

Government Response to the Report by the Sex and Relationships Education (SRE) Review Steering Group



Ministerial Foreword



I would like to thank the SRE review steering group for its report and recommendations. In particular, I would like to thank Jackie Fisher, Principal, Newcastle College and Josh McTaggart, UK Youth Parliament Member for

Weston Super Mare, for co-chairing the review with me. This has been a challenging review. SRE is a topic which stirs strong emotions and on which there are very divergent views and perspectives. The steering group should, therefore, take great credit for having produced a report and set of recommendations on which there is such a strong consensus on how best to achieve the step change in the quality and consistency of SRE in schools that we are seeking.

I believe that this has been possible because the group – which included members representing a wide range of views – has considered the issues from a similarly broad range of perspectives, including:

- The role of SRE in tackling important public health concerns, such as high teenage pregnancy rates and increasing STI rates;
- The role of SRE in enabling young people to take responsibility for their own and others' sexual health, throughout their lives;
- The need for school-based SRE to support parents in giving their children the knowledge, skills and attitudes to make safe and responsible choices about relationships and sex – and consequently the need for parents to better understand what schools deliver and have a chance to influence it;
- The importance of schools having some flexibility to tailor the SRE they provide to take account of the needs of their individual students and their local communities, and the ethos and character of the school; and

- The need for young people's views to be fully taken into account, so that the SRE that schools provide addresses the issues that young people say they need to be informed about to make positive and healthy choices, and by ensuring that there is a stronger focus on relationships.

I welcome the fact that the review has been evidence based, using existing literature and commissioning new survey evidence to inform its conclusions. The available evidence on: what young people think about the SRE they currently receive; what parents want schools to provide; what teachers think would improve delivery of SRE; and what approaches to SRE work best in reducing risky sexual behaviour, have all been used to inform the review. The group has also considered the views submitted by individuals and organisations that were not represented on the steering group, to complement the experience and expertise of steering group members themselves.

The group's report identifies 6 broad areas where it feels action needs to be taken to improve the quality of SRE: improving the skills and confidence of those who deliver SRE; the role of external contributors; further guidance and support for schools; involving young people; the role of wider programmes and initiatives; and leadership. The attached Government response to the group's recommendations is similarly brigaded under these key themes. I am confident that the group has correctly identified the key delivery challenges and – as the attached response shows – I broadly agree with their ideas on how best to tackle them.

Underpinning the discussion on all these issues was consideration of the extent to which making progress on them was dependent on first making PSHE a statutory subject. There was a clear view from the group that making PSHE statutory was essential. In our response, we accept the strong

arguments for making PSHE statutory and set out: the arrangements we intend to put in place to consider the range of legislative options available to us; and the principles that will govern the way in which that work will be taken forward.

The review did not set out to define precisely what should be taught and at what age, although it did recommend that the Government should provide updated guidance in this area. It's report did, however, set out some key principles that should underpin any future guidance:

- There needs to be a stronger focus in SRE on 'relationships' and the skills and values that young people need as they progress through childhood and adolescence, into adulthood. This does not mean that the factual aspects of SRE are always taught well and attention needs to continue to be paid to improving young people's knowledge of topics such as contraception. Rather, it recognises that there needs to be a rebalancing of SRE programmes so that the relationship aspects of SRE receive more attention;
- Work on SRE should be within a clear and explicit values framework of mutual respect, rights and responsibilities, gender equality and acceptance of diversity.
- SRE should be inclusive and meet the needs of all young people, recognising that existing SRE provision does not always take sufficient account of issues such as sexuality; disability; ethnicity and faith;
- SRE needs to complement wider provision of information, advice and support to young people on sex and relationships, led by parents and supported by high quality and accurate advice and support by schools, helplines, websites, peer educators and other professionals whose work involves supporting children and young people's personal development;

- Schools need to do more to inform parents about what SRE they are delivering in each key stage, building a stronger dialogue between school and home so that parents are clear about what is being taught and are reassured that good SRE will give their children the knowledge, skills and confidence to make informed, safe choices;
- Schools should work in partnership with external professionals working in health and wider children's services, both to bring expertise into SRE delivery and to ensure that young people have access to advice and support on sex and relationships outside the classroom, building on the opportunities provided through Extended Schools; and
- SRE should not be taught in isolation and links need to be made with other parts of the Personal, Social and Health Education (PSHE) curriculum, in particular in respect of alcohol education, given the strong links between binge drinking and risky sexual behaviour.

