unplanned pregnancy. The Crisis Pregnancy Agency developed the *B4uDecide* resource materials (2008) aimed at supporting junior cycle students to make healthy, responsible decisions about relationships and sex. In 2016, *'Being LGBT in School' A Resource for Post Primary Schools to Prevent Homophobic and Transphobic Bullying and Support LGBT Students'* was co-published by the former organisation The Gay and Lesbian Equality Network (GLEN) and the DES. *Growing Up*

Lesbian, Gay, Bisexual and Transgender: A Resource for SPHE and RSE was developed by the Department of Education and Skills and the Health Service Executive in conjunction with GLEN (Gay and Lesbian Equality Network) and BelongTo Youth Services. More recently, the HSE Health and Wellbeing division has developed a series of lessons to support the new SPHE short course and these include lessons linked to the RSE learning outcomes in the course. These materials are currently being piloted in schools.

Implementation of RSE

The RSE Support Service (Primary) and SPHE Support Service (Post-Primary) were established in 1996 and 2000 respectively. Since then a programme of professional development opportunities has been provided to support teachers in implementing all aspects of SPHE, including RSE. In addition, regional development officers and health promotion officers (from the HSE) have provided support to teachers of SPHE and school leaders through workshops, cluster group meetings and teaching resources. While teachers' evaluations of the CPD offered by different agencies in this area are generally very positive, there is a challenge in building teacher capacity through sustained engagement due to the high turnover of SPHE teachers in many post-primary schools. This is further exacerbated by the once-off nature of much of the participation in CPD at both primary and post-primary and a lack of further follow-up support when teachers return to schools. When discussing CPD, the absence of certification for training undertaken in this area and the lack of a specialist undergraduate or postgraduate qualification in SPHE/RSE also merits consideration.

Following the launch of the RSE programme in the late nineties, a number of studies were undertaken to examine how the programme was actually being implemented in schools. The study on the *Evaluation and Review of Implementation of RSE* (Morgan 2000) was concerned with the views of both primary and post-primary teachers, parents and education

centre personnel on progress with the introduction of RSE. The focus was specifically on perceptions regarding the need for RSE, the principles that should determine its organisation and teaching, views on the training programme and the factors that helped and hindered the implementation of the programme. The study found that prior to the introduction of RSE, many schools (over a quarter) had no programme of any kind, with information from a parental survey showing that, in many homes, aspects of relationships and sexuality education did not feature prominently. With regard to the fundamental principles of RSE, over 90% of parents and teachers agreed that RSE was an important part of education and that the programme should be linked with values of the home and school. With regard to the language for sexuality, the vast majority of teachers and parents agreed that children should acquire the correct names for sexual organs and that slang language was disrespectful of sexuality.

The publication on *An assessment of the challenges to full implementation of the programme in post-primary school*s (Mayock *et al.* 2007) showed that two-thirds of the schools surveyed thought that RSE implementation had improved since the introduction of the programme. There was also a recognition that implementation was a slow process and that curricular change can be difficult in any subject area. A number of factors were identified as being of crucial importance in facilitating the implementation of the RSE programme. These included school leadership (especially the influence of the principal in supporting full implementation), a consultative process in the development of *RSE policy,* mechanisms and supports in place to enable whole-school support for RSE, and access to in-service training for teachers. Amongst the barriers to RSE implementation were an overcrowded curriculum and time constraints, teacher discomfort and the pressures of examination subjects. In addition, 'the low status of SPHE emerged as a significant negative influence on the schools' implementation and delivery of RSE. Across all of the schools selected as case studies, SPHE

struggled to varying extents to gain recognition'. (p.25) With regard to student's experiences of RSE, this research found that 'varied experiences and inconsistency of RSE delivery emerged as a major theme during group discussions. Some students stated that RSE was not given any attention within SPHE; others reported that relationships were discussed but sexuality was not addressed comprehensively, if at all. In other words, there was a strong perception amongst students that RSE was 'selectively addressed'. (p.37)

In 2008, the NCCA published its *Report on Phase Two of the Primary Curriculum Review* which examined the implementation of Gaeilge, science and SPHE. Teachers responded to a variety of questions related to the SPHE curriculum. When responding to the question, what was the teacher's greatest challenge in teaching the strand 'Myself,' 28% of the overall 54% who responded noted that the 'sensitive nature of some of the material' was the greatest challenge. Some teachers felt unprepared to teach the strand while others mentioned their own 'inhibition' when teaching the sensitive material.

Two reports by the DES Inspectorate focus on Social, Personal and Health Education in primary and post-primary schools (DES, 2009, 2013) and address issues relating to the implementation of RSE. With regard to **primary schools**, the view of the inspectors was that the RSE programme was being implemented in the majority of schools. There were a number of features that facilitated implementation in the schools implementing the RSE programme. These included agreement on a whole programme and the associated language that was to be used. Also important was the circulation of the school's sex education programme to parents prior to the more sensitive lessons being taught. However, a minority of schools were found not to teach certain aspects of 'Taking care of my body' and 'Growing and changing', the strands which address sensitive areas in SPHE. Learning in the area of sexuality, birth and new life was often only partially implemented. Some schools limited inputs to external speakers for fifth and sixth class pupils.

The report by the inspectors on SPHE learning in **post-primary schools** found that school practices and procedures to support planning for SPHE were effective in 75% of schools but there were 'significant weaknesses in a few schools'. Inspectors identified several school practices that they considered to have a negative impact. 'These included instances in which the RSE programme was limited solely to presentations made by external facilitators, with no follow-up lessons to optimise students' learning. In other cases, RSE was delivered using a cross-curricular approach but with no evidence of coordination of the learning activities' (p.8). They concluded that there were 'evident weaknesses in programme planning for senior cycle RSE in 62% of the schools inspected' and 'significant variation in the quality of provision for RSE for senior cycle students.' While planning and procedures for senior cycle RSE were not effective in the majority of schools, the inspectors observed some exemplary reflective practice among teachers, which supported ongoing improvements in the planning of RSE.

