



House of Commons  
Education Committee

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# Life lessons: PSHE and SRE in schools

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**Fifth Report of Session 2014–15**

*Report, together with formal minutes relating  
to the report*

*Ordered by the House of Commons  
to be printed 11 February 2015*

## The Education Committee

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## Summary

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PSHE requires improvement in 40% of schools. The situation appears to have worsened over time, and young people consistently report that the sex and relationships education (SRE) they receive is inadequate. This situation would not be tolerated in other subjects, and yet the Government's strategy for improving PSHE is weak. There is a mismatch between the priority that the Government claims it gives to PSHE and the steps it has taken to improve the quality of teaching in the subject.

Young people need the opportunity to receive high-quality PSHE and SRE at school. They have a right to information that will help keep them healthy and safe. PSHE also has a role to play in developing character and resilience, and has a positive effect on academic outcomes. When provided in an age-appropriate way, SRE can contribute to a school's safeguarding efforts, and instil the principle of consent that will protect young people as they grow up. Delivering high-quality SRE is particularly important for the most vulnerable children, including looked after children, LGBT children and those with special educational needs.

Improving the quality of provision of PSHE, and SRE within it, relies on addressing the shortage of suitably trained teachers and school nurses, and on ensuring that suitable curriculum time is devoted to the subject. Funded CPD for teaching PSHE must be reintroduced to support the delivery of the subject, and Ofsted must clarify how a school's provision of SRE relates to its safeguarding judgement and pupils' 'spiritual, moral, social and cultural' development.

There is a lack of clarity on the status of the subject. This must change, and we accept the argument that statutory status is needed for PSHE, with sex and relationships education as a core part of it. We recommend that the DfE develop a workplan for introducing age-appropriate PSHE and SRE as statutory subjects in primary and secondary schools, setting out its strategy for improving the supply of teachers able to deliver this subject and a timetable for achieving this. The statutory requirement should have minimal prescription content to ensure that schools have flexibility to respond to local needs and priorities. SRE should be renamed relationships and sex education to emphasise a focus on relationships.

Parental engagement is key to maximising the benefits of SRE. The Government should require schools to consult parents about the provision of SRE, and ask Ofsted to inspect the way in which schools do this. The existing right of a parent to withdraw their child from elements of SRE must be retained.

# 1 Introduction

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## Background

1. In 2013, Ofsted reported that the quality of personal, social, health and economic education (PSHE) and sex and relationships education (SRE) in schools in England was “not yet good enough”.<sup>1</sup> In January 2014 the House of Lords debated amendments to the Children and Families Bill which would have had the effect of making SRE compulsory in all schools.<sup>2</sup> While the amendments were not made, the debate and Ofsted’s report reignited a discussion of the role of PSHE and SRE in schools in England, its quality, whether schools should be required to provide it, and the sufficiency of the Government’s actions in this area.

## Our inquiry

2. We launched our inquiry on 23 April 2014, seeking written evidence on the following points:

- Whether PSHE education ought to be statutory, either as part of the National Curriculum or through some other means of entitlement;
- Whether the current accountability system is sufficient to ensure that schools focus on PSHE education;
- The overall provision of SRE in schools and the quality of its teaching, including in primary schools and academies;
- Whether recent Government steps to supplement the guidance on teaching about sex and relationships, including consent, abuse between teenagers and cyber-bullying, are adequate; and
- How the effectiveness of SRE should be measured.

3. We received over 430 written submissions during our inquiry, including a large number from individual parents. We took oral evidence on four occasions, hearing from seven panels of witnesses including the Minister of State for School Reform, Nick Gibb MP, and we held a private seminar on 10 September 2014 to provide background information for our inquiry.<sup>3</sup> We visited Bristol on 27 November 2014 to meet teachers, young people and local authority advisers.<sup>4</sup> We also participated in a Twitter chat on 9 October 2014, hosted by UKEdChat,<sup>5</sup> and asked the NUS to include some questions on sex and relationships

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1 Ofsted, [Not yet good enough: personal, social, health and economic education in schools](#) (May 2013)

2 HL Deb, 28 January 2014, [cols 1117–1153](#)

3 See annex A for details.

4 See annex B for details of the Committee’s visit to Bristol.

5 UKEdChat’s summary of the proceedings is available from <http://ukedchat.com/2014/10/06/session-223-sex-relationships-education>

education as part of a survey relating to the Joint Committee on Human Rights inquiry into violence against women and girls.<sup>6</sup>

4. During this inquiry we benefitted from the advice of Professor Michael Reiss, who was appointed as a Special Adviser to the Committee for his understanding of sex and relationships education, and from the advice of Marion Davis CBE as one of our standing Special Advisers on children's services.<sup>7</sup>

## What is PSHE?

5. The PSHE Association describes personal, social, health and economic education (PSHE) as “a planned programme of learning through which children and young people acquire the knowledge, understanding and skills they need to manage their lives”.<sup>8</sup> While there is currently no centrally prescribed curriculum for the subject, Ofsted explains that PSHE programmes typically cover “health and safety education, including substance misuse, sex and relationships education, careers education, economic education and financial capability”.<sup>9</sup>

6. PSHE thus has the potential to be a very wide-ranging subject. Many different topics were proposed in written evidence for inclusion in PSHE, including:

- Life-saving skills
- Cancer
- Lesbian, Gay, Bisexual and Transgender (LGBT) issues
- Gender identity
- Preparing students for parenthood
- “Legal highs”
- Mental health and emotional wellbeing
- Healthy behaviour during pregnancy
- Domestic abuse
- Child abuse

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6 Joint Committee on Human Rights, Sixth Report of Session 2014–15, *Violence Against Women and Girls*, HL 106 / HC 594

7 Professor Michael Reiss, Pro-Director: Research and Development and Professor of Science Education, Institute of Education, declared no interest relevant to the inquiry. Marion Davis CBE declared interests as an independent Chair of Solihull LSCB; as an independent adviser to the Safeguarding Board of Northern Ireland's Thematic Review of Child Sexual Exploitation; as a Trustee of a charity, Children and Families Across Borders; as an independent Chair of a Serious Case Review Panel into the death of a child, on behalf of the Sutton LSCB; and as a member of the Northamptonshire Improvement Board and mentor to the DCS.

8 PSHE Association, [‘What is PSHE education and why is it important?’](#), accessed 6 January 2015

9 Ofsted, [Not yet good enough: personal, social, health and economic education in schools](#) (May 2013), p 9

- Violence against women and girls
- Gambling issues
- Safety and risk

7. While the list of topics may appear long and diverse, Dr Graham Ritchie from the Office of the Children’s Commissioner cautioned against seeing PSHE merely as a “list of the things that we are worried about”.<sup>10</sup> Crispin Drummond from Explore—Students Exploring Marriage saw the “common point” as promoting “good, responsible behaviour in later life”,<sup>11</sup> and Michael O’Toole, the Chief Executive of the alcohol and drug prevention charity Mentor, told us that “the role of good PSHE within schools is to enable young people to be more self-aware, to be able to be resilient to peer pressure, to be able to make informed decisions and to be able to reflect on what they understand [...]”.<sup>12</sup>

8. Sex and relationships education (SRE) is a topic within the broader subject of PSHE, and was a particular focus for our inquiry. The Sex Education Forum defines SRE as “learning about the emotional, social and physical aspects of growing up, relationships, sex, human sexuality and sexual health” and says that SRE “should equip children and young people with the information, skills and positive values to have safe, fulfilling relationships, to enjoy their sexuality and to take responsibility for the sexual health and well-being”.<sup>13</sup>

9. While the biological elements of human reproduction and sexually transmitted infections are part of the National Curriculum for science at key stages 3 and 4,<sup>14</sup> Alison Hadley, Director of the Teenage Pregnancy Knowledge Exchange at the University of Bedfordshire, told us that PSHE and SRE were “completely intertwined”, and that the skills that young people need to look after their sexual health are the same as those needed to manage alcohol and drugs issues.<sup>15</sup> Simon Blake, Chief Executive of the sexual health charity Brook, said that SRE within PSHE was “a bit like trigonometry in maths—you just have to have them as part of each other” and that SRE was “one bit of content in a curriculum subject that teachers can think about coherently”.<sup>16</sup>

## Context

10. Witnesses told us that social media and near-universal internet access had changed the context for PSHE, and SRE in particular. For instance, Graham Ritchie, Principal Policy Adviser at the Office of the Children’s Commissioner, told us that the increasing ease of

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10 Q115

11 Q197

12 Q218

13 Sex Education Forum ([SRE 368](#)) para 1

14 Department for Education, [Science programmes of study: key stage 3](#) (September 2013)

15 Q1

16 Q2

access to pornography through the internet was shaping young people's behaviours and self-image:<sup>17</sup>

We know that it affects them. It affects young women and their body image—self-objectification. It affects young men and the expectations that they have of sexual partners. Therefore, it is incumbent on schools to address that issue and talk with young people about it as part of PSHE.

These changes provide additional motivation for a fresh examination of PSHE and SRE in schools.

## 2 Why teach PSHE and SRE in schools?

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11. In this chapter we explore the reasons why SRE and PSHE are taught in schools. Some witnesses did not believe that they should be taught at all. Others put forward arguments as to why such lessons are important.

### Outcomes-based arguments: does SRE ‘work’?

12. Evidence from the National Survey of Sexual Attitudes and Lifestyles (Natsal) indicates that the proportion of young people citing school lessons as their main source of information about sexual matters has increased from 27% in 1990-91 to 33% in 1999–2001, and to 39% in 2010-12. Despite this increase, just over half of men and just under half of women still report a non-authoritative source as their main provider (i.e. neither school, parent, nor health professional).<sup>18</sup>

13. Some witnesses described the importance of SRE in terms of having an impact on a range of outcomes for young people such as teenage pregnancies and sexually transmitted infections.<sup>19</sup> Crucial to this argument is finding evidence that SRE ‘works’ in some way.

### Sexual behaviour

14. We heard that there were a “vast variety of findings” in studies exploring a link between the provision of SRE in schools and changes in sexual behaviour.<sup>20</sup> Meta-analyses give an overview of the range of evidence available. A review in 2007 of 48 US-based SRE programmes found that two-thirds of the programmes had positive effects on behaviour, with 40% delaying first sex, reducing the number of sexual partners, or increasing condom or contraceptive use.<sup>21</sup> UNESCO’s 2009 technical guidance for education ministers and curriculum developers on sexuality education, which drew on 87 studies from a range of countries, surmised that “sexuality education can lead to later and more responsible sexual behaviour or may have no discernible impact on sexual behaviour”.<sup>22</sup> Evidence for a connection between school SRE and sexual behaviour is therefore weak.

15. The most recent data from Britain comes from Natsal and is more encouraging. Analysis by the Natsal team shows that men and women who said that lessons at school were their main source of information about sex were more likely to have started having sex at a later age than those for whom parents or other sources were their main source, even after taking account of age and educational level.<sup>23</sup>

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18 National Survey of Sexual Attitudes and Lifestyles (Natsal) team ([SRE 472](#)) para 2

19 E.g. Kingston Adolescent Health Team, Royal Borough of Kingston-Upon-Thames ([SRE 256](#))

20 Q5 [Professor Paton]

21 Lucy Emmerson and others ([SRE477](#)) para 5

22 UNESCO, [International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators](#) (December 2009)

23 National Survey of Sexual Attitudes and Lifestyles (Natsal) team ([SRE 472](#)) para 4

16. Despite the fears of early sexualisation expressed by some parents, there does not appear to be any significant evidence of a negative impact of school SRE on sexual behaviour. UNESCO’s analysis was clear that “sexuality education rarely, if ever, leads to early sexual initiation”.<sup>24</sup>

### **Teenage conceptions**

17. The under-18 conception rate in England in 2012 was “the lowest since 1969”, having fallen by over 40% since 1998 to 27.7 conceptions per thousand women aged 15–17.<sup>25</sup> While teenage *conception* statistics—as opposed to birth rates—are not widely available in other countries, it is clear that the UK as a whole still compares poorly with many of its European Union neighbours in terms of the number of live births to women aged 15-17, at 9.2 per 1,000 women in 2012, well above the EU average of 6.5.<sup>26</sup>

18. Witnesses drew quite different conclusions from this information, arguing variously that the comparatively high rate of teenage conceptions was proof that SRE doesn’t ‘work’,<sup>27</sup> or that this was proof that comprehensive SRE was needed.<sup>28</sup> Some cited the Netherlands as an example of a country with early sexuality education and a low teenage birth rate,<sup>29</sup> although the details of this were queried and a causal link was questioned by others.<sup>30</sup> Lucy Emmerson and other witnesses argued that changes in policy in Finland provided evidence of a causal link, as positive effects on health outcomes such as teenage pregnancies followed the introduction of compulsory sexuality education.<sup>31</sup>

19. Others argued that the connection between school SRE and teenage conceptions was weaker than other possible influences. Professor David Paton, professor of industrial economics at Nottingham University, told us that:<sup>32</sup>

There is considerable agreement in the peer-reviewed literature that teenage pregnancy rates are strongly correlated with underlying socio-economic factors such as poverty, educational achievement, religious practice and family stability. There is less agreement over the impact of policies aimed directly at reducing unwanted pregnancy and, in particular, the role of school-based sex education (SRE) and access to family planning services.

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24 UNESCO, [International Technical Guidance on Sexuality Education: An evidence-informed approach for schools, teachers and health educators](#) (December 2009)

25 ONS Statistical Bulletin, [Conceptions in England and Wales 2012](#) (25 February 2014)

26 Office for National Statistics, [“International Comparisons of Teenage Births”](#), 15 October 2014, accessed 20 January 2015

27 E.g. Richard Morriss ([SRE 128](#)) para 2

28 E.g. Faculty of Sexual and Reproductive Healthcare ([SRE 360](#)) para 2.6

29 E.g. National Union of Teachers ([SRE 334](#)) para 21

30 Professor David Paton ([SRE 88](#)) para 3.4

31 Lucy Emmerson et al ([SRE 477](#)) para 20

32 Professor David Paton ([SRE 88](#)) para 2.1

Professor Paton’s view was that “investing in socio-economic factors is likely to have a much greater effect on sexual outcomes than further improvement of sex education or sexual health services”,<sup>33</sup> and he suggested that “if you want to improve sexual health outcomes for young people, teach them maths; help them get their qualifications; keep them staying on at school.”<sup>34</sup>

20. Professor Paton summarised the evidence base for a link between SRE and teenage pregnancy as follows:<sup>35</sup>

[...] we have a diversity of different evidence, different outcomes—some programmes do show some adverse outcomes. Probably it is fair to say the best-designed studies—the really tight randomised control trials, and the policy studies that have tried to control for causality in looking at the causal effect of sex education—find the least effect. It is not that it necessarily makes things worse, but there are no particularly good effects in terms of outcomes, certainly in terms of teenage pregnancy.