I believe these principles represent a sound starting point for driving forward progress on SRE.

Much of the debate that has surrounded the review has highlighted concerns about the earlier sexualisation of young people, which we all share. Some have suggested that SRE contributes to this situation. I reject that view. I believe our response to the increasing exposure that young people have to sexual imagery and sexual content within, for example, soap storylines or music videos, should be to give young people the opportunity to understand the influence of the media, clarify values and attitudes, understand risks and consequences and acquire the knowledge and skills that will keep them safe and healthy. This is what good SRE provides.

At the same time that we have been reviewing the delivery of SRE in schools, there has also been a parallel review of Drug and Alcohol education.

This separate review had a broader scope than the SRE review, but there was much common ground and it came up with a number of similar recommendations – in particular in relation to the position of PSHE in the curriculum and the need to improve the skills and confidence of those who deliver PSHE. While there is a separate response to the report on Drug and Alcohol education, the Government responses to both reviews take a consistent approach where the same points have been made.

I believe that through the implementation of the actions set out in this response – and the linked response to the Drug and Alcohol education review – we will see a step change in the quality of not just these important aspects of PSHE, but in the quality and status of PSHE as a whole. This will be an important factor in our wider efforts to promote all children and young people’s well-being and to maximise the contribution that schools make to helping children and young people achieve the 5 Every Child Matters outcomes.

A handwritten signature in black ink, appearing to read 'Jim Knight', with a long horizontal flourish extending from the end of the signature.

Jim Knight MP

Introduction

- 1 The steering group's report focused on 6 broad areas where it was felt there was scope to take action that would drive up the quality of SRE in schools:
 - improving the skills and confidence of those who deliver SRE;
 - the role of external contributors in supporting schools' delivery of SRE;
 - the need for further guidance and support for schools;
 - involving young people in the design of SRE programmes;
 - how best to maximise the impact of wider programmes and initiatives; and
 - improving school leadership on SRE.
- 2 This report uses these broad headings to frame its response below.
- 3 In addition, the group also considered what effect making PSHE statutory would have on the implementation of their recommendations. The group was clear that PSHE was not given sufficient priority in many schools and that its lack of statutory status was a key reason why it wasn't higher up the agenda. In the group's view, this had significant implications for the amount of curriculum time devoted to PSHE, the level of investment in workforce development and the amount spent on resources to support the delivery of SRE. While the group recognised that making PSHE statutory would not, of itself, lead to better quality SRE, there was a clear consensus that it was a vital element of the wider strategy that was needed to improve SRE delivery. There was a similar consensus that there needed to be a statutory programme of study for PSHE, which would provide a common core of knowledge and skills for all young people.
- 4 The Government agrees with the SRE and drugs/alcohol education reviews that there are strong arguments for making the whole of PSHE a statutory subject. Such a move would underline the key role PSHE has to play in young people's personal development. It would be consistent with the emphasis in the Children's Plan on schools' role in developing young people in the round, as well as ensuring that they receive an excellent education; and with the priority we expect schools to give to the issues which it covers. We are therefore attracted to giving PSHE statutory status, and in consequence of this, introducing statutory programmes of study for PSHE.
- 5 At the same time we recognise that making PSHE statutory raises a number of complex issues which need to be worked through with care and in consultation with a wide range of interested parties. We have therefore asked Sir Alasdair Macdonald, Head teacher at Morpeth Secondary school in Tower Hamlets, to conduct an independent review of how the decision to give PSHE statutory status can be translated into a practicable way forward, which secures improved outcomes for children and young people in terms of their knowledge and skills to enjoy safe, healthy, productive and responsible lives.
- 6 The review will assume that statutory programmes of study, setting out the broad content of a common core of PSHE knowledge and skills that all children and young people should be taught, would be drawn up starting from the existing non-statutory programmes of study for personal and economic well-being in key stages 3 and 4.
- 7 For key stages 1 and 2, the review would take account of work that is already in hand to define the common core content for PSHE as part of Sir Jim Rose's review of the primary curriculum.