The *Lifeskills Survey* is concerned with a broad range of essential life skills that children develop in both primary and post-primary school. The most recent online survey (DES 2017) in 2015 had a response rate of 53% at primary and 33% at post-primary. As part of this survey, schools were asked a number of questions about the implementation of SPHE and RSE. In **primary schools**, it emerged that 94% of schools had an RSE policy in place. This was an increase over 2012 when 87% of schools reported having a policy. In 91% of primary schools that responded, the principal was the major contributor to the school's RSE policy, with parents mentioned as making a major contribution in 26% of schools and students making a major contribution in 7%. The majority of primary schools reported that teaching RSE is either challenging (62%) or very challenging (12%). Finally, of note is the high reliance on outside expertise in delivering the RSE programme; in 48% of schools RSE is delivered with the assistance of external facilitators (most commonly health professionals

or members of Accord, the Catholic Marriage Care Service). 40% of primary schools that answered the question stated that RSE is delivered exclusively by teachers. In the same survey, **post-primary schools** were asked similar questions about the implementation of both SPHE and RSE. 87% of schools reported having an RSE policy, an increase from 77% in 2012. The remainder were in the process of developing a policy. In 96% of schools, RSE teachers had made a major contribution to policy development, while principals made a major contribution in half of the schools. This contrasted with just 21% of schools reporting that parents, students and boards of management made a major contribution to RSE policy development. Mirroring primary schools experience, 16% of post-primary schools reported that they find RSE very challenging to teach and 62% reported that they find it somewhat challenging. Just over a quarter of post-primary schools met the requirement of six classes of RSE per year, 16% provided between three and five classes per year, 41% provided just one to two classes per year while 5% provided none. With regard to topics addressed, those given most emphasis at junior cycle were communication and respect, taking responsibility, sharing feelings, negotiating relationships, changes at puberty and human reproduction. Schools reported that they give less emphasis to the following four topics at junior cycle: teenage pregnancy, sexual orientation, sexually transmitted infections and contraception. Senior cycle students were more likely to be taught about STIs, contraception and teenage pregnancy compared to junior cycle students. With regard to external facilitators, just over half of post-primary schools (55%) indicated that the RSE programme was delivered by teachers but with the assistance of external visitors, while in the remaining schools, the programme was taught almost exclusively by teachers.

Finally, when *Dáil na nOg* (2010) surveyed 136 young people ranging in age from 12-16 years, across 68 post-primary schools, just over a quarter (26%) reported receiving Relationships and Sexuality Education classes in 2009, while 74% said they did not receive

18

RSE classes during the same year. For those who received RSE, the outcomes of participating in RSE classes were quite positive for young people:

- 36% said that RSE classes had helped them understand and develop friendships and relationships

- 37% said that RSE classes had helped them understand their own sexuality better and that of others

- 44% said that RSE classes had helped them develop a positive attitude towards their relationships with others

- 39% said that RSE classes had improved their knowledge of reproduction

Conclusion

A number of conclusions are warranted on the basis of the overview presented in this chapter relating to the context for the introduction of RSE in Irish schools and the evidence of its implementation. Firstly, a consensus developed over the years on the need for an RSE programme. This became clear from studies that reflected young people's experiences and concerns and from the deliberations of various committees and expert groups who were asked to make recommendations based on their professional expertise and experience. Secondly, the RSE programme was grounded in an holistic vision of education which promotes the full development of children and young people and aims to develop their capacity to develop and maintain healthy relationships. Thirdly, while it is the case that progress towards implementation has been somewhat uneven, given the body of research as a whole, we can conclude that significant progress towards implementation has been made. Finally, we can see from this brief story of RSE that, for most schools, teaching RSE presents a challenge. These challenges are explored in more detail later in this paper.

3. Approaches to Relationships and Sexuality Education

Approaches to sexuality education exist in cultural and societal contexts which both inform and shape what happens in schools. These contexts are constantly shifting, sometimes in landmark movements (see for example Wilentz, 2016 in relation to Ireland), at other times in more subtle ways. In Ireland, the influence of school ethos is a significant factor in the approach adopted in schools. While the contexts differ across jurisdictions, the main approaches that have emerged fall into two broad categories: the abstinence-only and the comprehensive sexuality education approaches. A third approach which has come to the fore in more recent years is termed holistic sexuality education. If these are seen as points along a continuum of sexuality education, it is possible for teachers to situate their practices along that continuum depending on the topics and informing principles guiding their choices and emphases at school.

Some commentators suggest that the battle lines between these broad approaches are waged on ethical and effectiveness grounds (Malone and Rodriguez, 2011), or religious/secular grounds (Rasmussen, 2010), with The World Health Organisation (2010) suggesting that there are also human rights imperatives that need to be considered. The latter is disputed by Curvino and Fischer (2014) who suggest that designating sexuality education as a human right is a misreading of international treaties and laws.

Abstinence-only Approach

The main aim of this approach is to delay the sexual initiation of young people ('abstinence till ready' approach), and at the furthest end of the continuum, to situate sexual intercourse only in the context of marriage, abstinence-only until marriage education (AOUME). Because an abstinence-only approach focuses on delaying sexual intercourse it

does not include information and advice on safe sexual behaviour or contraception. In the US, Huberman (2001) suggested that the approach was driven by high teen birth rates and sexually transmitted disease (STD) rates relative to other nations. This resulted in a $1.5 billion investment by the federal government in AOUME between 1996 and 2009 (Malone and Rodriguez 2011). Critics of this approach suggest that the abstinence approaches are overly focused on presenting sex as a threat or problem to be avoided and denies young people's lived reality. They also point to evidence that suggests that this approach does not generate the intended impacts.

Comprehensive Sexuality Education (CSE) Approach

Comprehensive programmes emerged as a reaction to abstinence-only programmes. Within this approach, delay in sexual activity may be the desired outcome, but it is tempered with the realisation that some young people will engage in sexual activity and thus there is a need for information on birth control, safe sex and how to negotiate healthy sexual relationships.

> *Comprehensive sexuality education (CSE) is a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and understand and ensure the protection of their rights throughout their lives.* (UNESCO,2018, p.12)

According to United Nations Educational, Scientific and Cultural Organisation (UNESCO, 2018), CSE is comprehensive in that it provides opportunities to acquire comprehensive, accurate, evidence-informed and age-appropriate information on sexuality as part of a continuing education process. It addresses sexual and reproductive health issues including, but not limited to, sexual and reproductive anatomy and physiology; puberty and menstruation; reproduction, modern contraception, pregnancy and childbirth; and STIs, including HIV and AIDS. In its most broad conception, CSE includes social and emotional lessons alongside biological and risk-prevention information. Therefore, it is not just concerned with the 'mechanics' of reproduction but also focuses on responsible sexual behaviours and the importance of healthy and equitable relationships grounded on principles of human rights and gender equity. Smith *et al.* (2013) identify five key elements that are essential to CSE:

- a whole-school approach and development of partnerships

- acknowledgment of young people as sexual beings

- acknowledging and catering for the diversity of all students

- appropriate and comprehensive curriculum context

- acknowledging professional development and training needs of the school community.