21. Professor Roger Ingham, Director of the Centre for Sexual Health Research at the University of Southampton, disputed Professor Paton’s characterisation of the research base.<sup>36</sup> He told us that “the evidence [for a connection between SRE and improved outcomes] is pointing in the right way”, although he accepted that “it is hard to say one particular programme works”.<sup>37</sup>

22. Similarly, the Department of Health has stated that “while teenage conceptions may result from a number of causes or factors, the strongest empirical evidence for ways to prevent teenage conceptions is: high quality education about relationships and sex; and access to and correct use of effective contraception”.<sup>38</sup>

### ***Sexually transmitted infections (STIs)***

23. Data from Public Health England shows that in 2013 over 61,000 13-19 year olds were diagnosed with chlamydia (19.1 per 1,000) and over 4,000 were diagnosed with gonorrhoea (1.3 per 1,000).<sup>39</sup> The Faculty of Sexual and Reproductive Healthcare noted a 5% increase in STI diagnoses in England between 2011 and 2012.<sup>40</sup> In 2012 Lisa Power, Policy Director at the Terrence Higgins Trust, described London as “the STI capital of Europe”, but the European Centre for Disease Prevention and Control has noted that “international

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33 Q9

34 Q13

35 Q5

36 Q4-5

37 Q4

38 Department of Health, [A Framework for Sexual Health Improvement in England](#) (March 2013), citing Kirby D, *Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases*, National Campaign to Prevent Teen and Unplanned Pregnancy, 2007

39 Public Health England, “Sexually transmitted infections (STIs): annual data tables”, 14 October 2014, [Table 3: Selected STI diagnoses and rates by gender, sexual risk and age group, 2009 to 2013](#)

40 Faculty of Sexual and Reproductive Healthcare ([SRE 360](#)) para 2.5

comparisons are hampered by differences in surveillance systems because the quality and coverage of national surveillance are not consistent”.<sup>41</sup>

24. As with teenage conceptions, witnesses drew a variety of conclusions from the rates of sexually-transmitted infections (STIs) in young people, with SRE cited as both a cause of the problem and its solution. One witness argued that “SRE cannot be seen as a success when the numbers of young people engaging in early sexual activity (which they often later regret) continues to rise as does the number of STIs”.<sup>42</sup> Natsal provides evidence that men and women citing school as their main source of information about sex were less likely to report unsafe sex in the past year and less likely to have been diagnosed with an STI, although the same was true for those citing parents as their main source.<sup>43</sup>

### **Wider health outcomes**

25. Young people report a link between PSHE and the way they think about health issues: 74% of respondents to the Health Behaviour in School-Aged Children survey in 2014 felt that PSHE classes helped them to look after their own health and improved their skills and abilities to consider the importance of their own health.<sup>44</sup> Public Health England told us that “providing high quality PSHE including SRE continues to be the most efficient route to ‘universally, comprehensively and uniformly targeting adolescent populations’ with the potential to contribute to a range of health outcomes”.<sup>45</sup> They added that:

School-based interventions, including delivery within the curriculum, derive cost-benefits for society. Interventions to tackle emotional learning, for example, are cost saving in the first year through reductions in social service, NHS and criminal justice system costs and have recouped £50 for every £1 spent. Drug and alcohol interventions can help young people engage in education, employment and training bringing a total lifetime benefit of up to £159 million.

26. The 2012 NatCen survey of 7,589 pupils in 254 secondary schools in England found that:<sup>46</sup>

- Around three in five pupils recalled having attended lessons about smoking, alcohol and drugs, although almost all schools who provided information on their teaching reported that such lessons had been provided;
- Around seven in ten pupils thought that their schools gave them enough information about these topics;

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41 ECDC, *Sexually transmitted infections in Europe 1990-2010* (June 2012)

42 Anne Crick ([SRE 149](#)) para 3

43 National Survey of Sexual Attitudes and Lifestyles (Natsal) team ([SRE 472](#)) para 4

44 Public Health England ([SRE 475](#)) para 3

45 Public Health England ([SRE 475](#)) para 4.5

46 National Health and Social Care Information Centre, *Smoking, drinking and drug use among young people in England in 2012* (2013) p 11, p 37, p 97, p 154

- Pupils were less likely to be smokers if their school provided lessons about smoking to Year 11 pupils at least once in the school year, but the frequency of teaching alcohol and drugs was not significantly associated with whether or not pupils had drunk alcohol in the last week or had taken drugs in the last year.

The Institute of Health Promotion and Education told us that:<sup>47</sup>

[...] there is very little research into the effectiveness and success of educational interventions on children and young people's lives. Other than empirical research undertaken as part of major projects on smoking, alcohol and drugs, very little is known about the wider impact of PSHE education.

### ***Effects of PSHE on academic attainment and 'resilience'***

27. Many arguments based on the outcomes of PSHE and SRE focused on the avoidance of negative outcomes for young people, but we also heard evidence of PSHE promoting purely positive effects, including in terms of academic attainment. Public Health England told us that PSHE “adds to pupils’ knowledge and resilience, and will help them achieve at school”.<sup>48</sup> The DfE told us that “children with higher levels of emotional, behavioural, social and school well-being on average have higher levels of academic achievement”, and that PSHE “supports and extends other subjects in the school curriculum, developing children’s resilience, confidence and ability to learn”.<sup>49</sup> Ofsted’s 2013 report on PSHE noted that there was a close correlation between overall effectiveness grades awarded to schools and their grade for PSHE.<sup>50</sup>

### ***Promoting 'wellbeing'***

28. In 2013 Professor Dame Sally Davies, the Chief Medical Officer and Chief Scientific Advisor at the Department of Health, said that PSHE “forms a bridge between education and public health by building resilience and wellbeing”.<sup>51</sup>

29. A 2012 research report for the DfE described the elements of pupil wellbeing as:<sup>52</sup>

- emotional (including fears, anxiety and mood);
- behavioural (including attention problems e.g., finds it hard to sit still; activity problems e.g., forgets things, makes careless mistakes; troublesome behaviour, e.g., plays truant, lies, steals things; and awkward behaviour, e.g., blames others for mistakes, is easily annoyed);

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47 Institute of Health Promotion and Education (SRE 96) para 2

48 Public Health England ([SRE 454](#)) para 1.4

49 Department for Education ([SRE 364](#)) para 2

50 Ofsted, *Not yet good enough: personal, social, health and economic education in schools* (May 2013), p 6

51 Department of Health, *Annual Report of the Chief Medical Officer 2012: Our Children Deserve Better: Prevention Pays* (24 October 2013), p 7

52 Department for Education, *The impact of pupil behaviour and wellbeing on educational outcomes* (November 2012) Research Report DFE-RR253

- social (including victimisation i.e., being bullied and having positive friendships); and
- school (including enjoyment i.e., likes school and engagement i.e., stimulated by school).

The report concluded that children with higher levels of emotional, behavioural, social, and school wellbeing, on average, have higher levels of academic achievement and are more engaged in school. Coram Life Education told us that this was “powerful evidence [...] of the value of placing the effective teaching of PSHE and wellbeing education at the heart of a school’s business”.<sup>53</sup>

## Rights-based arguments

30. Article 17 of the UN Convention on the Rights of the Child states that “children and young people have a right to information that is important to their health and wellbeing”. Article 29 also refers to encouraging children to “respect others”, and Article 34 requires governments to protect children “from all forms of sexual exploitation and abuse”.<sup>54</sup> Dr Graham Ritchie argued that these rights were relevant to the discussion of providing PSHE,<sup>55</sup> and the Sex Education Forum describes good quality SRE as “an entitlement for all children and young people”.<sup>56</sup> Young Enterprise also saw the wider topics of PSHE such as “communication, teamwork, creativity, problem-solving and resilience” as “a right and not a privilege” and argued that “this education should come as standard”.<sup>57</sup>

## Safeguarding arguments

### *Child sexual exploitation and vulnerable young people*

31. Witnesses also argued that SRE was important as a child protection measure—highlighted by recent child abuse cases in Rotherham and Greater Manchester<sup>58</sup>—on the basis that children need to be able to recognise and report when they are being abused or groomed.<sup>59</sup> Alison Hadley reasoned that:<sup>60</sup>

If you have really good, comprehensive SRE, you talk about consent in a meaningful way with young people. You tell them about age gaps and predatory behaviours, so they start to recognise that. If you are not giving them any ammunition to understand these things, no wonder they are ending up in very dangerous situations.

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53 Coram Life Education ([SRE 55](#)) para 4

54 United Nations, [Convention on the rights of the child](#) (November 1989)

55 Q172

56 Sex Education Forum, [“It’s My Right media release”](#), June 2014, accessed 26 January 2015

57 Young Enterprise ([SRE 365](#)) para 10

58 The report by Ann Coffey MP into child sexual exploitation in Greater Manchester refers to the need for PSHE education in a safeguarding capacity. <http://anncoffeymp.com/wp-content/uploads/2014/10/Real-Voices-Final.pdf>

59 E.g. London Borough of Hackney ([SRE 361](#)) para 3.9

60 Q24

Janet Palmer, the National Lead for PSHE at Ofsted, drew an explicit link between a school's provision of SRE and its fulfilment of its child protection duties: "safeguarding is a statutory responsibility of all governors and teachers in schools, and I find it difficult to see how safeguarding can be high quality without high quality SRE".<sup>61</sup> The Minister agreed that "good-quality PSHE in a school will help combat child sexual exploitation. There is no question in my mind about that".<sup>62</sup>

32. Dr Graham Ritchie drew our attention to the fact that looked-after children are particularly vulnerable to sexual exploitation, and that their school may be their only reliable provider of SRE.<sup>63</sup> Dr Zoe Hilton, Head of Safeguarding and Child Protection at the National Crime Agency's Child Exploitation and Online Protection (CEOP) Command, suggested that LGBT children were a particular target for abuse, and that "[CEOP] also have resources for LGBT, because I think that is a specific vulnerability that offenders look for".<sup>64</sup> CEOP also produces resources for children with learning difficulties,<sup>65</sup> and Dr Hilton explained that "a lot of the time, kids in situations such as care homes have gone beyond the utility of universal programmes and universal products [...] They need access to more specialist resources".<sup>66</sup>

### **Cyberbullying and sexting**

33. PSHE can also be seen as a way of tackling bullying in schools, and in particular 'cyberbullying'. The Department for Education's advice on tackling bullying in schools noted that:<sup>67</sup>

The rapid development of, and widespread access to, technology has provided a new medium for 'virtual' bullying, which can occur in or outside school. Cyberbullying is a different form of bullying and can happen at all times of the day with a potentially bigger audience, and more accessories as people forward on content at a click.

34. Witnesses argued that parents may be less aware of the mechanisms of cyberbullying than more traditional forms of bullying, and unsure how to help their children. Lauriane Povey, author of *Veil of Anonymity*, told us that "it is impossible to educate every single parent about Facebook, Twitter and all the other social networks. School is the easiest way to do it", although "pupils are more educated about cyberbullying than their teachers".<sup>68</sup>

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61 Q52

62 Q497

63 Q179

64 Q379

65 Q379

66 Q382

67 Department for Education, [Preventing and tackling bullying: Advice for headteachers, staff and governing bodies](#) (October 2014) p 6

68 Q344

35. ‘Sexting’ was also raised as a problem relating to cyberbullying. Sexting has been defined as “the exchange of sexual messages or images” and the “creating, sharing of forwarding of sexually suggestive nude or nearly nude images” through mobile phones or the internet.<sup>69</sup> A report for the NSPCC explained that “sexting does not refer to a single activity but rather to a range of activities which may be motivated by sexual pleasure but are often coercive, linked to harassment, bullying and even violence. There is no easy line to be drawn between sexting and bullying”.<sup>70</sup>

36. Dr Hilton said that “we have reached the point with older teenagers where sexting is a normative behaviour” and that “we need to recognise when it is abusive, harmful, or linked to exploitation or the beginning point of an exploitative relationship”.<sup>71</sup> Similarly, Lauriane Povey said that “it has become normal for 14-year-old girls to have as their profile picture them stood in a bra, and the whole world can see that”.<sup>72</sup> A 2012 survey of 1,000 people in the UK aged 13-25 for the anti-bullying charity Ditch the Label found that 30% of 15 year olds had sent a naked photo of themselves at least once.<sup>73</sup>

37. The NSPCC told us that “SRE can encourage children and young people not to engage in potentially harmful behaviour such as sexting [...] and enable them to recognise what is abusive behaviour and how to get help”.<sup>74</sup>

### ***Consent and abusive behaviour between teenagers***

38. Sexual abuse between teenagers was identified as a third safeguarding angle, and we received evidence that young people’s understanding of issues relating to consent and healthy relationships was insufficient. Research for the Office of the Children’s Commissioner found that “young people generally understand what is meant by giving consent to sex, but have a very limited sense of what getting consent might involve. Young people are able to describe what consent means in theory, but real life contexts make a significant difference to their perceptions of what non-consensual sex looks like”.<sup>75</sup> Heather Robinson, a school nurse, told us about her experience of working with young women who had experienced rape, sexual abuse and sexual assault:

I see it first-hand; I get the A&E reports; I get the police reports. I work with these young people, and it can take a lot to convince a young woman that they were raped, because they just were not aware of consent issues and they

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69 Ringrose, J. et al, [A Qualitative Study of Children, Young People, and ‘Sexting’: A report prepared for the NSPCC](#) (2012) p 6

