HOUSE OF COMMONS

Education Committee

Oral evidence: PSHE Education and SRE in schools, HC 145, Tuesday 21 October 2014

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Written evidence from witnesses:

- Professor David Paton (SRE 88)
- Royal College of Nursing (SRE 183)
- Association of School and College Leaders (SRE 188)
- Sex Education Forum, National Children's Bureau (SRE 368)
- FPA and Brook (SRE 399)
- Ofsted (SRE 443)

Watch the meeting

Members present: Mr Graham Stuart (Chair), Neil Carmichael, Pat Glass, Siobhain McDonagh

Questions 1-105

Witnesses: **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 gave evidence.

Q1 Chair: Good morning and welcome to the Education Committee as we take our first oral evidence on Personal, Social, Health and Economic Education and Sex and Relationships Education in Schools. Now, many of our questions today will focus on sex and relationships education. Can I ask, perhaps to warm you up, does it make sense to consider SRE as a discrete part of PSHE, or are they too intertwined? Is PSHE without SRE meaningful? Alison? I will pick on you.

Alison Hadley: They are completely intertwined. There are specifics about sex and relationships education that need to be addressed, but the reflective learning and the skills that young people need to look after themselves safely and have good sexual health are the same kinds of things they need to manage alcohol, drugs, risky behaviours and exploratory behaviours that young people experience. It is SRE within PSHE, and statutory of course for both.

Q2 Chair: Does anyone have a different view from that? Simon?

Simon Blake: I did say it is a bit like trigonometry in maths—you just have to have them as part of each other. It is one bit of content in a curriculum subject that teachers can think about coherently.

Q3 Chair: Well, if you all agree with that I will move on. What is the purpose of SRE? Putting aside specific questions about content, why should it be taught at all? Professor Ingham?

Professor Ingham: There is a number of reasons. There is obviously the rights agenda—that young people have the right to knowledge, support and skills to help protect their health. That is a universal right. If we look at the more empirical side, young people are facing huge pressures—as they always have done—but those pressures change as new technologies come in. They have an entitlement, both as a right but also for empirical reasons, to have the skills and ability to cope with those new developments—to have a set of generic skills that will enable them to manage. For example, sexting has come in—everyone is panicking about it; it is a great threat. If young people had the skills implanted early on to deal with issues they felt uncomfortable with, they would be much more able to cope with these new challenges. It is the same with abuse: if they are unhappy with some things that are happening to them or a bit nervous about things people are saying to them online, they should hopefully have those skills if they have had the proper PSHE preparation.

Q4 Chair: But you are a Professor, and one can often make intuitive remarks of that sort, and one would assume and hope that was true. But what evidence have you got?

Professor Ingham: There is a huge amount of evidence. Let me stress first of all that we should get away from what I call the injection model of SRE, where we take a bunch of 11-year-olds, inject five lessons of knowledge into them and hope that will suddenly solve all their problems; it does not work like that. Every SRE programme is slightly different: they operate at different ages; they have different models of delivery—peer-education, teacher delivered or outside delivered—and all the people in a particular secondary school would have come from a range of different primary schools, so they have different levels of understanding, knowledge, social backgrounds and so on. It is really hard to look at any one study and say what works and what does not.

I mentioned Doug Kirby, who is an American expert in the field and spent his whole life looking at evaluating programmes. When he looks at 60, 70 or 80 programmes and looks at patterns across the whole range, he finds some that had no impact, but the majority had a positive impact either in terms of physical outcomes like teenage pregnancy or much more everyday outcomes like more confidence, lower regret, delayed first intercourse, higher use of contraception, and so on. That is one set of evidence. The National Institute for Health and Care Excellence here has done a similar review and comes up with similar conclusions. All the evidence is pointing in the right way, but it is hard to say one particular programme works.

Q5 Chair: Professor Paton, back to the purposes of SRE: what should they be?

Professor Paton: Well, people have a range of different views about why they want their children to have SRE, including information and preparation for their future life. Just to pick up on what Professor Ingham said, it is perhaps unfair to paint the evidence as being a consensus; it clearly is not a consensus on the impacts of SRE. The Kirby is one set of data; it does not cover any of the UK studies. If you look at the most recent survey by Daniel Wight of all the recent UK sex education programmes—the RIPPLE programme, the SHARE programme and so on—he finds every single one of them had no beneficial outcomes in terms of behaviour.

Now, that does not mean no programmes have any beneficial outcomes; it means 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. There is a more mixed set of views in terms of initiation of first sex, and so on.

Chair: Right. Alison.

Alison Hadley: It is very difficult, as Roger says, to say one plus one equals two, but to have a review of reviews that suggests that two-thirds of the comprehensive sex education programmes do have a positive impact on behaviour, and none has a negative impact, shows the trend is in the right direction. What is important from the review is the principles of effective programmes are drawn out. There are six main principles: they need to be relevant to children and young people; inclusive of gender and sexuality; factually accurate—which is very important when young people have a plethora of places where they can get misinformation from—have trained educators; develop skills; and involve participatory learning.