Critics of this approach point to its underlying paradigm which according to Ketting and Winkelmann (2013), is dominated by public health indicators (such as pregnancy, contraception use, STIs, etc.) and is characterised by what Goldman (2011) refers to as the 'vaccination model'. In this context, it is contended that the comprehensive approach does not go far enough in promoting a positive view of sexuality as a source of growth,

development and happiness, rather than predominantly addressing its health risks. It is also suggested that providing young people with information about contraception, etc. encourages sexual activity. This is refuted by many studies including *UNESCO's Review of the Evidence on Sexuality Education,* 2018 which concludes that

> *The evidence re-emphasizes that sexuality education — in or out of schools —does not increase sexual activity, sexual risk-taking behaviour or STI/HIV infection rates. There is also strong evidence that programmes addressing both pregnancy prevention and HIV/STIs are more effective than those focused only on pregnancy prevention* (p.4).

Holistic Sexuality Education Approach

There is a degree of overlap between Comprehensive Sexuality Education and Holistic Sexuality Education approaches, and Ketting and Winkelmann (2013) suggest that they are "more of a continuum than opposing views" (p.250). This explains why, in some of the literature surveyed, CSE and HSE terms are used interchangeably. The HSE approach is characterised by its proponents as a wider programme which has as its primary focus "sexuality as a positive human potential and a source of satisfaction and pleasure", (Ketting and Winkelmann, 2013, p 251) and while CSE is more concerned with public health, HSE is concerned with sexuality primarily as 'positive human potential' (p. 251). HSE is defined as

> *Learning about the cognitive, emotional, social, interactive and physical aspects of sexuality. Accordingly, sexuality education starts early in childhood and progresses through adolescence and adulthood. It aims at supporting and protecting sexual development. It gradually equips and empowers children and young people with information, skills, and positive values to understand and enjoy their sexuality, have*

safe and fulfilling relationships and take responsibility for their own and others sexual health and well-being. (Ketting *et al*. 2016)

Examples of HSE programmes can be found in Sweden, Norway, the Netherlands, Belgium, and Estonia. These programmes are grounded in a positive approach to sexuality. They do not aim to prevent young people from starting sexual relationships but accept that young people will engage in relationships that may gradually become sexual. The aim is to help learners develop the ability to make conscious, satisfactory, healthy and respectful choices regarding relationships and sexuality. The *WHO's Standards for Sexuality Education in Europe,* provide a clear framework for HSE from birth to 18 years based on key principles outlined as follows:

- age and stage appropriate, culturally, socially and gender-responsive

- based on a human rights approach and a holistic concept of well-being which includes health

- based on gender equality, self-determination, and acceptance of diversity

- a life-long process from birth

- contributing to a fair and compassionate society by empowering individuals and communities

- based on scientifically accurate information (Adapted from WHO, 2010, p. 27)

For educators, it provides a framework of content across eight themes and five stages. The themes are delineated as follows: the human body and human development; fertility and reproduction; sexuality; emotions; relationships and lifestyles; sexuality, health and well-being; sexuality and rights; and social and cultural determinants of sexuality (WHO, 2010, p.35). A matrix is provided which delineates the content under headings of information, skills

and attitudes. The educator, therefore, has a menu from which to choose at each stage of the framework. In addition, key characteristics outlined for effective sexuality education:

- youth participation in organising, delivering and evaluating

- interaction with students as partners, using appropriate language and terminology with communication as a central focus and the trainer in the facilitator role

- continuous development and revisiting of the themes in a spiral fashion

- cooperation with partners in various settings

- responsiveness to the context of the learner and their specific social, cultural environment and developmental stage

- gender responsiveness to address different needs and concerns. (Adapted from WHO, 2010, pp. 29-30)

Proponents of a HSE approach point to three important differences between HSE and CSE or abstinence approaches. Firstly, HSE is not an intervention or vaccination but a learning process, spread over several years. Secondly, HSE does not aim to change behaviour. Rather its focus is on behaviour preparation or development. Thirdly, HSE is grounded in a pedagogical process that comprises knowledge, skills and values. Advocates of HSE also point out that other approaches to sexuality education can be based on a deficit model, in which young people are seen as vulnerable, rash and ignorant. HSE, it is argued, empowers young people to exercise agency and make positive decisions on their path to healthy and life-enhancing sexual relationships.

Critics of the HSE approach suggest sexuality education that talks about pleasure and desire may lead to increased or earlier sexual activity, loss of innocence, damage, or increased risk of sexual abuse. Ketting et al.'s., (2016) '*Evaluation of holistic sexuality*

education: a European expert group consensus agreement' suggests that research across Europe provides evidence to the contrary.

In conclusion, it is also important to acknowledge the role of educators in any approach to sexuality education, and in particular HSE, which may be more challenging in some school contexts than other approaches. WHO (2010) acknowledges "the role, understanding and training of educators as well as the structural framework in which they operate" as "exceedingly important" and suggests that sex educators need "support structures and ...access to supervision" (p. 31). Consideration of these issues in planning for and implementing any programme of RSE is critical and are discussed in the following chapters.

4. Models of Implementation

An interesting categorisation of models of implementation of RSE is explored in Byron and Hunt (2017), which they outline as either formal or informal knowledge exchange. While there may be overlap in terms of content, methods and focus between formal and informal implementation models of RSE, it is the formal setting of schools that are the focus of this paper. This should not be seen as a diminution of the importance of informal spaces and settings for promoting young people's sexual health and wellbeing. As evidenced in the *Positive Sexual Relationships Report* (Youth Work Ireland, 2018), the vast majority of young people they surveyed (89%) state that friends are a source of information about healthy sexual relationships and 74% are comfortable talking about sex on social media and the internet. Ideally, the formal setting for RSE should not only be aware of but harness informal knowledge exchange for the benefit of students while at the same time educating children and young people about potentially dangerous scenarios that can arise in informal contexts.

In relation to RSE implementation in the school setting, there are a number of implementation models that are outlined in the research literature: facilitation by a class teacher; facilitation by the designated or experienced teacher; facilitation by an external provider.