70 Ringrose, J. et al, [A Qualitative Study of Children, Young People, and ‘Sexting’: A report prepared for the NSPCC](#) (2012) p 7

71 Q363

72 Q365

73 Ditch the Label, [The wireless report 2014: How young people between the ages of 13–25 engage with smartphone technology and naked photos](#) (2014)

74 NSPCC ([SRE 316](#)) para 9

75 Office of the Children’s Commissioner ([SRE 442](#)) para 10

do not have the language to describe it when they are reporting it to the police.<sup>76</sup>

Similarly, Barnardo's said that victims of sexual exploitation "often find themselves vulnerable to abuse as they are unable to identify when they are in an abusive relationship".<sup>77</sup>

39. Evidence from Girlguiding suggested that it was not simply a case of correcting the behaviour of those who are abusive, since some elements appear to be accepted by young people:

Two-fifths of girls believe it is acceptable for a partner to make you tell them where you are all the time. A fifth say it is acceptable for a partner to shout at you and call you names (21%) or send photos or videos of you to friends without your permission (17%). One in five said it is okay for a partner to tell you what you can and cannot wear.<sup>78</sup>

40. Oxfordshire County Council told us that consent was a "complex area" and that consent and healthy relationships needed a greater emphasis in SRE.<sup>79</sup>

## What parents and young people want

41. Witnesses argued that SRE in schools is also justified by popular demand, and that surveys consistently show a high level of support for SRE in schools. In 2011, a Mumsnet survey found that 98% of parents were happy for their children to attend school SRE lessons,<sup>80</sup> and the National Association of Head Teachers reported in 2013 that 88% of parents of school-aged children wanted SRE to be compulsory.<sup>81</sup> A petition led by the Everyday Sexism Project and the End Violence Against Women Coalition calling for statutory PSHE to address issues such as sexual consent, healthy and respectful relationships, gender stereotypes and online pornography has received over 36,000 signatures.<sup>82</sup> The British Youth Council's Youth Select Committee work on *A Curriculum for Life*, published in 2013 found that "life skills education was something pupils wanted, because they recognised that it could help to enable independent living, and improve skills for the workplace".<sup>83</sup> Teachers and young people in Bristol told us that SRE was the one

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76 Q53

77 Barnardo's ([SRE 314](#)) para 2

78 Girlguiding UK ([SRE 447](#)) para 5.6

79 Oxfordshire County Council ([SRE 439](#))

80 Mumsnet, "[Mumsnet sex education survey](#)", 30 November 2011, accessed 19 January 2014

81 NAHT, "[Parents want schools to manage dangers of pornography, says NAHT survey](#)", 14 May 2013, accessed 19 January 2014

82 Change.org, "[Commit to making sex and relationships education compulsory, to include sexual consent, healthy and respectful relationships, gender stereotypes and online pornography](#)", accessed 26 January 2015

83 British Youth Council Youth Select Committee, [A Curriculum for Life](#) (2013) para 10

subject that young people consistently called for as part of their education. Girlguiding UK told us that young girls “want and need” PSHE and SRE to be provided in schools.<sup>84</sup>

42. Nevertheless, a small but vocal minority of parents argued strongly that PSHE, and SRE in particular, should be seen as the responsibility of parents rather than the state. They point out, correctly, that the legal duty for children’s education lies not with the state but with parents,<sup>85</sup> and that, although the overwhelming majority of parents delegate most education provision to a state or independent school, parental primacy should be recognised. Yusuf Patel, founder of SREIslamic (a grassroots Muslim organisation), reasoned that parents were the best providers of SRE “because they are emotionally invested in their children. They have spent the most unstructured time with their children, and they are with their child forever, from when they are born”.<sup>86</sup> Similarly, Sarah Carter, a Trustee of the Family Education Trust, argued that “schools should not be compensating for bad parenting”, and that it would be better for parents to be provided with resources to enable them to provide SRE themselves.<sup>87</sup>

### How should the effectiveness of PSHE and SRE be measured?

43. Some witnesses suggested that a practical measure of the effectiveness of PSHE and SRE was through outcomes such as teenage pregnancies or STI rates,<sup>88</sup> while others argued that this presented a superficial view of the purposes of SRE.<sup>89</sup> We asked witnesses whether some form of ‘destinations’ measure could be applied at a local or national level as a means of holding schools to account for the effectiveness of their provision, to complement existing destination measures of progression to employment or further and higher education. Professor Ingham warned that it would be hard to tie outcomes to individual schools without compromising confidentiality,<sup>90</sup> but Alison Hadley suggested that confidential discussions with schools prompted by local data had “woken the school up” to issues with teenage conceptions that might otherwise be hidden by abortions.<sup>91</sup> Joe Hayman, Chief Executive of the PSHE Association, was cautious about the use of outcome-based justifications for PSHE in general:<sup>92</sup>

With PSHE we have to be really careful not to overpromise. We are talking about massive social issues [...] We need to be aware that the school is just one component of a wide range of factors that will impact upon children’s behaviour, most noticeably the family and their community.

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84 Girlguiding ([SRE 447](#)) para 6.1

85 Education Act 1996, [section 7](#)

86 Q282

87 Q177

88 E.g. Peter Collard ([SRE 102](#)), Richard Morris ([SRE 128](#))

89 E.g. Catholic Education Service ([SRE 432](#)) para 14

90 Q43

91 Q44

92 Q116

44. Several witnesses suggested that levels of parental satisfaction was a key measure of success,<sup>93</sup> particularly in terms of the extent to which parents were consulted by schools on SRE,<sup>94</sup> or the number of children withdrawn from SRE lessons.<sup>95</sup> The levels of student satisfaction were also suggested as a relevant measure, or an assessment of the knowledge that young people gained as a result of PSHE.<sup>96</sup> Ofsted told us that<sup>97</sup>

The effectiveness of sex and relationships education is best measured through surveys and research. These should gather the views of young people on how appropriate and effective the sex and relationships education they received in school was in informing them and developing their understanding and skills.

45. Pupil wellbeing can also be considered as a proxy for the effectiveness of PSHE. The Education and Inspections Act 2006 places a duty on school governing bodies to promote the wellbeing of pupils at the school,<sup>98</sup> but does not specify how this is to be measured. A report by Gus O'Donnell suggested that schools would give greater attention to wellbeing if a standard metric were used,<sup>99</sup> and the UK Faculty of Public Health recommended the use of the Warwick-Edinburgh Mental Wellbeing Scale and the Stirling Children's Wellbeing Scale in monitoring "ability to cope, resilience, self-confidence, self-worth and other related factors".<sup>100</sup> New Philanthropy Capital also told us about its work on developing a wellbeing measure, and argued that "SRE is at the heart of protecting [young people's] emotional health [...] NPC hopes that rigorous ways to measure wellbeing can be used to develop the most effective SRE into the future".<sup>101</sup> While measuring wellbeing was not a key focus of our inquiry, we believe that this area is worthy of further investigation.

## Conclusions

**46. There are a number of ways of evaluating whether PSHE and SRE should be taught in schools; focusing primarily on its impact on teenage conceptions and STIs means insufficient emphasis is placed on safeguarding and young people's rights. It would also detract from the focus on the 'whole child' implicit in recent DfE work on "character, grit and resilience".**

**47. Measuring specific positive outcomes from the provision of PSHE is challenging but the context is the wide range of pressures and risks to health to which young people are exposed. They have a right to information that will keep them healthy and safe. Delivering this is particularly important for the most vulnerable children, including**

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93 E.g. Association of Teachers and Lecturers ([SRE 250](#)) para 33

94 E.g. Ann Farmer ([SRE 13](#))

95 Professor David Paton ([SRE 463](#)) para 4.7

96 London Borough of Lambeth ([SRE 428](#)) para 5

97 Ofsted ([SRE 443](#)) para 12

98 Education and Inspections Act 2006, [section 38](#)

99 Legatum Institute, [Wellbeing and policy](#) (2014) p 60

100 UK Faculty of Public Health ([SRE 362](#))

101 New Philanthropy Capital ([SRE 389](#)) para 19

looked after children, LGBT children and those with special educational needs. Schools need to provide this information, and to develop the resilience and character of young people.

48. While a minority of parents strongly object on principle, it is clear that a large majority of parents and young people feel that schools should provide SRE.

*49. Trends in teenage conceptions and STIs are driven by factors far outwith the provision of SRE in schools and provide little insight into the usefulness of such education. Instead the quality of PSHE and SRE should be measured through Ofsted inspections and through levels of student and parent satisfaction. This should be the focus for the Government.*

*50. We recommend that the Government explore how pupil wellbeing could be measured in schools.*

## 3 The provision and quality of PSHE and SRE in schools

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### How is PSHE and SRE provided in schools?

51. Ofsted explained in its 2013 report that schools were allowed to deliver PSHE in any way they chose:<sup>102</sup>

In primary schools this may be through discrete lessons, topic work, circle time, suspended timetable days, as part of literacy and numeracy or a mixture of these. Most secondary schools offer a mix of discrete lessons which may or may not be taught by specialist teachers; two or three thematic days; delivery through other subjects such as drama, physical education, food technology, science and religious education; assemblies; extra-curricular activities; visits and visitors.

52. A mapping study for the DfE in 2011 found that the predominant delivery model for PSHE at primary and secondary level was through discrete PSHE lessons.<sup>103</sup> While schools vary as to whether PSHE receives dedicated curriculum time, Joe Hayman warned against creating a false dichotomy between PSHE as a discrete subject and the ‘embedded’ approach across other subjects:<sup>104</sup>

English is a discrete subject, but it is reinforced in every other subject that is taught within the school [...] There are distinct issues that we are covering in PSHE, such as issues relating to children’s mental health, that do require a safe space where those issues can be examined on their own. But that is not to say that that cannot be reinforced in [other parts of] the curriculum [...]

53. Alison Hadley explained that in some areas:<sup>105</sup>

the pressure on the curriculum and sometimes the academisation of schools has condensed PSHE and SRE into one day, a “drop down day” as they call it, at the end of year 11. This is where everyone comes in from the local area, introduces local services to them and that is the SRE and PSHE that the children are getting in the school, which is clearly not sufficient, because you need a progression model to get good learning.

The Sex Education Forum told us that 15% of schools teach SRE exclusively through these drop-down days,<sup>106</sup> and Janet Palmer said that “the worst examples are where the students

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102 Ofsted, [Not yet good enough: personal, social, health and economic education in schools](#) (May 2013), para 53

103 Department for Education, [Personal, Social, Health and Economic \(PSHE\) Education: A mapping study of the prevalent models of delivery and their effectiveness](#) (2011) Research Report DFE-RR080

104 Q114

105 Q22

106 Sex Education Forum ([SRE 368](#)) para 2

get maybe a drop-down day sometimes in the last week of Year 6—usually in the summer term of Year 6, but quite often in the very last week. [...] That does not give the children any chance to internalise, to think about it and ask questions of their teachers”.<sup>107</sup> This was echoed in our Twitter chat with UKEdChat:



**Laura MacKenzie**  
@LHMMacKenzie



Follow

Timetabled lessons, drop down days alone can be tokenistic & ineffective, what if a student is absent that day? [#ukedchat](#)

54. School nurses are sometimes used to provide SRE, and the Royal College of Nursing has said that “young people express a preference for a nurse, rather than a teacher, when it comes to discussing the sensitive issues covered in Sex and Relationships Education and Personal, Social, Health and Economic education sessions”.<sup>108</sup> Many schools also make use of other external speakers to provide PSHE topics, including SRE, and the role of youth workers was highlighted by UK Youth<sup>109</sup> and the National Youth Agency as an important delivery mechanism.<sup>110</sup>

### The quality of provision: evidence from Ofsted

55. Ofsted reported in May 2013 that learning in PSHE required improvement or was inadequate in 40% of schools surveyed, and that sex and relationships education required improvement in over a third of schools.<sup>111</sup> This compares poorly to Ofsted survey reports in some other subjects; in March 2012 Ofsted found that around 70% of schools surveyed were rated as Good or Outstanding in English,<sup>112</sup> and in November 2013 that 69% of science lessons achieved one of the top two inspection grades.<sup>113</sup> PSHE fares slightly better than mathematics though, with only 57% of primary schools and 52% of secondary schools rated as good or outstanding in maths according to the most recent survey of the subject, published in May 2012. The trend in the quality of PSHE is also cause for concern. Ofsted found in 2010 that PSHE was good or outstanding in three-quarters of schools surveyed, and so the situation appears to have worsened over time.<sup>114</sup>

107 Q59

108 Royal College of Nursing, [The RCN's UK position on school nursing](#) (February 2012) p 3

109 UK Youth ([SRE 388](#)) para 2.3

110 National Youth Agency ([SRE 342](#)) para 9

111 Ofsted, [Not yet good enough: personal, social, health and economic education in schools](#) (May 2013) p 6

112 Ofsted, [Moving English Forward: Actions to raise standards in English](#) (March 2012) p 4

113 Ofsted, [Maintaining Curiosity: A survey into science education in schools](#) (November 2013) p 5

114 Ofsted, [Personal, social, health and economic education in schools](#) (July 2010) p 4

56. Specific findings in 2013 included that:

- Most pupils had learned about the dangers of drugs and alcohol but were “less aware of the physical and social damage associated with alcohol misuse”.<sup>115</sup>
- The development of pupils’ economic wellbeing and financial capability was good or better in half of primary schools and two thirds of secondary schools.<sup>116</sup>

57. Ofsted’s 2014 thematic report on child sexual exploitation noted that:

Some local authorities are beginning to use PHSE more effectively to deliver key messages about child sexual exploitation and safe relationships and to give young people the chance to explore the issues. However, what young people told inspectors would suggest that the content of PSHE varies. One young person said, ‘In my school we learn a little bit about it, but not much. It’s mostly “don’t talk to strangers”’.<sup>117</sup>

58. The Minister told us that the DfE had been “struck” by Ofsted’s 2013 report on PSHE,<sup>118</sup> and that the figure of 40% of teaching in the subject requiring improvement or being inadequate was “unacceptably high”.<sup>119</sup>

## Student perceptions of quality

59. Children and young people themselves are also concerned about the quality of PSHE and SRE. A survey by the UK Youth Parliament in 2006-07 of over 21,000 young people found that 40% thought that the SRE they had received at school was poor or very poor, and 43% had not received any information about personal relationships.<sup>120</sup> This was reinforced by a 2008 Sex Education Forum survey which found that 34% of 16–25 year olds said the SRE they had received was “bad or very bad”.<sup>121</sup>

60. Girlguiding told us that their 2013 survey had found that:<sup>122</sup>

55% of girls and young women feel that sex education at school does not focus enough on relationships, with 64% of 16- to 21-year-olds feeling this. In the same age group, more than a third disagree that sex education at school has prepared them well (38%), while a third agree (34%). Younger girls, aged 11 to 16, are more positive, but fewer than half agree that sex education at school has prepared them well (46%), and a quarter disagree (24%).