- 8 Within these assumptions about the likely content of statutory PSHE programmes of study, the PSHE review would consider the following specific issues:
- how to ensure that statutory programmes of study for PSHE retain in future sufficient flexibility for individual schools to tailor their PSHE curriculum and teaching to take account of their pupils' and parents' views and to reflect the ethos of the school;
 - how to ensure that parents and pupils are fully involved in the drawing up of an individual school's policy on delivery of sensitive topics within PSHE such as SRE and drugs and alcohol education;
 - how to assist those working in and with schools of a religious character to develop supplementary resources to support SRE delivery within a faith context;
 - how to ensure that school governing bodies have the support and guidance they need on drawing up policies for the teaching of sensitive topics within PSHE;
 - whether and how to protect the current rights of the small minority of parents who choose to withdraw their children from the current non-statutory aspects of SRE; and
 - how schools can accommodate PSHE as a statutory subject within the curriculum, without squeezing other important subjects, drawing on examples of exiting good practice in schools in delivering PSHE.
- 9 We have asked Sir Alasdair MacDonald to consult widely with all interested stakeholders and to report back by the end of March 2009.

1) Improving the skills and confidence of those who deliver PSHE

Recommendations

- 1.1 *A route should be created within ITT that allows teachers to train to become specialist PSHE teachers.*

Response: Accept in principle. We will work with TDA to identify options for moving forward and to agree a timetable for implementation that takes account of the intended changes to the statutory status of PSHE.

- 1.2 *DCSF should consider how best to increase awareness and understanding of PSHE among all teachers undertaking ITT (not just those wanting to become specialist PSHE teachers). This would not explicitly be about equipping them to teach SRE, but would focus on raising awareness of the important role that all teachers have in supporting young people's personal development and the duty on all teachers to promote pupils' well-being.*

Response: Accept in principle. Existing ITT standards require ITT providers to ensure that teachers are familiar with those aspects of the PSHE framework that are appropriate to the age ranges they are training to teach. Nevertheless, we will work with TDA to consider what further guidance and other materials it would be helpful to signpost ITT participants to. We will also add a question to the NQT survey to assess how well ITT prepares teachers to teach PSHE and promote pupils' well-being.

- 1.3 *DCSF, National Strategies and TDA should develop materials to help schools structure a days INSET that raises awareness across the whole school on the new duty on schools to promote pupils well-being – including on the role that good SRE can play in promoting well-being*

– and the materials should be actively promoted through the TDA, National strategies and appropriate websites and cascaded to local CPD leads who can encourage and support schools in delivering INSET on this issue.

Response: Accept in principle. It is important that individual schools retain responsibility for deciding how to use INSET days, to address issues identified in their School Improvement Plan. But we will support and encourage those schools which want to use INSET to raise awareness of the new well-being duty generally and drive up the quality of SRE in particular. This will draw on the role that National Strategies has in developing materials to support health and well-being, and TDA's role in helping schools to provide effective CPD.

- 1.4 *DCSF should undertake a concerted effort to increase the number of PSHE ASTs.*

Response: Accept in principle. While decisions to apply for AST status are for individual schools and Local Authorities, we will promote the benefits of creating and deploying ASTs to improve the teaching and learning of PSHE.