Facilitation by a class teacher

Teachers are generally considered to be ideally situated to undertake this type of education because of their access to young people over a long period of time during formal schooling, their training in relevant pedagogies and potentially the willingness of young people to see them as sources of accurate and credible information and advice. However, there are significant barriers to teachers' facilitation of RSE: lack of time, lack of training,

lack of age- and stage-appropriate resources, perceived parental objections, low priority of RSE, and low teacher confidence (Maynock *et al*., 2007). At post-primary level, allegiance to a subject specialism which is not SPHE may also be relevant (Mannix-McNamara *et al*., 2011), while in some contexts, perceived expectations related to school ethos come into play. One study found that 'the issue of school ethos, and its impact on RSE, remains shrouded in ambiguity, leading to personal interpretations of 'ethos' on the part of teachers and differences in how they approach the content of RSE.' (Maynock et al., 2007)

There is general agreement in the literature that the competence of teachers is one of the key factors influencing quality implementation of RSE programmes (WHO, 2017). Findings by Smith *et al*. (2013) in Australia cited teacher confidence/comfort as the top concern expressed by primary schools in their study. The challenge for school-based teachers to be "'experts' in an ever-growing number of fields" is acknowledged by the authors. In the Australian context, Johnson *et al*. (2014) found that the provision of quality resources in primary schools gave teachers confidence and minimised potential barriers. Significantly, the high level of engagement of the students served to encourage teachers, which mirrors findings by Collins *et al*. (2016) in the Irish context. Johnson *et al.* (2014) further contend that the providers of the resources need to be "credible" so that teachers can trust the materials. However, a note of caution is struck by Liew who suggests that between 'a curriculum script and its pedagogical enactment...lies a gap occupied by teachers' pedagogical agency' (Liew, 2014, p. 715). This underlines the importance of training for teachers. Not surprisingly the WHO concludes that 'training of sexuality educators is one of the crucial levers of the success of quality sexuality education programmes and projects.' (WHO, 2017, p. 15)

Some research in Ireland (e.g., Collins and Kavanagh, 2013; Mannix-McNamara *et al.,* 2011) suggests that the prior experience of pre-service teachers in their own primary or

post-primary schooling has an influence on their attitudes to teaching SPHE, particularly where their experience has been negative. Mannix-McNamara *et al.*'s (2011) research with undergraduate post-primary teachers notes only 25% of those surveyed were considering teaching SPHE on graduation.

The Designated Teacher

In some schools, a teacher is identified who has experience of or expertise in delivering sexuality education/RSE, or who is seen as a particularly suitable person because of their relationship with children/students, or their particular skill set or interest in the area. Some of the characteristics of teachers who excel in this area are identified by Smith *et al.* (2013) and by the WHO's recent *Training Matters* report (2017) which include being compassionate, non-judgemental, empathetic, trustworthy and possessing a positive attitude to young people's sexuality. In addition, some of the particular skills that are needed are an ability to plan teaching and learning in a way that accommodates diverse needs and abilities of learners and the ability create a safe, inclusive and enabling learning environment for all learners.

What is also evident is that the prior relationship with the students is a significant factor in effectiveness. Trust is sometimes cited as a prerequisite for any provider (Goldman, 2011). However, where there is insufficient attention paid to other aspects of the teacher/student relationship in the literature or if the relationship is insufficiently developed, it may hinder effective communication in RSE. There may also be teachers whose personal beliefs (religious or otherwise) are at odds with those of their students (Balter *et al.,* 2018). Some consideration of these issues at school and wider levels is warranted.

Anecdotally, we know of teachers at primary level in Ireland who deliver the sexually sensitive RSE in classrooms of less-experienced colleagues, while at the post-primary level it

may be that the subject specialism of the teacher is seen as particularly relevant to the facilitation of RSE (for example, Religious Studies or Science). One drawback of this approach in post-primary settings is highlighted in this extract from a school inspection report.

> *The relationships component of RSE is delivered through Religious Education and Guidance in senior cycle, while sexuality education is taught in Biology lessons. This, however, does not take into account those students who do not study Biology or Religious Education at senior cycle.* (DES, 2013, p.8)

External Providers of RSE

When it comes to the facilitation of RSE, schools in many countries, including Ireland, engage with an external agency to support delivery of aspects of the RSE programme. Firstly, it is noteworthy that when young people themselves were asked whom they would like to teach RSE in their school, 61% said they would like people from outside their school to teach it. This compares to 49% preferring teachers from their own school in a smaller sample from Dáil na Óg (2010, p.31). And when probed about the usefulness of outside facilitators, 24% of young people found them very useful, 44% found them useful, and the remaining third found them either not very useful or not at all useful (p.32).

However, there are a number of inherent potential pitfalls with this model of implementation such as: timing and frequency of inputs; sustainability; and potential disempowerment of teachers. Some of these are mitigated by *Circulars 22/2010* and *23/2010* (DES, 2010) and more recently *Circular 0042/2018 and 0043/2018* which advises on best practice in selecting and using external facilitators for SPHE and RSE. Included in this is the advice that 'External facilitators work under the guidance and supervision of the relevant

classroom teacher who remains in the classroom with the students at all times and retains a central role in the delivery of the subject matter.' This facilitates follow up and reinforcement of key messages, quality assurance, and exposure of teachers to methods and content which may encourage their more direct involvement in the future.

It is not clear from the research what selection criteria are used by schools when selecting external agencies. It is likely that availability, familiarity, and acceptability (for schools and parents) are key factors in selection which in themselves may or may not guarantee quality or effectiveness. Nor is it, evident from the research that schools have identified or that external agencies have articulated, a theoretical base for their work (Goldman, 2011) which makes it difficult to assess the quality and/or effectiveness. It is possible that school ethos is a significant factor in relation to the choice of external provider in Ireland. Denominational schools (for the most part Catholic) account for 96% of all primary schools. At post-primary level, over half of the schools are denominational. Schools' right to uphold their ethos in their education provision is enshrined in the Irish Constitution and this has influenced the selection of external providers. In this context, Accord is most commonly cited (*Lifeskills Survey,* 2017) as an external provider of RSE by both primary and post-primary schools in Ireland. At post-primary level, there is a range of additional external providers from which schools can choose, including organisations such as: the Irish Family Planning Association (ifpa.ie), locally based sexual health organisations and groups with a particular focus, such as BelongTo (belongto.org) and Transgender Education Network Ireland (www.teni.ie). There is little evidence of the theoretical base for any of the approaches or content outlined on their respective websites, although their value base is evident in some instances.