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115 Ofsted, [Not yet good enough: personal, social, health and economic education in schools](#) (May 2013) p 7

116 Ofsted, [Not yet good enough: personal, social, health and economic education in schools](#) (May 2013) p 5

117 Ofsted, [The sexual exploitation of children: it couldn’t happen here, could it?](#) (November 2014) para 73

118 Q389

119 Q397

120 UK Youth Parliament, [SRE: Are you getting it?](#) (June 2007)

121 Sex Education Forum, [Key findings: young people’s survey on sex and relationships education](#) (2008)

122 Girlguiding UK ([SRE 447](#)) para 4.4

Similarly, the 2014 Health Behaviour in School-Aged Children survey found that only 47% of 11, 13 and 15 year olds in England felt that sex and relationships issues were very well covered by PSHE lessons, and only 42% thought that PSHE lessons were as challenging as other lessons at school.<sup>123</sup>

61. In September 2014 the NUS surveyed students on their views of sex and relationships education to provide information for our inquiry and for the Joint Committee on Human Rights inquiry into violence against women and girls. The survey received 1,120 responses from students in further and higher education. Over 90% of students under 21 years old had received SRE. Among those who did not receive SRE at school, 89% said this was because their school did not offer it. LGBT respondents complained about the lack of information for non-heterosexual people. Some 88% of respondents thought that consent should be taught as part of SRE in secondary schools, with only 34% reporting that their school SRE had covered consent comprehensively.<sup>124</sup>

### Poor practice in SRE

62. We heard evidence of a range of poor practice in SRE, particularly in relation to information being provided too late. Brook and FPA provided the following anecdote from a young person:<sup>125</sup>

My school didn't offer SRE classes until Year 11, when I was 15 going on 16, by which time I was pregnant so it was too late. I wasn't allowed to take part in lessons as the teacher said it wouldn't be relevant for me.

Lucy Emmerson told us that a similar problem existed in primary schools:<sup>126</sup>

It says in the SRE guidance 2000, "Children should learn about puberty before it happens to them." Well, it happens well before Year 6 for many children, and yet schools across the country are still waiting for Year 6 and asking the school nurse to provide one session on puberty for children who are well into puberty already.

63. Simon Blake told us that young people were lacking in crucial knowledge about how to protect themselves from STIs as a result of not having been provided with information:<sup>127</sup>

When we see people coming into Brook, we see 15-year-olds who do not have the basic information that you would expect them to have. They have a whole load of myths and misunderstandings, which have come primarily from the playground and, increasingly, from the Internet [...] I will happily

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123 Public Health England ([SRE 475](#)) para 3

124 For further information see Joint Committee on Human Rights, Sixth Report of Session 2014–15, *Violence Against Women and Girls*, HL 106 / HC 594

125 Brook and FPA ([SRE 399](#)) para 4.3

126 Q66

127 Q28

take anybody into a Brook service and talk to some young people in a waiting room about how much misinformation they have and how few adults have intervened with accurate, honest information.

64. Janet Palmer told us about one primary school's rationale for not providing SRE: "they said it was because their chair of governors was an elderly priest and they could not possibly discuss it with him".<sup>128</sup> She said that this was putting "the sensibilities of powerful adults ahead of the welfare and wellbeing of children".<sup>129</sup>

65. Janet Palmer told us that it was "difficult to say" how common poor practices such as this were, since Ofsted's work on PSHE was based on a sample of schools rather than universal inspection,<sup>130</sup> but the surveys of young people's views of SRE give us cause for concern.

### **Parental concerns about "inappropriate" materials**

66. A large number of parents wrote to us to express their concerns about "inappropriate" teaching materials being used in SRE. The Christian Institute claimed that "many [SRE] resources produced for primary schools often contain graphic material that is highly unsuitable for classroom use",<sup>131</sup> and, in a 2011 report, characterised some materials as *Too Much, Too Young*.<sup>132</sup> The Association of Catholic Women said that "some material is so explicit that if it were shown by an adult to a child in a non-school setting, it would be regarded by many as child abuse".<sup>133</sup> Similarly, the Society for the Protection of Unborn Children objected to "graphic depictions of sexual activity".<sup>134</sup>

67. Janet Palmer, National Lead for PSHE at Ofsted, told us that Ofsted had not encountered schools using inappropriate materials, and that "what we did find usually were materials that were too little too late—materials that were being used where children were asking these questions probably two or three years before and they were not being answered [...] we did not come across anything that we would say was too explicit for children who were too young".<sup>135</sup>

68. Yusuf Patel argued that "the idea of what is inappropriate or not largely hinges on what parents believe is developmentally and culturally sensitive to their children",<sup>136</sup> and Philip Robinson noted that "what is age-appropriate is actually child-specific, not just age-

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128 Q59

129 Q59

130 Q71

131 Christian Institute ([SRE 403](#)) para 10

132 Christian Institute, [Too Much Too Young: Exposing primary school sex education materials](#) (October 2011)

133 Association of Catholic Women ([SRE 429](#)) para 4

134 Society for the Protection of Unborn Children, [Briefing notes on responding to the Education Select Committee inquiry into PSHE and sex education](#) (13 May 2014)

135 Q70

136 Q301

specific, because children develop at different rates”.<sup>137</sup> Sarah Carter suggested that developmental differences applied even to older children:<sup>138</sup>

Even if you teach SRE to a classroom of year 11 students, which I have done, half of the classroom are mortified and the other half you are too late for. When it comes to self-esteem, exploitation or drug awareness, every child is going to be on a completely different level.

Kate Persaud, Head of Citizenship at Fairlands Middle School in Somerset, linked the possible use of inappropriate materials to a lack of training:<sup>139</sup>

[...] some schools, because they do not have a trained expert, are buying things off the peg. They do not necessarily know what they are buying or how age-appropriate it is. There are so many resources out there, and some schools may be buying something that is not aimed in the right way [...] If you are not a professional who is trained in PSHE, and you were just given a video to play, and it was not going with the right message, there might be concerns.

## Best practice in SRE

69. Good examples of SRE exist. Ofsted identified The John Henry Newman Catholic School, a secondary comprehensive school in Stevenage, as an example of best practice in SRE in a Catholic context.<sup>140</sup> Ofsted’s case study states that:

The school works with parents and carers from the start of transition from primary to secondary school to build valued relationships of trust and respect. It is by establishing such relationships that SRE can be taught openly and effectively [...] SRE is valued by the governing body [...] PSHE education is a whole-school development priority and the staff responsible for planning and delivering SRE are able to have confident and open discourse and discussion with the governors to address pertinent and relevant issues within the subject. This commitment by governors signals the importance of good provision for SRE to the whole school community.

Ofsted reported that 20% of schools provided outstanding PSHE.<sup>141</sup> It is clear, therefore, that some schools do provide good quality PSHE and SRE within the current system, and as Janet Palmer said, “If these schools can get it right, then there are no excuses, as far as I am concerned”.<sup>142</sup>

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137 Q304

138 Q127

139 Q300

140 Ofsted, [Outstanding sex and relationships education in a Catholic context: The John Henry Newman Catholic School](#) (November 2012)

141 Ofsted, [Not yet good enough: personal, social, health and economic education in schools](#) (2013) para 62

142 Q66

## Conclusions

70. Ofsted's 2013 report showed that there was a problem with the effectiveness of PSHE and SRE in schools, and suggested that this was worsening over time. This matches the view of young people themselves.

71. *We recommend that the Government take steps to incentivise schools to raise the quality of PSHE and SRE in schools.*

## 4 Recent Government actions and the supplementary advice

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### Recent history

72. In 2009, Sir Alisdair Macdonald's *Independent Review of the proposal to make Personal, Social, Health and Economic education statutory* recommended that PSHE should become part of the National Curriculum in both primary and secondary phases, albeit with the parental right of withdrawal from SRE maintained.<sup>143</sup> In the event, the proposal was lost at the end of the Parliament and no change was made to the status of the subject.<sup>144</sup> In July 2011, the Department for Education launched a review of PSHE but explicitly ruled out making PSHE as a whole a statutory subject within the National Curriculum.<sup>145</sup> The results of this exercise were published 20 months later in March 2013, with a statement from Elizabeth Truss MP, then Parliamentary Under-Secretary of State for Education, that "PSHE overall will remain a non-statutory subject. To allow teachers the flexibility to deliver high quality PSHE we consider it unnecessary to provide new standardised frameworks or programmes of study. Teachers are best placed to understand the needs of their pupils and do not need additional central prescription".<sup>146</sup>

### Actions taken in 2013–14

73. Prompted by a debate in the House of Lords in January 2014 on amendments to the Children and Families Bill which proposed that SRE should be compulsory in all schools, Lord Nash, Parliamentary Under-Secretary of State for Schools, wrote to the proposers of the amendments to set out the steps that the Government was taking to ensure that schools could meet its "expectations of high quality PSHE teaching". These were as follows:<sup>147</sup>

- Reaffirming the importance of PSHE in the introduction to the new National Curriculum;
- Sending an email to all schools with a "very prominent reminder" that "all schools must publish their school curriculum by subject and academic year, including their provision of personal, social, health and economic education";
- Establishing a new subject expert group for PSHE, mirroring the approach taken with National Curriculum subjects;

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143 Department for Children, Schools and Families, [Independent Review of the proposal to make Personal, Social, Health and Economic education statutory](#) (April 2009)

144 [Wash up 2010](#), Research Paper 11/18, House of Commons Library, 11 February 2011

145 [Letter from Nick Gibb MP to the Education Committee](#), 21 July 2011

146 HC Deb, 21 March 2013, [col 52WS](#)

147 [Letter from Lord Nash to Baroness Hughes and Baroness Jones](#), 24 January 2014

- Continuing the use of DfE digital channels to steer teachers towards high quality PSHE resources;
- Extending funding for the PSHE Association for a further financial year, to support the development of a set of case studies to illustrate excellent PSHE teaching; and
- Preparing revised statutory guidance on Safeguarding Children in Education, clarifying schools' statutory responsibilities concerning opportunities in the school curriculum, for example PSHE, to teach children about safeguarding and personal safety, including online.

These are considered in turn below.

### ***Statements in the National Curriculum***

74. The text that Lord Nash refers to in the introduction to the new National Curriculum is as follows:

All schools should make provision for personal, social, health and economic education (PSHE), drawing on good practice. Schools are also free to include other subjects or topics of their choice in planning and designing their own programme of education.<sup>148</sup>

In PSHE guidance published alongside the new National Curriculum in September 2013 PSHE is described as “an important and necessary part of all pupils’ education”, and the Government states that “we expect schools to use their PSHE education programme to equip pupils with a sound understanding of risk and with the knowledge and skills necessary to make safe and informed decisions”.<sup>149</sup>

### ***Communications to schools and the requirement to publish curricula online***

75. We asked the DfE to provide a copy of the email to all schools to which Lord Nash had referred. Although Lord Nash described this as containing “a very prominent reminder”, the email itself did not refer to PSHE specifically, but provided a link to a timeline of various policy changes being introduced in schools. The requirement for a school to publish its curriculum online, including their PSHE provision, appeared as part of this timeline among many other changes to qualifications and the curriculum.

### ***PSHE Expert Group***

76. The PSHE Expert Group was set up in February 2014, with a budget of £2,000 to cover meeting expenses.<sup>150</sup> The group was asked to “clarify the key areas on which [PSHE

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148 Department for Education, [The national curriculum in England: Framework document: for teaching 1 September 2014 to 31 August 2015](#) (September 2013), para 2.5

149 Department for Education, [“Guidance: Personal, social, health and economic education \(PSHE\)”](#), 11 September 2013, accessed 13 January 2015

150 Department for Education ([SRE 480](#))

education] teachers need further support and identify the topics that can present the greatest challenge when discussing with pupils, engaging their interest and enabling their understanding”, and subsequently liaise with providers to “commission or develop and produce new resources where necessary”.<sup>151</sup> The Group’s report was published in November 2014, with its “strongest recommendation” being that PSHE education should be a statutory entitlement for all school pupils, “as a means of ensuring that the subject is always delivered by trained and supported teachers, with adequate curriculum time”.<sup>152</sup> The report set out a further 50 recommendations for a range of audiences including regional schools commissioners, governors, headteachers, directors of children’s services and providers of CPD and initial teacher education.<sup>153</sup> The report stated that “moving forward, the [Expert] group will continue to meet independently of the DfE, under the auspices of the Expert Subject Advisory Group network”, and that.<sup>154</sup>

[The Expert group] will be available to work with groups to whom we have made recommendations to support them in putting these into action; we will produce responses to government and other national policymakers’ consultations and policies, and we will have a forward agenda of matters we believe it will be critical to discuss and develop ideas on.