- 1.5 *'Promoting pupils' well-being' should be included as one of the national CPD priorities.*

Response: Consider further. We will consider how, as part of the TDA's development of a professional development strategy for the whole school workforce, we can encourage schools to give a stronger focus to CPD on SRE and PSHE.

- 1.6 *Local Authorities should be encouraged to provide more opportunities for Governors to receive training and information on the benefits of SRE, within a broader training package for Governors on the new Well-being' duty.*

Response: Accept in principle. It is important that Governors understand the benefits of good quality SRE and its contribution to safeguarding young people and ensuring that they experience well-being. It is important too that they are reassured that age appropriate SRE, set within a clear values framework, does not encourage young people to be sexually active. We will develop a briefing for Governors and work with colleagues responsible for the new well-being duty, to raise awareness of what the new duty means in practical terms, including in relation to SRE.

- 1.7 *Further consideration should be given to the supporting role that all school staff, including instructors, higher level teaching assistants and other support staff, could play in supporting qualified teachers in delivering SRE and their consequent training needs.*

Response: Accept in principle. We will ask TDA to report on options for developing the wider schools workforce's capacity to support qualified teachers to deliver SRE.

- 1.8 *DCSF should provide assurances that they will continue to fund the national PSHE CPD programme at existing levels and identify additional resources if demand for places on the programme increases.*

Response: Accept

- 1.9 *Targeted research should be undertaken with past participants on the PSHE CPD programme, to identify best practice on effecting change to the quality of PSHE delivery across the whole school.*

Response: Accept

1.10 Wider PSHE opportunities – in particular shorter, knowledge based training on sex and relationships – should be advertised on the TDA website and information sent to local CPD leads.

Response: Accept

Summary

- 10 We agree with the steering group's view that preparing the workforce to deliver high quality SRE represents the most significant delivery challenge. We want to explore how best to ensure that all staff are appropriately equipped in this area, exploiting opportunities within Initial Teacher Training (ITT), INSET, teachers' continuing professional development (CPD) and the training and development of support staff. We will ask TDA to develop options for increasing the quality of teaching to inform the decisions we take in this area. We will ask TDA to be creative and innovative in finding solutions to some of the real obstacles that may need to be overcome. In considering the best way forward, we will ask TDA to take account of the intended changes to the status of PSHE when developing options.
- 11 We will look at all opportunities to maximise the level of participation in the existing national PSHE CPD programme. Around £3m funding has been secured for this and each of the next two financial years. Guarantees about funding beyond the current comprehensive spending review (CSR) period are not possible.
- 12 The new duty on schools to promote pupils' well-being will provide the context for raising knowledge and awareness of teachers and governors about a range of important issues, including SRE. We recently consulted on guidance for schools, providing advice on the practical steps they need to take to meet their well-being duty and we aim to finalise that

guidance in 2009. We will also consider what further support schools might need to help them deliver this duty.

- 13 We will further promote the comprehensive programme of training, practical support and guidance that has been running since summer 2007, to help schools implement the new secondary curriculum which was introduced this September. Schools and local authorities can request help with planning their curriculum as a whole from the Specialist Schools and Academies Trust (SSAT). They can attend termly events on different aspects of curriculum design, receive personal support from SSAT lead practitioners and access a bank of resources. For support on PSHE – where there is a new secondary study programme – there is a network of subject advisers who offer support and briefing events. There are also subject specific resources, including video case studies at www.newsecondarycurriculum.org

2) Encouraging the use of external contributors to support schools' delivery of SRE

Recommendations

- 2.1 DH should clarify what level of school nurse resource will be available to support schools' delivery of SRE (in relation to the Public Health White Paper commitment to have a school nurse in place to support each secondary school and cluster of primary schools, by 2010).
- Response: Accept. We will bring forward commitments in the Child Health Strategy regarding the children's health workforce, including school nurses, within the context of all school health services.
- 2.2 Local authorities and PCTs should recognise the unique role that school nurses and youth workers can play in relation to SRE and agree

what resource is available to support schools' delivery of SRE, and target that resource in schools where it will have greatest impact.