In general, these inputs are more likely to take place at the upper end of primary school and in post-primary settings. As mentioned earlier in this paper, the *Lifeskills Survey*

(2017) found that half of the post-primary schools surveyed in Ireland used external providers alongside teachers. In the school context, there are complex issues at play which impact on modes of implementation, including issues related to school ethos and culture. At a basic level, the shortage of teachers who feel competent and confident teaching this subject is a major factor. The status (either perceived or otherwise) of SPHE/RSE is another important factor. Weaknesses in the assessment of learning outcomes in SPHE, in general, is of concern in the majority of schools (DES, 2009 & 2013) and this may also impinge on the subject's status, particularly in post-primary schools. In addition, it is clear that exam pressure impinges on non-examined (or non-examinable) subjects at post-primary level and impacts on implementation of SPHE/RSE (Mannix-McNamara *et al*., 2011). Most importantly, the commitment of school leadership is highlighted in the literature, as well as the pivotal role of trained teachers. If SPHE is to continue to be the key channel for implementation of RSE, then the training of SPHE teachers at all levels, during pre- and continuing service, warrants review. It is likely that all practices relating to the use of external agencies will come under increasing scrutiny on foot of the review of RSE that is taking place.

5. Student and Parent Voice

Listening authentically to the voices of children and young people is central to the development of programmes that provide positive and relevant experiences of RSE. 'Authentic listening happens when the views and suggestions of young people are sought and acknowledged, and there is a meaningful response to them' (Flynn, 2014). While previous chapters have discussed the broad approaches and models within which most school practice will fall, Allen and Carmody (2012) caution against adopting too simplistic an approach to what constitutes good sexuality education which they suggest '...is most often designed and implemented from an educator's perspective' (p. 465). They assert that what can be forgotten in the battleground which is sexuality education is the voice of the student: '...the voices, the desires and the pleasures that young people want to explore' (ibid).

The *Standards for Sexuality Education in Europe* (WHO, 2010) recommends that flexibility is built into planning, with additional topics provided to cater for local student needs and wishes. However, there is no guidance as to how these preferences might be ascertained. Rasmussen (2010) argues that it is not just a matter of what is included or not. If we don't take the complexity of young people's lives into account in our approach to sexuality education, we are in danger of risking irrelevance for many students. This argument may be especially pertinent in relation to young people of diverse genders and sexuality (Bradford *et al.,* 2018; Byron and Hunt, 2017). For Gilbert (2018), even when student voices are taken into account, the effects may be to reinforce sexual stereotypes or to try to simplify complexities to manageable outcomes-based learning. The following sections look at research that specifically focuses on young people's views about sexuality education.

Coll *et al.'s* (2018) study with Australian 15-17 year olds is instructive in this regard. They found that key issues of comfort, inclusion and relevance were foremost in students' minds, although student attitudes vary across these elements which makes designing a

programme complex. They also highlight the need to challenge young people's assumptions and attitudes which may reflect wider societal biases and stereotypes. Young people are clear about what they want to know, according to Allen and Carmody (2012). This includes the emotional aspects of sexuality and desire (including same-sex desire), with less emphasis on the problem-solving aspects such as sexually-transmitted infections and reproduction. Gaps identified in sexuality education by Bradford *et al.* (2018) include a focus on relationships (including relationship structures and negative relationships) and emotions, non-heterosexual sex, sexual diversity, and gender development.

Comparable data in the Irish context is found in O'Higgins and Nic Gabhainn (2010) which looked into young people's views on effective sex education. There were 394 participants aged between 15 and 18 years in this study and they stated it was vital that sex education allow them access to factual information. The issues that they wished to gain knowledge on ranged from how to establish healthy, respectful, communicative relationships, knowing how babies are made, when one's ready physically and emotionally for sex, how to put a condom on, whom to go to for information and how best to talk about sexual issues. They wanted to be taught by people whom they can trust to deliver information accurately, confidentially and with confidence.

When it comes to considering young people's informal spaces for learning about relationships and sexuality further comparison between Irish and international data is possible. For young people of diverse genders and sexualities in Byron and Hunt's (2017) research, friends were greater support than families, and online and offline spaces provided targeted support which was generally positive. In these spaces, young people themselves are the experts in their own lives and share that expertise through "bearing witness" and providing non-judgemental support… with no "border protection officers" (Allen and Carmody, 2012, p. 465). For many young people, these informal spaces will be more relevant

to their lives than the formal inputs - however, they are not without dangers and should not be relied on to fill or replace gaps in formal provision. In some instances, young people looking for information online access pornographic material, either wittingly or unwittingly.

In an Irish context, some recent reports are instructive in revealing young people's experience of RSE. The SMART Consent research team at NUI Galway surveyed over 2,000 college students and among the questions asked were questions relating to their perceptions of sexual education while at school. A majority of both male (63%) and female (71%) expressed dissatisfaction with the sex education they received in the school system. Two-thirds of males and three-quarters of females agreed that the sexual health education classes they had at school left out crucial and important information (pp.10-11). It is therefore perhaps not surprising that Youthwork Ireland's *Positive Sexual Relationships Report* (2018) reported that 90% of young people (based on 1,056 responses) say the internet is their most trusted source of information about healthy sexual relationships and 20% of young people think internet pornography a 'useful' source of information about healthy sexual relationships. Like their international peers, young people in Ireland also look to friends for information with 89% saying they trust friends to inform them about healthy sexual relationships. 60% say they trust doctors, nurses and youth workers.

Almost 4,000 young people were consulted in the context of developing an LGBTI+ National Youth Strategy and in that consultation (2017) the lack of adequate education on sexualities and genders in school was identified as a key issue. Young people recommended the introduction of mandatory LGBTI+ education in primary and secondary schools, delivered by trained teachers and external facilitators (p.18). When consulting with LGBTI+ young people Jones (2013) suggests that research methodologies can sometimes, either wittingly or otherwise, characterise LGBTI young people as vulnerable. She characterises these constructions as: 'overlooked others'; 'at risk victims'; 'invisible/visible'; 'special

needs'; or 'disruptive sexual subjects' (p. 690). Thompson (2018) describes the 'non-lives' of students in much discourse in Australia - these are devoid of the usual norms of life such as the ability to make decisions, 'always and only vulnerable, and ...always and only at risk of sexual abuse' (ibid, p. 7). If these studies are then used to inform Relationship and Sexuality Education approaches, the messages are reinforced, an accusation made by Jones (2013) in relation to the work of UNESCO in this area. Therefore it is important to recognise that some research and approaches to RSE can reflect the heteronormative bias of society and perpetuate the 'othering' of LGBTI+ young people. This is an important consideration in the review of RSE and any potential curriculum developments in this area.