### ***Funding for the PSHE Association***

77. The DfE grant for the PSHE Association in 2014–15 was £75,000, having fallen from £350,000 in 2012–13 as part of the PSHE Association’s move towards being self-sustaining as a membership organisation.<sup>155</sup> The DfE told us that funding was provided to enable the Association to “develop, publish and promote a set of case studies on effective PSHE teaching; to roll out further their Chartered Teacher Framework; and to provide briefings for teachers on key thematic issues”.<sup>156</sup> The case studies are currently in preparation. The PSHE Association is not pressing for more funding; Joe Hayman, Chief Executive of the PSHE Association, argued that the decrease meant that the Association now had a more sustainable business model, and that discussions about the level of DfE funding could prove to be a distraction from more fundamental problems facing the subject.<sup>157</sup>

### ***Revised statutory guidance on safeguarding***

78. The revised statutory guidance on safeguarding was published in April 2014, and contains one reference to PSHE and SRE:<sup>158</sup>

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151 Personal, Social, Health and Economic Education Expert Group, [Report and Recommendations](#) (November 2014) p 1

152 Personal, Social, Health and Economic Education Expert Group, [Report and Recommendations](#) (November 2014) p 4

153 Personal, Social, Health and Economic Education Expert Group, [Report and Recommendations](#) (November 2014) p 4

154 Personal, Social, Health and Economic Education Expert Group, [Report and Recommendations](#) (November 2014) p 9

155 Department for Education ([SRE 480](#))

156 Department for Education ([SRE 480](#))

157 Joe Hayman ([SRE 479](#)) para 6

158 Department for Education, [Keeping children safe in education: statutory guidance for schools and colleges](#) (April 2014) para 36

Governing bodies and proprietors should consider how children may be taught about safeguarding, including online, through teaching and learning opportunities, as part of providing a broad and balanced curriculum. This may include covering relevant issues through personal, social, health and economic education (PSHE) and/or—for maintained schools and colleges—through sex and relationship education (SRE).

### **'Character', 'resilience' and 'grit'**

79. Although not explicitly couched in terms of improving PSHE, during our inquiry the DfE announced a £5m fund to support eight projects that develop pupils' character, self-confidence, respect and leadership by promoting a "military ethos", and a £425,000 "Character Awards" prize fund for 28 schools who promote innovative character education.<sup>159</sup> Subsequently the DfE announced it was providing £1m for research into resilience and a £3.5m fund for projects for schools to develop character education projects "to make England a 'global leader' in teaching character, resilience and grit".<sup>160</sup> The total funding for all these projects together stands at almost £10m.

### **2014 Supplementary advice from the voluntary sector**

80. The most recent Government advice on teaching SRE was published in 2000,<sup>161</sup> and many witnesses commented on how the world has changed since then, including the advent of social media and the passage of legislation relating to same-sex marriages.<sup>162</sup> Nick Gibb MP, the Minister for School Reform, conceded that parts of the 2000 guidance needed to be updated, "such as references to Acts", and that it "needs more on online issues, which have developed considerably since 2000", but he considered that the guidance was "still very pertinent today"<sup>163</sup>.

81. In response to the Government's unwillingness to update its official guidance, the PSHE Association, Brook and the Sex Education Forum in 2014 published *Sex and Relationships Education for the 21<sup>st</sup> Century* as "supplementary advice" to the Government's 2000 guidance.<sup>164</sup> This was welcomed by Lord Nash in his letter to supporters of the PSHE amendments.

### **Reception and awareness levels**

82. Nick Gibb described the 2014 advice produced by the voluntary sector as "very high quality", and told us that "if schools adopt it and implement it, it will result in very good

159 ["Measures to help schools instil character in pupils announced"](#), Department for Education press release, 8 December 2014

160 ["England to become a global leader of teaching character"](#), Department for Education press release, 16 December 2014

161 Department for Education and Employment, [Sex and relationship education guidance](#) (July 2000) DfEE 0116/2000

162 E.g. NSPCC ([SRE 316](#)) para 27, British Humanist Association ([SRE 333](#)) para 23

163 Q415

164 Brook, PSHE Association and Sex Education Forum, [Sex and Relationships Education \(SRE\) for the 21<sup>st</sup> Century](#) (2014)

SRE in schools”.<sup>165</sup> Similarly, Janet Palmer described the document as “excellent”,<sup>166</sup> and the Catholic Education Service saw it as “very helpful”.<sup>167</sup> A small number of groups objected to the new advice, on the basis that the role of parents had been “played down” in it; the Family Education Trust argued that it “represents the perspective of organisations advocating a highly controversial approach to sex education”,<sup>168</sup> and recommended that the Government distance itself from the document.<sup>169</sup>

83. Despite the DfE’s email to all schools, a survey of NUT members in 2014 found that only 20.9% of respondents were aware of the new supplementary advice.<sup>170</sup> Janet Palmer was “surprised” that the figure was even this high, and said that “if you do not know where it is, you do not know it is there, and I have spoken to schools that have no idea about it and have never heard of it”.<sup>171</sup> We heard similar accounts during the UKEdChat Twitter session:



#ukedchat not convinced some of our schools aware of supp guidance and/or carry on with what always do. Schools like 'official guidance'



@baxzo even if it is 14 years old...! That decision not to officially update was really not helpful! #ukedchat

### **Government endorsement and promotion**

84. While the DfE’s timeline described above included a link to the new advice, Brook argued that the advice has not been formally endorsed by the Government, and that this demonstrates “the lack of commitment the current Government has to intensify efforts to improve SRE”.<sup>172</sup> The National PSHE CPD Programme told us that although the

165 Q415

166 Q82

167 Catholic Education Service ([SRE 432](#)) para 13

168 Family Education Trust, “[New sex education advice not fit for purpose says national family charity](#)”, 28 February 2014, accessed 26 January 2015

169 Family Education Trust ([SRE 465](#))

170 National Union of Teachers ([SRE 334](#)) para 26

171 Q82

172 FPA and Brook ([SRE 399](#)) para 4.3

supplementary advice was “a much needed document”, “it does not have the status a DfE logo would provide”.<sup>173</sup>

### ***Is advice sufficient?***

85. Several witnesses cautioned that advice alone was not sufficient, even if it were better promoted or formally endorsed. Alison Hadley described the document as “an interim help for schools”, but felt that it was “not the solution to the challenges we face”.<sup>174</sup> Simon Blake, who was involved in producing the advice, told us that the supplementary advice “cannot be sufficient, since it will not reach enough people and it will not reach the governors and those who are not looking for advice”.<sup>175</sup> He argued that while the Government’s 2000 guidance “feels like it is from a different age”, it was more important to seek “system change” than further guidance at this stage.<sup>176</sup> He added that:<sup>177</sup>

[...] ultimately, it is only things that affect the training of teachers and improvement of schools’ ability to work out what they do, when they do it, and where they do it, with children and young people at the heart of it—along with some form of inspection—that will make the sort of difference we need to make in the context that we are working in.

Ofsted told us that “without high-quality training in how to use the guidance, teachers may not have the skills or confidence to apply it effectively”.<sup>178</sup>

### **The Government’s broader strategy for improving PSHE**

86. Nick Gibb told us that the DfE saw PSHE as “a huge priority”<sup>179</sup> and that it was “an absolutely fundamental part of the school curriculum”.<sup>180</sup> He told us that statutory status for PSHE was “an option” that was kept “under review”, but that there were other ways of ensuring that PSHE improved, including the use of destination measures for schools, Ofsted inspection, parental choice of schools, and the requirement for schools to publish details of their curriculum online.<sup>181</sup> We have examined these elements of the Government’s strategy.

87. Schools have been required since September 2012 to publish their curriculum online.<sup>182</sup> The Minister described the importance of this in terms of helping to steer parental choice of schools:<sup>183</sup>

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173 National PSHE CPD Programme ([SRE 287](#)) para 1

174 Q23

175 Q25

176 Q25

177 Q20

178 Ofsted ([SRE 443](#)) para 11

179 Q389

180 Q389

181 Q452

182 Q409

Parents will be looking at websites. That is the ultimate aim. They can look at the websites and see whether a school takes PSHE seriously. They might think, “There is nothing here about making sure my child understands the importance of relationships and the risks involved in engaging with the internet inappropriately and unsafely”, and they will not send their child to that school. You will argue that they are probably just looking at the maths and the history, but I think parents regard this side of education as very important as well.

Whether or not parents are currently using the information available, it is clear that not all schools fulfil the requirement to publish their curriculum online: the Minister admitted that the requirement was currently “more honoured in the breach than the observance”.<sup>184</sup> He explained that he had written to all local authorities and “the main academy chains” to ensure that their schools comply.<sup>185</sup> It became clear after our evidence session that his letters refer only to the general requirement for schools to publish their curricula online, and do not mention PSHE specifically.<sup>186</sup>

88. The Minister also told us that destination measures were “a very good reflection of the overall quality of both the academic and the wider school curriculum, including PSHE”,<sup>187</sup> but he conceded that the data did not directly capture outcomes such as teenage pregnancies or drug problems.<sup>188</sup> Destination measures currently provide information on the numbers of young people progressing to further and higher education, and employment including apprenticeships. Although good PSHE is correlated with good academic outcomes, we believe that destination data is unlikely to provide a sufficiently direct or timely incentive for schools to improve PSHE.

## Conclusions

**89. The Government’s current strategy for improving PSHE and SRE in schools is weak, and the recent actions taken by the Government are insufficient to make much difference. Destination measures, parental choice and schools publishing their curricula online will not in themselves lead to the required improvement in PSHE. There is a mismatch between the priority that the Government claims it gives to PSHE and the steps it has taken to improve the quality of PSHE teaching.**

**90. *We recommend that the Government formally endorse and issue the 2014 advice produced by the voluntary sector, and promote this advice more actively to schools and governors.***

183 Q472

184 Q409

185 Q409

186 Department for Education ([SRE 480](#))

187 Q419

188 Q476–478

***91. We recommend that the Government monitor schools' compliance with the requirement to publish information about their PSHE and SRE curriculum on their websites.***

## 5 Improving PSHE and SRE

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### The supply of trained teachers

92. A research report published by the DfE in 2011 noted that:<sup>189</sup>

The practice of a subject being taught by teachers of whom upwards of 90% do not have a specialist qualification would rarely or never be applied to other subject specialisms, yet is commonplace, according to the survey data, for PSHE education. This may well contribute to perceptions (and sometimes reality) of lower curriculum status.

A lack of suitably trained teachers was also referred to during the UKEdChat Twitter chat:



**Colum McGuire**  
@ColumMcGuire



Follow

Teachers aren't equipped to teach adequate #SRE - they need the right training & support to provide safe & good quality lessons #UKEdChat

93. Lucy Emmerson told us that improving the supply of appropriately trained teachers was important because PSHE was “a subject that requires a particular pedagogy, particular skills along with the knowledge, because it is different from some of the other subjects in the curriculum”.<sup>190</sup> Ofsted’s 2013 report noted that a lack of teacher expertise resulted in some ‘difficult’ topics such as sexuality and domestic violence being omitted from the curriculum.<sup>191</sup>

### Initial teacher training (ITT)

94. Ofsted told us that the non-statutory nature of PSHE “may be a contributing factor” to its low quality, as this means that “the subject fails to attract initial teacher training funding”.<sup>192</sup> The Association of Teachers and Lecturers recommended that there should be an option to train in PSHE as a full subject in ITT.<sup>193</sup> Joe Hayman lamented that “as a non-statutory, non-examined subject, it is perhaps unsurprising that there is lower demand for PSHE-trained teachers than there is for teachers of statutory, examined subjects”.<sup>194</sup>

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<sup>189</sup> Department for Education, *Personal, Social, Health and Economic (PSHE) Education: A mapping study of the prevalent models of delivery and their effectiveness* (2011) Research Report DFE-RR080, para 3.4

<sup>190</sup> Q57

<sup>191</sup> Ofsted (SRE 443) para 11

<sup>192</sup> Ofsted (SRE 443)

<sup>193</sup> Association of Teachers and Lecturers (SRE 250) para 34

<sup>194</sup> Joe Hayman (SRE 479) para 6

95. The Minister explained that “the way in which ITT and recruitment in colleges works is as a demand-led system, determined by what schools say they need in terms of new teachers”.<sup>195</sup> It is clear that any steps to affect the inclusion of PSHE in ITT will need to take account of this.

### **Continuous Professional Development**

96. Improving the supply of trained teachers through the uptake of CPD has been attempted in the past. From 2004 to 2010 the Department for Children, Schools and Families and the Department of Health funded a certificated national programme of PSHE Continuing Professional Development (CPD) for primary and secondary teachers and for school nurses.<sup>196</sup> The course was free to participants, and was subsequently expanded to include teaching assistants, youth workers, fire safety officers and police community liaison officers. The Government’s intention in 2004 was for there to be a certificated PSHE teacher in every secondary school by 2006. Funding was withdrawn in 2010; but the programme still exists and is provided by Babcock 4S in partnership with the University of Roehampton, at a cost of £700 to participants for a three-day course.<sup>197</sup> Table 1 shows how the move to a market-based model—and the decision not to make PSHE statutory—has affected the number of participants on the course.

**Table 1: Participation figures for the National PSHE CPD Programme**

Year	Registrations	Completions
2007–08	1,723	1,356
2008–09	1,471	978
2009–10	1,937	1,331
2010–11	334	282
2011–12	202	170
2012–13	175	145
2013–14	175	141

Source: National PSHE CPD Programme ([SRE 462](#)) para 2.2

97. A survey for the DfE in 2011 found that 28% of primary schools and 45% of secondaries had one or more members of staff holding the national PSHE qualification, and that 38% of primaries and 32% of secondaries had members of staff who had

195 Q391

196 National PSHE CPD Programme ([SRE 462](#)) para 1

197 National PSHE CPD Programme ([SRE 287](#)) para 2.2

undertaken non-accredited PSHE CPD.<sup>198</sup> No more recent figures are available, but it seems unlikely that the situation will have improved substantially given the participation figures above.

## The supply of school nurses and other professionals working with schools

98. There were 1,209 full time equivalent qualified school nurses in September 2014,<sup>199</sup> and the DfE told us that this number has been stable over the past five years.<sup>200</sup> This is against a rise in the number of pupils in state schools in England from 6.93m in 2009 to 7.14m in 2014, and a projected increase to 8.02m by 2023.<sup>201</sup> Heather Robinson, a school nurse based in East London, told us that in her area there were 22 school nurses serving around 42,000 children. She estimated that a 20% uplift was needed in operational staff to cover the current school population.<sup>202</sup> The Royal College of Nursing (RCN) has said the school nursing workforce is “overstretched”, and that “an increase in safeguarding and child protection work [is] preventing nurses being able to undertake health promoting activities”.<sup>203</sup> The RCN reported in 2009 that on average a school nurse was responsible for 2,590 pupils.<sup>204</sup> Heather Robinson also argued that “people who may have considered becoming a school nurse find that there are no school nurse places in their trust or at the university, because they are being prioritised for the health visitors [...] the opportunity is not there”.<sup>205</sup>

99. A decline in the number of local authority advisers specialising in PSHE and SRE was also noted in written evidence.<sup>206</sup> Carol Jones, a headteacher at a girls’ school in North London, suggested that there was a link between the previous levels of assistance from local authority advisers and the take up of CPD.<sup>207</sup> We saw in our visit to Bristol the benefits of local authority advisers: we were told that 95% of secondary schools and 83% of primary schools in Bristol now had at least one trained teacher in this subject.