Response: Accept. This needs to be done within the context of agreeing what action needs to be put in place to achieve local LAA priorities, such as reducing local under-18 conception rates and reducing the prevalence of Chlamydia among under-25s.

- 2.3 *Local PSHE/Healthy School leads should develop directories of local voluntary and community sector organisations who can support schools' delivery of SRE, using the criteria in the Sex Education Forum's guidance on involving external contributors, to check that their input is appropriate and in line with principles that underpin the Government's approach to SRE, and does not undermine the ethos of any particular school.*

Response: Accept in principle.

Summary

- 14 We agree that well-planned input from external individuals and organisations can enhance schools' delivery of SRE. The development of new SRE guidance (see paragraph 18 below) will provide an opportunity to set out the variety of ways in which schools can draw on expertise from external individuals, both from partner organisations – for example, school nurses, health promotion staff and youth workers – and voluntary and community sector organisations.
- 15 We recognise in particular the important input that school nurses can make to SRE. Through the Child Health Strategy, we will give clarity to the health services available to all children – including those of school age.
- 16 It is important that the input from external contributors to SRE is part of a planned

programme of SRE and that those who deliver SRE sessions to young people have relevant experience and expertise and that the information they provide is accurate and objective. We will, therefore, ask local areas to collate information about local voluntary and community sector organisations who can offer high quality support, which takes account of the Sex Education Forum (SEF) guidance on external contributors to SRE.

- 17 We recognise the group's points about the need for better strategic oversight of SRE delivery by LAs and PCTs, including identification of what resource is available from within mainstream delivery partners to support schools in delivering SRE. The majority of local areas have chosen 'reducing the under-18 conception rate' as a priority within their Local Area Agreements and we believe that this provides an ideal context for discussions between the local authority and its partners about how high quality SRE can support progress on reducing teenage pregnancy rates. We will also be holding a conference with elected lead members for Children' Services, which will set out what needs to be in place locally to reduce teenage pregnancy rates – including effective SRE – so that they can challenge and support local officials. Support from Government Offices and the DH National Support Team on Teenage Pregnancy will reinforce the importance of working with schools to improve the delivery of SRE in accelerating progress on teenage pregnancy.

3) The case for further guidance and support for schools on SRE

Recommendation

- 3.1 *New SRE guidance should be developed. The new guidance should: take account of young people's views on what content they need and*

at what key stage; help schools to deliver SRE that is inclusive and relevant to all young people, including young people with disabilities, LGBT young people and which takes account of young people's ethnic and faith backgrounds; and focus more on relationships.

Response: Accept

Summary

- 18 We agree that the time is right to update the existing SRE guidance, which was issued in 2000. Significant changes have taken place in the way in which schools work with wider Children's Services to deliver better outcomes for children and young people, through developments such as the Every Child Matters outcomes framework, the development of Extended Schools and the new well-being and safeguarding duties. We are also clear that more needs to be done to set out the Government's expectations on what topics schools should cover and at what age those topics should be taught.
- 19 We will establish a group that includes a range of key stakeholders to develop draft guidance on which we will consult widely. As well as setting out expectations, the guidance will provide examples of different approaches to SRE delivery – including those taken by schools of a religious character -which we will illustrate through case studies. We recognise the importance of schools being able to determine their own approach to the teaching of sensitive issues in line with the ethos of the school and the views of parents. Whilst new guidance will not prescribe such approaches, it will set out the topics to be covered and a common core of information we would expect all young people to be provided with – to ensure greater consistency in the SRE provided by schools.