Parents and Sexuality Education

It is generally accepted that parents are the first and primary educators of their children in all matters, including sexuality education. Children will be receiving messages about their sexuality from their parents/caregivers long before formal schooling starts. This suggests that parents/caregivers are in a key position to impact children's sexual health. It is also evident that schools are aware of parental attitudes and preferences in implementing their sexuality education programmes, so it is important to identify key issues and concerns of parents. In Ireland, parents have the right to withdraw their children from sexuality education. This section looks primarily at attitudes of parents to their role as sexuality educators and the challenges they face in this regard.

Sexuality education in the home will predictably reflect the ethos and beliefs of the parents which may or may not conflict with school-based programmes or indeed informal contexts in which sexuality-related information is explored by young people. The enactment of their role will also be influenced by 'dominant cultural ideologies' (Bennett *et al.,* 2018) which may limit or enable parents' efficacy. On the positive side, parental sex

communication has been found to be beneficial in relation to 'positive adolescent sexual behaviour' including protection and assertiveness (Flores and Barroso, 2017; Stone *et al*., 2013). Research on parents communicating with children about relationships, sexuality and growing up (Conlon, 2018) found that parents in 20 focus groups agreed on the importance of RSE and expressed a wish to take on the role of sexuality educator with their children but cited a range of barriers. These included their own inhibitions and lack of confidence and comfort in talking about these topics, fear about the consequences of 'getting it wrong' in an area of child development they see as having high stakes, and fear of transgressing other parents' norms regarding communicating with their children. 'While parents wish to drive change in this area, they described how casting off long-held reticence and unease is challenging.' (ibid, p. 28)

In Hyde *et al.'s* (2010) study, they outline how the relationship between parents and adolescents and teenagers has evolved recently, with shifts in power and control evident. This has an impact on parents' ability to engage in sex education with their children and is borne out by parents' identification of 'blocking techniques' used by adolescents and teenagers (such as leaving the room) which the authors suggest '... appeared to be the dominant feature…' (ibid, p. 369) and more prominent in the Irish context relative to other studies that have been undertaken.

In Ireland, when 13-year-olds were interviewed as part of the *Growing up in Ireland, National Longitudinal Study of Children* (child cohort, Nov 2012) one question concerned the most likely source for information on sexuality and relationship issues. Mothers were mentioned as the most likely source (32%), but only 6% cited their father as the most likely source. Friends were mentioned as the second most likely source (23%) while 10% said that teachers were the most likely source. What is a particular matter of concern is that 14% of the

sample said they would go 'nowhere' for information or advice on such issues; this was the case for almost twice as many boys (18%) as girls (10%).

There is a tendency to underestimate children's ability to understand information, sometimes leading to a reactive approach to children's questions (Stone *et al.,* 2013). This ties in with notions of childhood innocence and parents' 'shielding' of children, particularly very young children (Conlon, 2018: Stone *et al.* 2013). In most cases, children ask questions because they are ready to know the answers. Some commentary (Stone *et al.,* 2013) suggests that children may be more vulnerable to child sexual abuse if 'ignorance and mystification' prevail, which could happen if children are viewed as innocent and lacking in capacity to understand. This holds true for all sexuality education and not just that which occurs between parents and children.

Flores and Barrosso (2017) suggest that parents' approach to sex education is 'future and consequence oriented' (p. 543) which falls short of the holistic model advocated by WHO (2010). In addition, their review of research in the area of parents and sex communication provides evidence of a traditional, heteronormative and stereotypical approach in the home context. This is significant given the preference of young people for parents to provide sexuality-based information (GUI, 2012) and maybe even more significant for children who do not fall into traditional sexuality or gender binaries.

It appears that while many parents believe that school-based sexuality education is addressing the needs of young people (Conlon, 2018), their reliance on schools may be overly optimistic if implementation in schools is either not provided (Dáil na nOg, 2010) or falls below best practice, as suggested by Mayock *et al.* (2007). Parents also may question if teachers are sufficiently trained to undertake such sensitive work (McCormack and Gleeson, 2010), while, as has been stated already, parents themselves often feel their knowledge base is inadequate (Flores and Barrosso, 2017 and Conlon, 2018). It may be that some children

and young people are falling between two stools (home and school-based sexuality education) on their journey to sexual health and well-being.

Apart from the anecdotal evidence of parental involvement in school-based sexuality education mentioned earlier, the research into family involvement in school-based sexuality education is mixed (Grossman *et al.,* 2014). In their study, a rather narrow view of success (delayed sexual debut) is upheld, particularly in the case of boys. However, their model of delivery is interesting and bears some resemblance to Irish models of RSE and child safety education (e.g. *Stay Safe Programme*) in its use of parent letters and resources which allow parents to initiate discussion in the home. This was found to favour boys in particular, with earlier and more frequent dialogue on sexuality-related matters. This research supports an important feature of the current Irish RSE programme (parental involvement) that should be retained and strengthened in any future iterations. Catherine Conlon's research (2018) with ninety parents in Ireland found that parents trusted schools in this area, they were more comfortable in talking to their children after the school had initiated a programme, and they underlined the importance of the same messages coming from home and school in relation to RSE. Amongst the recommendations arising from this study was 'further strengthening of the links between school and home with regard to RSE by providing parents with comprehensive information on the RSE programme including resources used by schools, in order to support them in continuing the conversation at home.' (p.101). In Ireland, there are established methods for engaging parents which will be useful for future programme and curriculum developments. This bodes well for future partnership work in this area.

6. The International Context

In Europe, sexuality education as a curriculum subject in schools has a history of more than half a century. It started in Sweden in 1955, followed by many Western European countries in the 1970s and 1980s. In 1968, sexuality education was made mandatory in schools in Germany, with Denmark, Finland and Austria following in 1970. Although many countries had independently developed and implemented programmes, no standards to define the content and delivery of sexuality education, for Europe as a whole were available (Ketting, 2015, p. 16). With the publication of *Standards in Sexuality Education* and *Developing sexual health programmes: A framework for action* from the World Health Organisation in 2010, and *International technical guidance on sexuality education* from UNESCO in 2018, countries now have more support in developing national programmes based on international best practice. The most commonly adopted approach across Europe and that which is promoted by the WHO and UNESCO, is Comprehensive Sexuality Education (CSE). This stresses the importance of ensuring young people's access to sexual and reproductive health information, education and services, including contraception, as outlined in international agreements including the *Incheon Declaration and Framework for Action for the implementation of Sustainable Development Goal 4.*

UNESCO's *Review of the Evidence of Sexuality Education* emphasizes the need for a 'holistic, multi-sector approach' (p.4). It suggests that:

> *The biggest impacts have been seen when school-based CSE is augmented with community components or services, such as training for health providers, youth-friendly services, and work with parents, to name a few. This can help to address the wider sociocultural determinants of sexual behaviour. The information about schools as part of a continuum also links with the need to create an enabling environment at*

all levels for young people to benefit from CSE: national level (through enabling policies, funding), local level (by involving parents, the community, faith organizations) and school level (ibid, p.5).