## Curriculum time

100. The National Aids Trust referred to schools currently providing “insufficient curriculum time” to deliver PSHE.<sup>208</sup> Few witnesses were willing to tackle directly the issue

198 Department for Education, *Personal, Social, Health and Economic (PSHE) Education: A mapping study of the prevalent models of delivery and their effectiveness* (2011) Research Report DFE-RR080, Figure 5.1.1 and 5.1.2

199 Health and Social Care Information Centre, *NHS Workforce Statistics—September 2014 Provisional statistics* (22 December 2014), [Nurses Area and Level Tables](#)

200 Department for Education ([SRE 480](#))

201 Department for Education, *National pupil projections: trends in pupil numbers—July 2014*, SFR23/2014, Table 1

202 Q73–75

203 Royal College of Nursing, *The RCN’s UK position on school nursing* (February 2012) p 3

204 Royal College of Nursing, *School Nursing in 2009* (May 2009)

205 Q73

206 National PSHE CPD Programme ([SRE 462](#)) para 1

207 Q56

208 National Aids Trust ([SRE 411](#))

of what effect additional curriculum time might have on other curriculum areas. Michael Mercieca said that space in the curriculum was “an issue”, but that PSHE was already in schools: “it is not going to be completely new, so maybe the space issue, although it is there, will not be that large”.<sup>209</sup> Similarly, the PSHE Association told us that:<sup>210</sup>

The primary issue [identified in Ofsted’s report] was not lack of provision but rather poor quality provision, and there were many examples of schools which were able to find adequate time for PSHE provision and get outstanding whole-school inspections.

101. The PSHE Association provided the following advice in addressing this issue:<sup>211</sup>

Overcoming the challenge of finding curriculum time for PSHE education means resisting the temptation to try to cover every single topic: just as schools would not seek to cover every historical event in history lessons, so in PSHE teachers should not seek to cover every current and future challenge, opportunity and responsibility pupils will encounter in life and in the workplace.

The Association also told us that PSHE education was a subject “through which the school ethos can be brought to life”.<sup>212</sup> The link between PSHE and a school’s wider ethos was also made in the context of creating a ‘whole-school’ approach to some elements such as mental health and wellbeing.<sup>213</sup>

## Leadership

102. Ofsted noted in its 2013 report that “the quality of leadership and management in PSHE was at least good in 56% of schools, required improvement in 42% and was inadequate in 2% of schools. All the schools that required improvement in PSHE overall required improvement in leadership and management”.<sup>214</sup> Janet Palmer explained that “all of the schools that had good or outstanding PSHE and SRE had support from senior leaders and the head teacher; it came from the head and the senior leaders. In those schools where the head and senior leaders did not really value the subject, it did not stand any chance; it was not going to be good”.<sup>215</sup> Spectrum Community Health told us that in Wakefield the provision of SRE “relies very much on the passion, drive and expertise of particular members of staff rather than being intrinsically embedded in the culture and values of the school”, and that nationally provision was variable and depended on “the

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209 Q191

210 PSHE Association ([SRE 466](#)) para 15

211 PSHE Association ([SRE 466](#)) para 16

212 PSHE Association ([SRE 385](#)) para 16

213 Children and Young People’s Mental Health Coalition ([SRE 356](#)) para 3

214 Ofsted, [Not yet good enough: personal, social, health and economic education in schools](#) (May 2013) p 8

215 Q66

value the management place on health and wellbeing within their school community”.<sup>216</sup> This was echoed in our conversations with teachers in Bristol.

## Parental involvement, and listening to young people

103. Support for improving parental involvement in school SRE was very broad, irrespective of views on whether the status of the subject should change. Janet Palmer told us that “where schools really put the effort in with the parents, the parents go along with it and are very supportive and grateful for the work the school is doing”.<sup>217</sup> Sarah Carter of the Family Education Trust said that.<sup>218</sup>

To have parents more involved would be ideal—for every school to be able to liaise with parents. They could not just inform parents of the material that is being taught but liaise with them and get their buy-in as to their understanding of the maturity of their child. Parents could then support that in the home environment, working with the young person.

Similarly, Graham Ritchie told us “the content of PSHE lessons should be the product of a dialogue between parents, young people and teachers themselves”.<sup>219</sup> Philip Robinson said that “in our community, you often get a lot of resistance from parents, but we found that in the schools that do this well, if you involve parents in the process from the beginning, that resistance decreases. They see that your intentions are good, and the outcomes of courses like this are very positive”.<sup>220</sup> We heard similar advice during a Twitter chat with UKEdChat:



**Laura MacKenzie**  
@LHMMacKenzie



Follow

Involve parents, always pre-empt communications home prior to covering 'trickier' topics much more likely to get on board [#ukedchat](#) [#consent](#)



**Matthew Osborne**  
@steelmatt



Follow

[@ukedchat](#) [#ukedchat](#) [#sre](#) I support schools to work with parents. When you communicate with parents a lot of fears disappear

216 Spectrum Community Health ([SRE 359](#)) para 26

217 Q66

218 Q128

219 Q179

220 Q264

104. Teachers we met in Bristol estimated that on average around 10 parents per year might query a school’s SRE policy but nine of them would subsequently be reassured by a conversation with the school. Philip Robinson added that it was clear that some parents were worried that SRE would lead to premature sexualisation of their children—whether or not there was evidence for this—and that a lack of engagement would increase that fear.<sup>221</sup> While the Catholic Education Service did not favour making SRE statutory, Philip Robinson told us that “if the statutory provision said that you were legally obliged to engage with parents, that might be a different matter”.<sup>222</sup>

105. Several groups also advocated the involvement of young people themselves in setting a school’s PSHE curriculum. Public Health England told us that “the whole school approach [to PSHE] should include active participation of young people to ensure PSHE education meets their needs. Research indicates that for SRE to be effective in meeting public health outcomes, young people’s participation in the design and personalisation of the content is a key factor”.<sup>223</sup> Similarly, the UK Youth Select Committee called for every school to work with its young people to shape the school curriculum,<sup>224</sup> and Simon Blake said that too much of a focus on evidence for outcomes from PSHE education would “miss the most important bit, which is the voice of children and young people”.<sup>225</sup>

## Accountability and the balance of incentives

106. Ofsted argued that “there are insufficient measures of accountability to ensure that schools focus on PSHE education”.<sup>226</sup> Carol Jones, a secondary school headteacher, told us that:<sup>227</sup>

Schools have had to prioritise, under the accountability framework, subjects that are going to be judged or where schools are going to be judged. That is just a fact, and it is also a fact that schools have prioritised core subjects, like English, maths, science and so on and, possibly, EBacc subjects, and have tried to find ways of managing curriculum models that enable those subjects to be taught at the same time as good quality personal, social and health education, and there is a tension.

107. A major form of accountability for schools is Ofsted inspections. Ofsted has ended its programme of routine triennial subject surveys, including in relation to PSHE, but as part of a standard school inspection “the inspection team may investigate provision in PSHE education in relation to broader issues such as bullying, e-safety, safeguarding and pupils’ spiritual, moral, social and cultural [SMSC] development”.<sup>228</sup> The DfE told us that the

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221 Q308

222 Q284

223 Public Health England ([SRE 454](#)) para 5.3

224 British Youth Council Youth Select Committee, *A Curriculum for Life* (2013) para 8

225 Q9

226 Ofsted ([SRE 443](#)) para 7

227 Q54

228 Ofsted ([SRE 443](#)) para 7

Ofsted School Inspection Framework requires inspectors to consider aspects of PSHE when forming judgements,<sup>229</sup> but the lack of future routine subject survey reports from Ofsted on the overall picture of PSHE education is regrettable.

108. Other systemic drivers of school priorities are exam results and their corresponding use in league tables. PSHE is a non-examined subject, and witnesses suggested that this resulted in less time being dedicated to it.<sup>230</sup> A small number of witnesses suggested that a new GCSE could alter the status the subject receives in schools.<sup>231</sup> Janet Palmer was sceptical about whether a GCSE would meet the needs of the young people taking it,<sup>232</sup> but Carol Jones described how this would affect the priority that schools give to PSHE:<sup>233</sup>

I say, as a school leader, that we have to make hard choices in our curriculum time, and we have prioritised those subjects that are beneficial for the life chances of young people—i.e. they contribute towards progress into A-Level or university and so on or, indeed, apprenticeships. It is not insignificant, it seems to me, that Ofsted has done the same thing and now undertakes subject inspections on those subjects. So, yes, and I certainly know that in schools like mine and my previous school, where there was a GCSE in Citizenship and the entire Key Stage 4 student cohort took it, it had high status. It was well studied; the teaching was outstanding consistently.

## Correct terminology

109. Ofsted argued in its 2013 report that young children’s inability to name body parts represented a weakness in safeguarding, as “younger pupils had not always learnt the correct names for sexual body parts or what kind of physical contact is acceptable and what is unacceptable”.<sup>234</sup> The ATL supported the principle of young children being able to name body parts for safeguarding purposes.<sup>235</sup>

110. In 2012, Nick Gibb wrote (as then Minister for Schools) to the Society for the Protection of Unborn Children to confirm that “neither the current National Curriculum [for primary science] nor the new draft programme of study requires the naming of internal or external body parts with reference to reproduction. The current National Curriculum level descriptions and the new draft notes and guidance make clear that this is not included when pupils are taught to name the main body parts in KS1/Year 1”.<sup>236</sup> We asked the Minister, now back in post, at what age children should learn the correct name for the genitals. He told us that at key stage 2 there was “a requirement for young people to

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229 Department for Education ([SRE 364](#)) para 9

230 E.g. Swindon Healthy Schools, Swindon Borough Council ([SRE 240](#))

231 E.g. Public Health Doncaster Council ([SRE 328](#)), Submit 2 Success ([SRE 15](#))

232 Q102

233 Q98

234 Ofsted, *Not yet good enough: personal, social, health and economic education in schools* (May 2013) para 23

235 ATL ([SRE 250](#)) para 23

236 [Letter from Nick Gibb MP to Antonia Tulley](#), 5 July 2012

be taught the body parts in a very factual, non-emotional way, and I think that is important”.<sup>237</sup>

111. Ealing Council’s Sex and Relationship Task Group told us that the current wording in the National Curriculum that refers to naming “basic parts of the human body” can be “misunderstood to mean that schools do not have to teach children the correct scientific names for genitalia, thus potentially putting pupils at risk if they are unable to use commonly understood language”.<sup>238</sup> The DfE later clarified that “while we have not specified sexual parts of the body at this stage, teachers will be able to cover this material if they think it is appropriate to the needs of their pupils”.<sup>239</sup>

### Focusing on relationships

112. Graham Ritchie told us that “From speaking with children and young people, and looking at some of the reports on child sexual exploitation that have been published recently, the conclusion is that young people say that too often relationships and sex education focuses on the mechanics of sex, rather than the relationships part”.<sup>240</sup> Explore—a charity that provides a network of couples who can offer “authentic examples of lasting relationships” and an opportunity for young people to ask them questions about their relationships—was concerned that “the reality of long-term relationships” was not covered by SRE programmes, and that “even when an attempt [at addressing relationships] is made, it tends to cover short-term matters such as the preliminaries of consensual respectful sex”.<sup>241</sup>

113. Lucy Emmerson, the Sex Education Forum’s Coordinator, explained that ‘relationships’ education was:<sup>242</sup>

learning how to treat each other as human beings. It is learning about friendships. It is learning about how to manage situations in the playground. It is learning about different families, which are made up of complex relationships, and that other people have different families from you. As you work through those steps in primary school, you are being prepared to manage the possibility of intimate relationships in your adult life.