4) Involving young people in the design of SRE programmes

Recommendations

- 4.1 *The Sex Education Forum's SRE audit toolkit should be widely promoted, including through: making it an integral part of the support offered to schools through the Healthy Schools programme; and encouraging all participants on the PSHE CPD programme to lead an audit in their school, as a way of demonstrating how their participation on the programme has had an impact on the whole school.*

Response: Accept

- 4.2 *DCSF should add a new question to the 'Tellus' survey that seeks young people's views on whether the SRE that has been provided by the school met their needs. This would be used to measure progress on SRE at a national level.*

Response: Accept in principle

- 4.3 *DCSF to include a complementary question on whether SRE has met young people's needs as one of the school-level indicators that will be used by Ofsted to assess a school's contribution to pupils' well-being and revise the school inspection framework to place more emphasis on well-being, including SRE.*

Response: Accept. A question on young people's perceptions on the SRE they have received is included in the guidance on well-being indicators, which has been issued for consultation.

- 4.4 *QCA's PSHE assessment guidance should be re-launched, taking account of the new guidance for schools on promoting well-being and the new programme of study for personal well-being.*

Response: Consider further in light of the development of statutory programmes of study for PSHE.

4.5 QCA should be asked to consider how better assessment of Personal Learning & Thinking skills could be used to assess young people's understanding of issues that are included in the 'relationship' aspects of SRE, such as assessing risk and making informed choices.

Response: Consider further.

4.6 QCA should include PSHE – along with all other national curriculum subjects – when developing new materials to take forward the new Assessment of Pupil Progress (APP) programme.

Response: Accept in principle.

Summary

20 It is impossible for us to ignore the findings from the UK Youth Parliament's report on SRE, which showed that a very significant number of young people felt their SRE had not given them the knowledge and skills they need. It is important, therefore, that young people's views are given proper consideration alongside those of parents, governors and school staff.

21 We will, therefore, seek to embed the SEF's SRE pupil audit tool in the way the group proposes and identify new opportunities to raise the profile of the 'learner voice' in SRE delivery as they arise.

22 We will also ask QCA to review current assessment arrangements for PSHE with a view to developing a culture in which assessment of learning in PSHE is seen as important as for any other curriculum subject – again this will need to take account of changes to the statutory status of PSHE. A better understanding of the knowledge and skills that young people acquire through PSHE, will enable schools to review and revise their SRE programmes to address any identified gaps in young people's knowledge.

5) Maximising the impact of wider Government programmes on improving SRE delivery

Recommendations

5.1 DH should review the quality assurance process for Healthy Schools accreditation to ensure it is sufficiently robust and ensure that someone with knowledge of SRE/young people's sexual health is a member of the Quality Assurance Group (QAG)

Response: Accept. We have been reviewing the quality assurance arrangements for Healthy Schools and revised Quality Assurance Guidance, will be issued in 2009.

5.2 DH should develop Healthy schools guidance illustrating in more detail what evidence schools should have in place to demonstrate that they are meeting the PSHE criteria – similar guidance already exists for the other 3 Healthy School strands.

Response: Accept. We are planning to issue Healthy Schools PSHE guidance before the end of 2008.

5.3 DCSF to develop supplementary SEAL materials, which use sexual relationships as the context for work on developing and maintaining positive and healthy relationships.

Response: Accept.

5.4 DCSF to develop a brief for LA and PCT senior officials on how SRE/PSHE can support achievement of indicators in the National Indicator Set (NIS) and encouraging them to bring pressure to bear on schools that do not prioritise SRE/allocate resource to help schools improve their delivery of SRE.

Response: Accept.

Summary

- 23 The Healthy Schools programme provides a key vehicle for giving support to schools on improving the quality of SRE. New guidance that helps schools to understand what evidence they need to demonstrate that they are meeting the criteria for the PSHE strand of Healthy schools is currently being developed. The National Healthy Schools Programme has also been reviewing the quality assurance process and will issue new quality assurance guidance in 2009.
- 24 In respect of SEAL, we will take forward work to develop the sort of materials proposed by the group, to complement the core SEAL programme.
- 25 Paragraph 17 sets out the way in which LAA performance management can support greater scrutiny of what local areas are doing to support schools to improve SRE. DCSF will develop a briefing to raise awareness of the way in which effective SRE can support achievement of a number of the indicators in the National Indicator Set – principally the indicators on under-18 conceptions and Chlamydia prevalence, but also more widely.