In 2013, a briefing note *Policies for Sexuality Education in the European Union* written on behalf of the European Parliament Directorate General for Internal Policies (Beaumont et al., 2013) evaluated the state of play of sexuality education in 24 EU member states. As part of its findings,the Nordic and Benelux countries were reported as having the highest quality of sexuality education. The report concludes that 'the sexuality education systems in Latvia, Cyprus, Estonia and Slovakia are continuously improving and are of better quality than those we can observe in Ireland, Spain or in the United Kingdom.' (p. 45) It goes on to identify five indicators of effective sexuality education:

- The comprehensive approach. Sexuality education is taught with a biological and an emotional view;

- The involvement of the parents and the right to contribute to their children's knowledge in this matter;

- Teaching of the subject in schools by specifically-trained teachers;

- Mandatory attendance of pupils to the sexuality education lessons; and

- Programmes which talk about a wide range of subjects without taboo (ibid, p. 96).

Several countries such as Cyprus and the Czech Republic are improving and updating their approaches to sexuality education. Closer to home, both the United Kingdom and Wales have recently engaged in a significant review of sexuality education leading to major changes to the curriculum and how RSE will be delivered in schools. Recommendations from an expert panel for *the Future of the Sex and Relationships Education Curriculum in Wales* were

recently published and their findings and recommendations are of interest in the context of the current review of RSE in Irish schools.

A recent report ([Ketting and Ivanova, 2018](#)) into the status of sexuality education (SE) in the European and Central Asian region, examined 25 countries. It found that the implementation of sexuality education differs widely between and even within countries but 'despite these differences sexuality education has become the norm' (p. 5). It also reported that placing SE on a legal basis is 'one of the prerequisites for putting it on a sustainable footing'. Countries such as Albania, Austria, Finland, Sweden, Germany and Estonia among others were found to have the most comprehensive programmes of sexuality education. This report sets out a range of recommendations including the recommendation that:

> *The quality of sexuality education programmes needs to be improved by starting with sexuality education at a young age, increasing their involvement in it, broadening the range of topics addressed and improving teacher training and support.* (p. 185)

The report is instructive in the context of showing the range of approaches and methodologies adopted. For example: in Austria, parents are included in the sexuality education lessons; in Denmark, external experts such as sex workers, LGBTQ people or HIV-positive persons are invited to speak in schools about their experience; and in the Netherlands, sexuality education begins at the age of four. Notwithstanding some innovative and progressive practice, in over half of the countries surveyed sexuality education is still a sensitive issue and sometimes heavily disputed.

A further question that exercises many international studies is the degree to which programmes are implemented in classrooms as intended. The report into the 24 EU member states by the Directorate General for Internal Policies found disparities between the quality and frequency of delivery of sexuality education (Beaumont et al., 2013). These assessments

are mirrored by UNESCO where a key issue identified in the implementation of sexuality education programmes is fidelity (Montgomery and Knerr, 2018). Fidelity refers to the degree to which a the programme is implemented as intended. In this context, it is useful to think of implementation as being on a continuum, from poor- to moderate- to high-quality. *The Importance of Implementation for research, practice, and policy* by Durlek (2013) contends that high-quality implementation is vital for achieving the outcomes achieved in original effectiveness trials of a curriculum or programme.

A further key issue internationally is how the quality of sexuality education in schools can be affected by external influences, including differing social, political and religious contexts. The influence of the Catholic Church on sexuality education in some member states is referred to in some European studies (Beaumont et al., 2013). This can be illustrated in Estonia where a small fraction of religious-based schools refuse to give science-based sexuality education and instead adopt a morally based abstinence-only sexuality education approach. Spain contends with more opposition than most Western European countries with many conservative social groups arguing that sexuality education has no place in school and that the family should decide the values in relation to sexuality education (Ketting and Ivanova, 2018). Perhaps this points to the importance of strengthening communication and building partnership between schools, parents and the wider community to create and maintain successful RSE at both primary and post-primary level.

A further, yet significant barrier to quality RSE internationally is adequate teacher training (Ketting and Ivanova, 2018). Many jurisdictions have limited training, which can be as little as no training to one day training for all teachers to five days training for specific teachers. Only in a handful of countries has the training of future teachers of sexuality education been included in the pre-service training of future teachers. Overall there is agreement that the most critical success factor for effective RSE is the competence and

confidence of the teacher and therefore investment in pre-service and inservice training must be a priority.

> *Hence, training of sexuality educators is one of the crucial levers of success of quality sexuality education programmes and projects. (Training matters, 2017)*

7. Concluding remarks and some key questions

RSE is an important part of the education of young people, and schools provide a safe context within which young people can learn about themselves and the wider world. This makes access to RSE in schools all the more important(Mayock, Kitching and Morgan, 2007, p.2).

The need for quality Relationships and Sexuality Education (RSE) programmes in schools is highlighted again and again in work with young people. However, as has been indicated throughout this paper, there are considerable challenges in the implementation of existing programmes in Ireland and elsewhere; the main challenge being teacher confidence and competence. While current curriculum programmes in Ireland stand up well to scrutiny in relation to both content and methodologies, they are in need of updating. On the plus side, a considerable degree of expertise and learning has been built up over the past 25 years of implementation and this is something that can be built upon.

Internationally, best practice appears to be moving towards the holistic sexuality education (HSE) approach which addresses the realities of young people's lives, the diversity of sexuality and gender identities that have emerged and continue to emerge, and the challenges young people face in navigating relationships in a positive, healthy way. The basis of this approach is young people's right to learn about themselves and their bodies in a positive and participative process. It shifts the focus from an almost exclusive concern with the biological aspect of reproduction and prevention of HIV/STIs and unwanted pregnancy to a broader spectrum of topics, including the psychological, social, cultural and interactive aspects of sexual health and wellbeing. This approach is positive and enabling as opposed to approaches that are fear-based or concerned almost exclusively with the risks and dangers of sexual activity. Most importantly, it is an educational process spread over several years

(rather than a series of occasional interventions) that empowers children and young people to make conscious, healthy and respectful choices and have safe and fulfilling relationships.