114. Witnesses also discussed the extent to which relationships education would help young children to understand different kinds of families. Gillian Allcroft argued that:

Teaching children that there are different family types is certainly something that should be happening, even in primary school. There will be children in primary school who have lesbian or gay parents and will be different; or,

237 Q498

238 Ealing Council Sex and Relationship Task Group ([SRE 292](#)) para 4

239 Department for Education ([SRE 480](#))

240 Q167

241 Explore—Students Exploring Marriage ([SRE 205](#)) para 2

242 Q51

indeed, in today's society you have multiple families with half-siblings, step-siblings all together. We need to be teaching children at that age about the different range of families.<sup>243</sup>

Dr Zoe Hilton saw a connection between a focus on relationships and tackling safeguarding issues and online protection: “there are some technical issues that are important to know, such as setting privacy settings and so on, but on their own, those are simply the bare bones, and the richer education that needs to go on [...] is about how to manage relationships and the sort of risk taking that children and particularly adolescents engage in”.<sup>244</sup>

115. A name change from ‘sex and relationships education’ to ‘relationships and sex education’ was advocated in several written submissions, including that from the Office of the Children’s Commissioner,<sup>245</sup> to emphasise the significance of the relationships part. The Catholic Education Service argued that such a change would “show the importance of relationships as the starting point for education in human love and sexuality”.<sup>246</sup> Kate Persaud told us that a name change would more accurately reflect the status quo rather than change what is taught:

Even when we have our three dedicated days for year 8 on SRE, the actual sex bit is about two hours and then the rest of the three days is about being safe in relationships, understanding quality relationships, respecting yourself and respecting the environment. [Sex] is a part, but it is only a bit, and it is all the safeness around it that we teach.<sup>247</sup>

116. A range of nomenclature is used for SRE even within the UK. In Scotland, the subject is described as ‘relationships, sexual health and parenthood’,<sup>248</sup> while in Northern Ireland the subject is called ‘relationships and sexuality education’.<sup>249</sup>

## Conclusions and recommendations

**117. *Ensuring that PSHE and SRE is delivered by confident and capable teachers is crucial to improving the quality of teaching. We recommend that the DfE restore funding for the National PSHE CPD programme, with the aim of ensuring that all primary and secondary schools have at least one teacher who has received specialist training in PSHE, and monitor progress towards this.***

**118. *We recommend that the Government ensure that there are sufficient school nurses training places, and that the ratio of school nurses to children is maintained.***

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243 Q332

244 Q347

245 Office of the Children’s Commissioner ([SRE 442](#)) para 18

246 Catholic Education Service ([SRE 478](#))

247 Q317

248 The Scottish Government, “[Relationships, sexual health and parenthood education](#)”, accessed 29 January 2015

249 Department of Education, [Relationships and sexuality education in schools](#) (June 2013) circular 2013/16

119. *We recommend that Sex and Relationships Education be renamed “Relationships and Sex Education” to reflect the (existing) focus on relationships and to emphasise the importance of this part of children and young people’s education.*

120. **There is clear agreement about the need for parents and schools to work together in the area of PSHE, and this is key to improving SRE in particular.**

121. *We recommend that all schools be required to run a regular consultation with parents on the school’s SRE provision, in a way that allows all parents to participate.*

122. *We recommend that Ofsted inspect schools’ engagement with parents on Sex and Relationships Education.*

123. *We recommend that Ofsted set out clearly in the school inspection handbook the way in which a school’s PSHE provision relates to Ofsted’s judgements on safeguarding and pupils’ “spiritual, moral, social and cultural development”.*

124. *We recommend that the Government commission Ofsted to produce regular subject survey reports on the quality of PSHE and SRE.*

125. *We recommend that the DfE clarify that children in primary schools should be taught the proper names for genitalia as part of the National Curriculum.*

## 6 The status of PSHE and SRE

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### The current position

126. Primary schools are not required to provide SRE beyond that covered in the National Curriculum for science, and it is for governing bodies and headteachers to decide whether SRE should be included in the school's curriculum. Nevertheless, the DfE states that many primary schools choose to offer SRE in later years,<sup>250</sup> and recommends in the 2000 guidance that "all primary schools should have a sex and relationship education programme tailored to the age and the physical and emotional maturity of the children".<sup>251</sup> Maintained secondary schools are required to cover sexually transmitted diseases as part of the National Curriculum for science at key stage 4.<sup>252</sup> Academies are not required to provide SRE, but when any school does, it must have "regard" to the Secretary of State's 2000 guidance.<sup>253</sup>

127. It was apparent from the submissions we received from Ofsted and the Department for Education that the term 'sex and relationships education' is used in different ways, particularly in reference to the current status of the subject in the curriculum. The DfE told us that "sex and relationships education (SRE) is statutory in maintained secondary schools", on the basis that some parts are covered in the science curriculum,<sup>254</sup> but Ofsted told us:

It is compulsory for pupils in secondary schools to have sex education (not SRE) that includes HIV/AIDS and [Sexually Transmitted Infections] and sex education (not SRE) is statutory in science at key stages 1-3.<sup>255</sup>

128. Lucy Emmerson, the Coordinator for the Sex Education Forum, said that schools were:

[...] confused about what they do and do not have to do, and take different approaches to how they communicate with parents about SRE and the right of withdrawal. This comes back to the very confusing collection of legislation we have relating to SRE at the moment, which seems almost contradictory, with guidance that says one thing, legislation relating to National Curriculum science not to other bits of PSHE, particular bits of legislation about HIV and STIs, and bits of legislation about parents. What we need is clean and clear legislation that says, "All schools do this. All schools need to converse with

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250 Department for Education ([SRE 364](#)) para 1

251 Department for Education and Employment, [Sex and Relationship Education Guidance](#) (July 2000), DfEE 0116/2000, para 1.12

252 Department for Education, [Science programmes of study: key stage 4](#) (December 2014)

253 HL Deb 8 July 2013 [c6](#)

254 Department for Education ([SRE 364](#)) para 12

255 Ofsted ([SRE 443](#)) para 3

parents about this and support parents in their role at home”. That would guarantee things for every child.<sup>256</sup>

129. In contrast, the Minister told us that “there should be no confusion about what constitutes SRE because it is broadly set out in the statutory guidance”.<sup>257</sup> He said that he did not sense confusion when he visited schools.<sup>258</sup> Nevertheless, scope for confusion is evident in the Minister’s own statement to us on this:

All the issues about relationship education are in the [2000] statutory guidance. That is statutory; it is not optional. Those schools that want to, and that do, teach SRE have to have regard to the statutory guidance.<sup>259</sup>

There is an apparent contradiction here between schools ‘wanting to’ teach something that is ‘not optional’. The implication is that those schools that do not want to teach SRE do not have to follow the statutory guidance. This leaves plenty of room for confusion.

### The parental right to withdraw their children from elements of SRE

130. Section 405 of the Education Act 1996 gives parents a right to withdraw their child from SRE, other than the parts that are covered by the National Curriculum for science.<sup>260</sup> This aligns with Article 2 of Protocol 1 of the European Convention on Human Rights, which says that “in the exercise of any functions which it assumes in relation to education and to teaching, the State shall respect the right of parents to ensure such education and teaching is in conformity with their own religious and philosophical convictions”.<sup>261</sup> No national data is collected on the number of children withdrawn, but the right appears to be relatively rarely exercised; the Minister told us that only “a tiny minority” of parents withdraw their children from SRE,<sup>262</sup> and we heard similar accounts during our Twitter chat and our visit to Bristol.

131. Yusuf Patel, the founder of SREIslamic, described the right of withdrawal as “an opportunity for parents to engage with the school, and for schools to listen to parents”. He told us that “no parent exercises the right to withdraw as a first choice; it is a last resort. Often, when parents decide to withdraw, it is because they have engaged with the school but they do not believe that it has listened to them”.<sup>263</sup> He was concerned that making SRE statutory would mean that the right of withdrawal would be removed,<sup>264</sup> noting SREIslamic’s fears that under a compulsory SRE system “many Muslim parents will opt out

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256 Q91

257 Q430

258 Q433

259 Q434

260 Education Act 1996, [section 405](#)

261 Council of Europe, [European Convention on Human Rights \(as amended by Protocols Nos. 11 and 14, supplemented by Protocols Nos. 1, 4, 6, 7, 12 and 13\)](#) (June 2010) p 32

262 Q418

263 Q268

264 Q267

of the state system, they will decide to home school or send their children to Muslim schools, it would be a shame if this change to the structure of SRE drove them out of the state system”.<sup>265</sup>

132. The NASUWT’s submission to our inquiry tied the question of whether PSHE and SRE should be statutory to whether the parental right to withdraw their child was retained, arguing that “continuation of this legal entitlement would [...] render statutory provision of SRE within PSHE meaningless”, and that the right should be withdrawn if SRE were to become statutory.<sup>266</sup>

133. The Minister told us that he did not see a contradiction between introducing statutory status for PSHE and maintaining the parental right to withdraw their children.<sup>267</sup> Indeed, this reflects the recommendation made by Sir Alisdair Macdonald in 2009.<sup>268</sup> Joe Hayman described the parental right to withdraw their children from SRE as “very challenging” for the sector, but conceded that retaining this right would be “a price worth paying” if statutory status could “enable the 40% of children who are currently not getting high-quality PSHE to get it”.<sup>269</sup>

### Support for statutory status

134. Support for PSHE, and SRE within it, becoming a statutory subject in schools is high, including amongst parents, teachers, some faith groups,<sup>270</sup> health professionals,<sup>271</sup> and local authorities, alongside the Office of the Children’s Commissioner,<sup>272</sup> the National Governors’ Association<sup>273</sup> and others. The PSHE Association said that “statutory status is not a panacea but it is hard to see how the system change we need will be achieved without it [...] it will be very difficult to realise the full potential of PSHE education while we are hamstrung by non-statutory status”.<sup>274</sup>

135. There is broad support from teachers for PSHE and SRE to become statutory. The National Union of Teachers told us that 81% of its members believe that PSHE should be a statutory part of the National Curriculum. Similar support for statutory PSHE was given by the National Association of Headteachers<sup>275</sup> and the Association of Teachers and Lecturers.<sup>276</sup> Together with Voice, these four teaching unions published a letter in *The*

265 SREIslamic ([SRE 425](#)) para 11

266 NASUWT ([SRE 406](#)) para 10

267 Q444

268 Department for Children, Schools and Families, [Independent Review of the proposal to make Personal, Social, Health and Economic education statutory](#) (April 2009)

269 Q155

270 National Society of the Church of England ([SRE 419](#))

271 Royal College of Nursing ([SRE 183](#))

272 Office of the Children’s Commissioner ([SRE 442](#))

273 National Governors’ Association ([SRE 325](#))

274 PSHE Association ([SRE 466](#)) para 19

275 National Association of Headteachers ([SRE 444](#))

276 Association of Teachers and Lecturers ([SRE 250](#))

*Times* supporting the Sex Education Forum’s “It’s my right” campaign.<sup>277</sup> The Association of School and College Leaders (ASCL) was the only teaching union explicitly not in favour of statutory status for SRE, on the basis that a statutory approach “tends to elicit compliance rather than creativity”.<sup>278</sup> In oral evidence it became apparent that this position is more nuanced: ASCL’s nominated witness clarified that PSHE and SRE “should not be made statutory until we know that we are going to invest in high quality training and co-ordination in schools [...] It is not that [ASCL] does not want to do it [but] There is absolutely no point in introducing something statutory if we know that we are going to have poor quality delivery [...] It is a co-ordination issue; it is a structural issue rather than a resistance to statutory regulation”.<sup>279</sup>

### ***What it is hoped statutory status will achieve***

136. Simon Blake told us that “making a statutory provision means that you provide three things: one is the initial teacher training, so schools can engage teachers. The second is that you have got experts at schools who can then negotiate curriculum time, curriculum features and what needs to happen within the framework, and [third] you also have the inspections”.<sup>280</sup> Similarly, the Health Education Service (previously part of Birmingham Local Authority), told us that:

Whilst statutory status is no guarantee that the PSHE delivered in schools will be high quality and effective, it is the message that the status sends to schools in terms of the parity of PSHE with all other curriculum areas in terms of curriculum time, staff training and CPD, resourcing, and assessment and reporting.<sup>281</sup>

137. Lucy Emmerson provided some evidence of the way in which schools might respond to the introduction of statutory status:

One of the schools that I have spoken to recently said that back in 2008–09, when we all believed PSHE was going to become statutory, their school changed. They started investing more in teacher training themselves. They started to prepare for that eventuality of statutory SRE and PSHE. We can see that the promise of changing legislation will have a knock on effect.<sup>282</sup>

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277 The Times, “[Letters to the Editor: Teaching Sex](#)” (29 October 2014), accessed 26 January 2015

278 Association of School and College Leaders ([SRE 188](#)) para 2

279 Q94

280 Q11

281 Health Education Service ([SRE 29](#)) para 2.1

282 Q94

## Balancing prescription with local flexibility

138. The DfE told us that:<sup>283</sup>

We believe that all schools should teach PSHE [...] We do not, however, want to prescribe exactly which issues schools should have to cover [...] Prescribing a long list of specific issues to be covered could be unproductive, leading to a ‘tick-box’ approach that does not properly address the issues most relevant to pupils in a given school.

139. Those who supported making PSHE statutory argued that there was still a need for local determination of the detail of the curriculum. Joe Hayman told us that it was “really important that there is not a one-size-fits-all PSHE curriculum. It has to be negotiated with individual headteachers”.<sup>284</sup> Dr Graham Ritchie argued that “by making PSHE statutory, you are not necessarily prescribing a range of topics that need to be taught within those lessons [...] They should be decided based on a conversation with children and young people themselves and, indeed, their parents”.<sup>285</sup> Similarly, Simon Blake said that “making a statutory provision does not mean that you tell schools how to do every single thing [...] I would agree that we do not want a programme of study that says exactly how everything is done everywhere”.<sup>286</sup> We heard similar sentiments from Janet Palmer.<sup>287</sup>

140. Dr Ann Hoskins argued that “PSHE should be informed by what the data tell us the problems are, both at a national level and within local areas as well and, indeed, within the school. [...] you need to respond to what the issues are that young people are bringing up”.<sup>288</sup> She argued that there were some national issues that all children should learn about, alongside locally-determined issues, and that good teacher training would help ensure that the topics taught were not simply those that were easiest to deliver.<sup>289</sup>

## Arguments against the effectiveness of statutory status

141. Ealing Council’s Sex and Relationship Task Group noted that Religious Education suffered from some of the same problems as SRE education in terms of the quality of teaching, and argued that statutory status alone may guarantee provision, but not quality.<sup>290</sup> Similarly, the Catholic Education Service said that “It is easy to find evidence to show how making something statutory has little impact on whether it is done or how well it is done. We look to the examples of Religious Education and collective worship which are both statutory, but which in many schools are either not done or not done well”.<sup>291</sup> The

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283 Department for Education ([SRE 364](#)) para 4

284 Q169

285 Q185 [Dr Ritchie]

286 Q11

287 Q104

288 Q199

289 Q203–204

290 Ealing Council Sex and Relationship Task Group ([SRE 292](#))

291 Catholic Education Service ([SRE 478](#))

Catholic Education Service summarised arguments made by several others when it told us that statutory status may: decrease parental involvement; limit the extent to which schools ensure that content is appropriate to their community and the individual children; lead to a tick-box approach to the subject “which focuses on whether it is done or not done rather than on the quality of that provision”; and risk becoming more prescriptive over time as subsequent governments add to the list of topics.<sup>292</sup>

## Comparisons with the introduction of citizenship

142. It is salutary to consider the experience with other subjects which have recently been made statutory. Citizenship became a compulsory foundation subject in the National Curriculum in key stages 3 and 4 in 2002, with the change having been announced as part of the review of the curriculum in 1999.<sup>293</sup> This provided a significant lead-in time for schools to prepare for the change in status. Ofsted reported in July 2002 that there was “considerable variation in schools’ responses to the new requirements”, but that over half of schools surveyed had made “good use” of the lead-in time.<sup>294</sup> Most of the teachers with responsibility for citizenship had received some training, provided either by the LEA or a commercial trainer, and all had audited their existing provision.<sup>295</sup> The way in which citizenship was introduced suggests that while time is needed for schools to prepare, it is not in itself a guarantee of adequate preparation.