6) Improving Leadership on SRE

Recommendation

- 6.1 DCSF to explore further with the NCSL how to raise the profile of SRE within its training programmes and communications to schools' senior management teams.

Response: Accept

- 26 We recognise the importance of senior level commitment in schools to the quality of SRE. The wider measures set out in this response – principally our decision to consult on the practicalities of making PSHE statutory – will serve to raise the profile of PSHE and SRE among senior managers. Over and above

that, we will ask NCSL to consider how they can raise awareness and confidence on SRE among school leaders.

7) Other Issues

Recommendations

- 7.1 DCSF to revise the 'SRE & Parents' leaflet so that it summarises the Government's guidance to schools on what SRE topics should be taught at each key stage; and encourages parents to reinforce the SRE being delivered in schools, within the home. The leaflet should also reassure parents that SRE in schools is being delivered within a clear values framework of respect, mutuality, rights and responsibilities, gender equality and acceptance of diversity.

Response: Accept

- 7.2 DCSF should consider the impact of retaining the existing right of parental withdrawal from the non-statutory aspects of SRE.

Response: Accept. This will be part of the consideration of the statutory status of PSHE.

- 7.3 DCSF should establish a working group to consider what SRE should be provided by post-16 learning providers.

Response: Accept. This work will be taken forward in the context of joint DCSF, DH and DIUS proposals to develop a 'Healthy College' initiative.

- 7.4 DCSF and DH should provide more funding to evaluate what works in SRE.

Response: Consider further.

- 7.5 DCSF should consider changing the name of SRE.

Response: Consider further.

Summary

- 27 Throughout the review, the importance of better partnerships between schools and

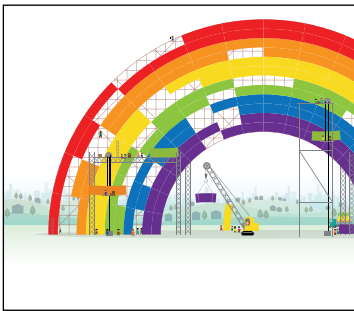
parents has been stressed. Parents need to be reassured that teaching about SRE will not encourage their children to become sexually active. It is also important that parents have opportunities to influence the school's SRE provision and that they know what SRE topics will be covered in each key stage, so that they can build on the discussions that young people have at school, within the home. We therefore support the group's recommendation to produce a leaflet that both primary and secondary schools can give to parents when their children enter the school and will consider how this can be supported by information on relevant websites. We will also continue to include information about sex and relationships in the support offered to parents within broader parenting support, such as transition information sessions.

28 The review group did not have sufficient time to consider in detail how SRE might be best delivered in the context of post-16 learning. But this was not because they did not think the issue was important. We agree that young people's need for information and support on SRE does not stop when they reach 16. The majority of young people do not become sexually active until after they are 16 and 80% of under-18 conceptions are to 16 and 17 year olds. We therefore intend to look in more detail at what is currently offered within the Further Education and Work-based Learning sectors and to develop proposals that will help all post-16 learning providers reach the standards of the best. This will build on the work already done by the Sex Education Forum on developing health advice services in FE colleges, which in many cases are already using tutorial and lifeskills programmes to improve young people's knowledge about sex and relationships, as

well as to highlight the availability of on-site support from health professionals.

29 We agree with the review group that we need to have a good evidence base on 'what works' in SRE. The first priority is to ensure that we have mapped all the available evidence from existing research and studies including the findings from the NICE review of PSHE etc. We shall consider the case for commissioning further evaluation, in the light of this mapping

30 We understand the arguments from some quarters that the current branding of SRE serves to reinforce the focus on the biology of sex as opposed to work on helping young people to see sex in the context of a loving and committed relationship. We will, therefore, consider this recommendation further.



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