While the rewards of this approach can be substantial for young people if delivered effectively, there are challenges for educators in adopting this approach. Most of the research highlights the desirability of teachers in schools teaching RSE, and the characteristics of the most effective teachers included empathy, trust, a positive attitude and a willingness to listen in a non-judgemental way. However, the literature also emphasises the low confidence of teachers and the lack of availability of comprehensive pre-service and in-career training which are considered to be formidable barriers. What is needed for successful implementation of RSE is not just policy, guidance, programmes or resources but the confidence and competence of teachers to facilitate learning. On the basis of current teacher education provision at both pre-service and continuing professional development stages, there is a possibility that, should a HSE approach be adopted, schools might rely even more than before on external providers of RSE. It is also debatable whether SPHE is afforded a high-enough priority in the curriculum and in schools, and the impact this has on RSE as a core element of SPHE. The fact that many teachers currently have no qualification to teach SPHE/RSE yet are timetabled to do so is a cause of concern.

It is not clear from the research literature whether parents would universally be accepting of schools taking on a more inclusive and holistic approach to RSE, given the tentativeness, apprehension and lack of confidence with which parents often approach engagement with their own children around sexuality-related issues. In many instances, parents rely on schools to initiate these discussions and, in the main, trust them to deliver a programme broadly in line with parents' beliefs. However, many young people say that the current situation in some schools is that the type of sexuality education experienced is not relevant to the challenges they face and the lives they live. This is particularly so for young

people who fall outside traditional sexuality and gender binaries. In some instances, young people employ tactics to block out parents' attempts at initiating conversations, suggesting that, for these young people, parents are not the preferred source of information about relationships or sexual health. The possibility is that in those situations many young people look to informal spaces for their information. While positive aspects of this have been documented, there are also dangers for those young people who lack the critical technological and/or literacy skills required to navigate these environments in a safe and helpful way. In some instances, young people looking for online sources of information stumble upon (or actively seek out) pornographic material which is problematic on a number of fronts, not least in its portrayal of sexuality and gender stereotypes but also the mechanical, violent and disengaged view of sexuality contained in much pornographic material. Its addictive potential is also problematic.

Young people themselves are not homogenous in their preferences and needs in relation to sexuality education, making the job of educators all the more complex. What causes anxiety and discomfort for one student may be well within the comfort zone of another. Relevance is another key issue for young people. It is debatable whether a 'one size fits all' process or programme will accommodate the complexities outlined in the research in relation to RSE. However a holistic approach holds the most promise in this regard.

Some Key Questions

A review of the research suggests that to move towards an improved experience of RSE in schools requires consideration of some key questions, which include:

- What models or approach(es) best address the needs of children and young people in primary and post-primary schools?
- What are the hallmarks of a teacher/school who teaches RSE effectively?

- What aspects of current provision are valued? How will these be retained?

- In a fast-changing world, how can we ensure relevance and effectiveness in RSE?

- How can a programme best balance the relationship dimension of RSE as well as the sexuality education piece, in a manner that is age and stages appropriate?

- How can a curriculum support parents, teachers and leaders to move beyond a 'risk and danger' paradigm to a more positive holistic paradigm?

- What do teachers need to effectively facilitate RSE in the future, including pre-service and continuing professional development opportunities?

- How can schools best utilise external facilitators in supporting RSE?

It is hoped that this paper will support dialogue during the Review of RSE and help inform the future provision of improved experiences for all students.

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Appendix 1

Irish resources for RSE

Sample RSE Primary resources

- o DES Resource Materials for Relationships and Sexuality Education (1998)

- o Stay Safe programme (2016)

- o Walk Tall Programme (2016)

- o Making the Links and Beyond (2017)

- o Anatomical Dolls and Storybooks

- o HSE Busy Bodies DVD and Booklet for pupils and parents (2008; reviewed 2010)

- o INTO Different Families, Same Love Poster (2015)

- o RESPECT guidelines

- o All Together Now! (2016)

- o We All Belong (2018)

- o GLEN Different Families Storybook lessons

Sample RSE Post-primary resources

- o TRUST: Talking Relationships Understanding Sexuality Teaching Resource (2000)

- o The Facts DVD

- o Think Contraception Leaflets

- o Growing up LGBT: A resource for SPHE and RSE

- o GLEN (2016) *Being LGBT in School: A Resource for Post-Primary Schools to Prevent Homophobic and Transphobic Bullying and Support LGBT Students*

- o Stand Up! www.belongto.org (BeLonG To Youth Services)

- o B4UDecide Resource Pack www.b4udecide.ie (HSE Crisis Pregnancy Programme)

RSE Resources for pupils with Special Education Needs (SEN)

- o NCCA *Guidelines for Teachers of Students with General Learning Disabilities*

- o Egan, R and O'Dea, E *Freedom; Relationships and Sexuality Education' A resource for teachers of students with a mild learning disability* Limerick: Brothers of Charity Services

- o Mc Cormick and Shevlin, *Exploring Sexuality & Disability: Walk Your Talk: An advanced resource for trainers* (Irish Family Planning Association)

- o *Talking Together About Sex and Relationships.* A Practical Resource for schools and parents working with young people with Learning Disabilities (Irish Family Planning Association)

- o *Let's Do It* drama based lessons (Image in Action)

- o NCCA *Post-Primary SPHE Guidelines for Teachers of Students with Mild General Learning Difficulties*

Parent/guardian Support in RSE at primary and post-primary level

- o Talking to Your Young Child about Relationships, Sexuality and Growing Up (HSE, 2018)

- o HSE: www.sexualwellbeing.ie

- o Caring for Your Child 0-5 Years Information leaflets (HSE)

- o Going Forward Together: An Introduction to Relationships and Sexuality Education for Parents (Government of Ireland, 1997)

- o RSE in Primary Schools Parent Information Leaflet (DES)

- You Can Talk to Me: Communicating with your Child (HSE Crisis Pregnancy Agency)

- Busy Bodies Information Booklet for Parents and Pupils

- Parents: Make the Time to Talk Pamphlet (HSE Crisis Pregnancy Agency)

- Stand Up! (BeLonG To)

School Supports for RSE at primary and post-primary level

- Professional Development Service for Teachers (PDST)

- Accord

- BeLonG To Youth Services

- Transgender Equality Network Ireland (TENI)

- www.sexualwellbeing.ie

- INTO LGBT Teachers' Group

- Crisis Pregnancy Agency