## Conclusions

143. Statutory status for PSHE would not in itself guarantee an improvement in the quality of teaching, but we accept that a ‘system change’ is needed to raise the status of the subject—particularly in terms of dedicated curriculum time and the supply of suitably trained teachers.

144. Inevitably the amount of time that schools have is finite, and we appreciate that additional time burdens on schools will be unwelcome. We are also conscious of the difficulty of recommending that PSHE becomes a statutory requirement without a clear proposal for the extent of the prescription, or an idea of how this would affect school timetables. We agree with the Government that schools must retain local flexibility over their PSHE curriculum, and concur with several witnesses that the level of central prescription must be minimal. We also recognise fears of increasing levels of prescription in the PSHE curriculum over time as policy makers and Ministers add to the list of topics to be covered. It is important that this is resisted.

**145. *The DfE must clarify the current status of SRE, including in different kinds of schools, and communicate this message clearly to schools.***

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292 Catholic Education Service ([SRE 478](#))

293 *Citizenship Education in Schools*, Standard Note SN/SP/2053, House of Commons Library

294 Ofsted, [Citizenship: survey report: preparation for the introduction of citizenship in secondary schools 2001–02](#) (July 2002)

295 Ofsted, [Citizenship: survey report: preparation for the introduction of citizenship in secondary schools 2001–02](#) (July 2002)

146. *We note that parents would be concerned if their existing right to withdraw their children from SRE was removed, and that this may serve to discourage schools from engaging with parents on this subject. The matter can be separated from the question of whether PSHE and SRE should be statutory in schools. We conclude that the parental right to withdraw their children from elements of SRE should be retained.*

147. We accept the argument that statutory status is needed for PSHE, with relationships and sex education as a core part of it. In particular this will contribute to ensuring that appropriate curriculum time is devoted to the subject, to stimulating the demand for trained teachers, and to meeting safeguarding requirements.

148. *We recommend that the DfE develop a workplan for introducing age-appropriate PSHE and RSE as statutory subjects in primary and secondary schools, setting out its strategy for improving the supply of teachers able to deliver this subject and a timetable for achieving this. The statutory requirement should have a minimal prescription in content, and should be constructed with the aim of ensuring that curriculum time is devoted to the subject. Alongside this, statutory guidance should be developed to enhance schools' duty to work with parents in this area and secure and effective home-school partnership.*

## 7 Conclusion

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149. Better PSHE and SRE has the potential to help efforts to address many ‘problems’ in society, including teenage pregnancy, STI rates, drug and alcohol abuse, cyberbullying, and child sexual exploitation. While the role of schools in tackling these should not be overplayed, young people have a right to information that will help keep them healthy, happy and safe. It is appropriate that schools should be required to provide this information, working closely with parents. Parents are the first and most important educators of their children. In fulfilling this new duty schools should be required to engage fully with parents and ensure an effective home-school partnership in delivering PSHE and SRE.

150. We recognise that simply placing additional duties on schools is not sufficient in itself. The vision of a trained PSHE teacher in every primary and secondary school is achievable through funded CPD. Accountability through Ofsted inspections must be retained. Together these measures can produce the step change in the quality of PSHE which the subject desperately needs if young people are to be better equipped to tackle life in 21<sup>st</sup> century Britain.

## Conclusions and recommendations

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### Why teach PSHE and SRE in schools?

1. There are a number of ways of evaluating whether PSHE and SRE should be taught in schools; focusing primarily on its impact on teenage conceptions and STIs means insufficient emphasis is placed on safeguarding and young people's rights. It would also detract from the focus on the 'whole child' implicit in recent DfE work on "character, grit and resilience". (Paragraph 46)
2. Measuring specific positive outcomes from the provision of PSHE is challenging but the context is the wide range of pressures and risks to health to which young people are exposed. They have a right to information that will keep them healthy and safe. Delivering this is particularly important for the most vulnerable children, including looked after children, LGBT children and those with special educational needs. Schools need to provide this information, and to develop the resilience and character of young people. (Paragraph 47)
3. While a minority of parents strongly object on principle, it is clear that a large majority of parents and young people feel that schools should provide SRE. (Paragraph 48)
4. *Trends in teenage conceptions and STIs are driven by factors far outwith the provision of SRE in schools and provide little insight into the usefulness of such education. Instead the quality of PSHE and SRE should be measured through Ofsted inspections and through levels of student and parent satisfaction. This should be the focus for the Government.* (Paragraph 49)
5. *We recommend that the Government explore how pupil wellbeing could be measured in schools.* (Paragraph 50)

### The provision and quality of PSHE and SRE in schools

6. Ofsted's 2013 report showed that there was a problem with the effectiveness of PSHE and SRE in schools, and suggested that this was worsening over time. This matches the view of young people themselves. (Paragraph 70)
7. *We recommend that the Government take steps to incentivise schools to raise the quality of PSHE and SRE in schools.* (Paragraph 71)

### Recent Government actions and the supplementary advice

8. The Government's current strategy for improving PSHE and SRE in schools is weak, and the recent actions taken by the Government are insufficient to make much difference. Destination measures, parental choice and schools publishing their curricula online will not in themselves lead to the required improvement in PSHE. There is a mismatch between the priority that the Government claims it gives to

PSHE and the steps it has taken to improve the quality of PSHE teaching. (Paragraph 89)

9. *We recommend that the Government formally endorse and issue the 2014 advice produced by the voluntary sector, and promote this advice more actively to schools and governors.* (Paragraph 90)
10. *We recommend that the Government monitor schools' compliance with the requirement to publish information about their PSHE and SRE curriculum on their websites.* (Paragraph 91)
11. *Ensuring that PSHE and SRE is delivered by confident and capable teachers is crucial to improving the quality of teaching. We recommend that the DfE restore funding for the National PSHE CPD programme, with the aim of ensuring that all primary and secondary schools have at least one teacher who has received specialist training in PSHE, and monitor progress towards this.* (Paragraph 117)
12. *We recommend that the Government ensure that there are sufficient school nurses training places, and that the ratio of school nurses to children is maintained.* (Paragraph 118)
13. *We recommend that Sex and Relationships Education be renamed "Relationships and Sex Education" to reflect the (existing) focus on relationships and to emphasise the importance of this part of children and young people's education.* (Paragraph 119)
14. *There is clear agreement about the need for parents and schools to work together in the area of PSHE, and this is key to improving SRE in particular.* (Paragraph 120)
15. *We recommend that all schools be required to run a regular consultation with parents on the school's SRE provision, in a way that allows all parents to participate.* (Paragraph 121)
16. *We recommend that Ofsted inspect schools' engagement with parents on Sex and Relationships Education.* (Paragraph 122)
17. *We recommend that Ofsted set out clearly in the school inspection handbook the way in which a school's PSHE provision relates to Ofsted's judgements on safeguarding and pupils' "spiritual, moral, social and cultural development".* (Paragraph 123)
18. *We recommend that the Government commission Ofsted to produce regular subject survey reports on the quality of PSHE and SRE.* (Paragraph 124)
19. *We recommend that the DfE clarify that children in primary schools should be taught the proper names for genitalia as part of the National Curriculum.* (Paragraph 125)

### The status of PSHE and SRE

20. *The DfE must clarify the current status of SRE, including in different kinds of schools, and communicate this message clearly to schools.* (Paragraph 145)

21. *We note that parents would be concerned if their existing right to withdraw their children from SRE was removed, and that this may serve to discourage schools from engaging with parents on this subject. The matter can be separated from the question of whether PSHE and SRE should be statutory in schools. We conclude that the parental right to withdraw their children from elements of SRE should be retained. (Paragraph 146)*
22. We accept the argument that statutory status is needed for PSHE, with relationships and sex education as a core part of it. In particular this will contribute to ensuring that appropriate curriculum time is devoted to the subject, to stimulating the demand for trained teachers, and to meeting safeguarding requirements. (Paragraph 147)
23. *We recommend that the DfE develop a workplan for introducing age-appropriate PSHE and RSE as statutory subjects in primary and secondary schools, setting out its strategy for improving the supply of teachers able to deliver this subject and a timetable for achieving this. The statutory requirement should have a minimal prescription in content, and should be constructed with the aim of ensuring that curriculum time is devoted to the subject. Alongside this, statutory guidance should be developed to enhance schools' duty to work with parents in this area and secure and effective home-school partnership. (Paragraph 148)*

## Annex A: List of participants at a private seminar, 10 September 2014

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**Present** (*in addition to members of the Committee*):

Janet Palmer (National Lead for PSHE, Ofsted), Jenny Rowley (Education and Safeguarding Lead, London Borough of Sutton), Jane Lees (Chair, Sex Education Forum).

The seminar was held under the Chatham House rule and focused on materials used in schools to teach sex and relationships education (SRE), alongside other issues that could be explored as part of the Committee's inquiry.

## Annex B: Programme for the Committee's visit to Bristol, 27 November 2014

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*Members participating in the visit: Graham Stuart MP (Chair), Pat Glass MP, Mr David Ward MP, Ian Mearns MP*

- Arrive at Redland Green School
- Discussions with:

### **Bristol City Council Staff**

- Neil Davidson (Relationships and Sex Education Advisor, Bristol City Council), Julie Coulthard (PSHE Advisor and Manager, Healthy Schools Team, Bristol City Council) and Jess Dicken (Bristol Ideal)

### **Teachers**

- Julie Cox (Kingsweston Special School), Suzy Robson (Claremont Special School), Anne Clare (Redland Green School), Tom Fisher (Redland Green School), Sally Roberts (Redland Green School) and Maria Sawas (Elmlea Junior School),

### **Strategic leaders for SRE**

- Paul Jacobs (Service Director for Education and Skills, Bristol City Council), Anne Colquhoun (Service Manager, Young People's Public Health, Bristol City Council), Rhiannon Holder (Education and Training Manager, Brook), Sarah Baker (Headteacher, Redland Green School) and Claire Banks (Headteacher, St Werburgh's Primary School)

### **Young people**

- Faduma Dualeh (Integrate Bristol), Mukhtar Hassan (Integrate Bristol), Sami Ullah (Integrate Bristol), Issi Trout (UK Youth Parliament), Rondene Vassell (UK Youth Parliament), Theo Davies (UK Youth Parliament), Gulliver Whitby (Redland Green School) and Rosa Saul Paterson (Redland Green School)

# Formal Minutes

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**Wednesday 11 February 2015**

Members present:

Mr Graham Stuart, in the Chair

Neil Carmichael  
Alex Cunningham  
Bill Esterson

Pat Glass  
Ian Mearns  
Craig Whittaker

Draft Report (*Life lessons: PSHE and SRE in schools*), proposed by the Chair, brought up and read.

*Ordered*, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 150 read and agreed to.

Annexes agreed to.

Summary agreed to.

*Resolved*, That the Report be the Fifth Report of the Committee to the House.

*Ordered*, That the Chair make the Report to the House.

*Ordered*, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

[Adjourned till Wednesday 25 February at 9.15 am

## Witnesses

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The following witnesses gave evidence. Transcripts can be viewed on the Committee's inquiry page at [www.parliament.uk/pshe-and-sre-in-schools-inquiry](http://www.parliament.uk/pshe-and-sre-in-schools-inquiry).

### Tuesday 21 October 2014

*Question number*

**Simon Blake OBE**, Chief Executive, Brook, **Professor Roger Ingham**, Professor of Health and Community Psychology and Director of the Centre for Sexual Health Research, University of Southampton, **Professor David Paton**, Chair of Industrial Economics, Nottingham University, and **Alison Hadley OBE**, Director, Teenage Pregnancy Knowledge Exchange, University of Bedfordshire

[Q1-49](#)

**Janet Palmer**, Her Majesty's Inspector and National Lead for PSHE education, Ofsted, **Lucy Emmerson**, Co-ordinator, Sex Education Forum, **Heather Robinson**, School Health Team Leader, Barts Health NHS Trust, and **Carol Jones**, Headteacher, Hornsey School for Girls

[Q50-105](#)

### Tuesday 4 November 2014

**Dr Graham Ritchie**, Principal Policy Adviser, Office of the Children's Commissioner, **Sarah Carter**, Trustee, Family Education Trust, **Joe Hayman**, Chief Executive, PSHE Association, and **Natasha Browne**, Former Chair, Youth Select Committee on "A Curriculum for Life"

[Q106-185](#)

**Crispin Drummond**, Explore—Students Exploring Marriage, **Michael Mercieca**, Chief Executive, Young Enterprise, **Dr Ann Hoskins**, Deputy Director Health and Wellbeing, Public Health England, and **Michael O'Toole**, Chief Executive, Mentor

[Q186-246](#)

### Wednesday 19 November 2014

**Gillian Allcroft**, Policy Manager, National Governors' Association, **Yusuf Patel**, Founder, SRE Islamic, **Kate Persaud**, Head of Citizenship, Fairlands Middle School, and **Philip Robinson**, Religious Education Adviser, Catholic Education Service

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**Dr Zoe Hilton**, Head of Safeguarding and Child Protection, Child Exploitation and Online Protection Command, National Crime Agency, **Eleanor Moody**, Advocacy Manager, Girlguiding, **Lauriane Povey**, Author, Veil of Anonymity, and **Alan Wood CBE**, President, Association of Directors of Children's Services, and Corporate Director of Children's Services, London Borough of Hackney

[Q340-388](#)

### Wednesday 17 December 2014

**Mr Nick Gibb MP**, Minister of State for School Reform, Department for Education

[Q389-517](#)

## Published written evidence

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The following written evidence was received and can be viewed on the Committee's inquiry web page at [www.parliament.uk/pshe-and-sre-in-schools-inquiry](http://www.parliament.uk/pshe-and-sre-in-schools-inquiry). SRE numbers are generated by the evidence processing system and so may not be complete.

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All publications from the Committee are available on the Committee's website at [www.parliament.uk/education-committee](http://www.parliament.uk/education-committee).

The reference number of the Government's response to each Report is printed in brackets after the HC printing number.

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