Those principles seem to adhere across all the effective programmes, and are the kinds of things we should be looking at, rather than whether there is a programme somewhere in the world that delivers exactly what we want, because there is a mixture of programmes there. The trend is very much in the right direction, and the fact that no programmes have a negative impact is really important. I think you have the principles there on which we need to work. Of course, on the alternative to not having sex and relationships education within PSHE, my question would be: what is the alternative?

Professor Paton: I want to pick up on this point that no programmes have negative outcomes; that is simply not the case. The Wiggins and Bonell study in the BMJ of the Young People's Development Programme was very comprehensive: it had sex education outcomes; it had links to services and so on. It very much found negative outcomes in that the intervention arm had higher rates of teenage pregnancy than the other arm. That is not a general result, but it is just to emphasise there is a really vast variety of findings. My take on the literature is that it is clear there is not one size fits all. In fact, it is quite supportive of the current approach of UK sex education, which generally devolves down

to the school level to work with parents to decide what the best type of sex education is at which stage for their children.

Q6 Chair: Is it difficult for researchers? Especially if they spend a lifetime in something, it is quite hard to believe they do so in an entirely objective manner divorced from sides and beliefs. This is probably a better question for the professor, but I will let you come first, Simon.

Simon Blake: There is a range of different evidence, isn't there? When you look at the ways that we understand how children learn, we generally do not do that from a randomised control trial. If we want children to learn to be nice to each other, how to be good in relationships, to say "no" when they want to, or to say they don't want to do something, we have to teach them. What we know in all other areas is that parents do some of that, schools do some of that, and friends and the internet do some of it as well. But schools have to be right at the heart of a universal offer for children and young people to teach them about some of the values and different things that people believe, and some of the universal things around consent and being respectful of difference etc. Unless we have people within schools who have been trained to do exactly what Professor Paton says, which is to work confidently with parents and children, we are not going to get the baseline and the opportunity we have within schools to do what we have a moral imperative to do for children, which is to help them navigate their way through modern life, modern Britain—whether that is to do with sex and relationships, alcohol and drugs, or making choices about any other area of their life as they grow up.

Professor Ingham: Well, on the Wiggins study that Professor Paton mentioned, I looked at that when it first came out and engaged in correspondence with Meg Wiggins and Chris Bonell. They pick people up; they have got two different youth development programmes, and they followed them up after six months and 12 months to look at outcomes. The third time there were only about 30% of the people still in the sample. It is really hard to make conclusions like "youth development programmes don't work" when 70% of the people involved in the first place dropped out.

Q7 Chair: The point was not so much that they definitively proved it did not work but that it gave the idea the evidence overall suggests it definitely does. Actually to say you were not very sure would probably be a fairer reflection of the research in Professor Paton's view, without putting words into his mouth. How would you respond to that?

Professor Ingham: Well, a few months after that programme came out, another article appeared in the same journal saying the Young People's Development Programme showed really positive effects. My attitude as an academic would be to say just get rid of the Wiggins one—it is methodologically very unsound—and look at larger studies from other countries.

Chair: We will come back to this anyway.

Professor Ingham: I would also add that the Wiggins study was not about sex education; it was about youth development schemes outside of schools.

Q8 Siobhain McDonagh: As a layperson, I have a bit of a problem with some of the acronyms in this particular debate. If you do not mind, I am going to try to read the things out in full and then get my head, and everyone else's, around it. My question is to Professor Ingham and to Mr Blake. You were both involved in the 2008 Department for Children, Schools and Families work on reviewing sex and relationship education, which recommended that Personal, Social, Health and Economic Education should be made statutory. Has anything changed in terms of the evidence since 2008, or do the conclusions still stand? Which aspects of the debate do you think we should concentrate on as a Committee, given that there have been debates and investigations into a number of areas over the last few years? Finally, in particular, what significance should be attached to more recent trends in sexting, cyberbullying and child sexual exploitation?

Professor Ingham: Okay. Well, that is a nice simple question. On the first one, this is the Jim Knight working party that was on the statute book, and the election was called and it got washed up. Now, just as an aside, one of the reasons it was defeated in the House of Lords debate was that Baroness O'Loan quoted the SHARE study in Scotland, which was a randomised controlled trial, and said it showed no output and, therefore, sex education did not work, so therefore we did not need statutory sex education, which is really a strange logical chain of thought. The reason SHARE did not work properly was because it simply looked at one year, it was 10 or 15 sessions and it was just an example of one programme, and that particular type of programme does not work.

What has happened since? I still stand by the recommendations of that report—and I must say it was a multi-faith committee that made those recommendations, including the Catholic Education Service—because it is such an important area and, unless there are moves to make it statutory, you will not get the shift in attitudes amongst school governors, teachers and parents that we need to give it much more serious consideration. Schools, teachers and parents are nervous about the area; there is no doubt about that.

Q9 Chair: Has anything changed? The first question was has anything changed in the evidence since 2008 that we should bear in mind before you tell us if there are any particular areas on which we should focus?

Professor Ingham: No. All the stuff that has been published since then has reinforced the idea that young people should have it for positive outcomes.

Simon Blake: I really emphasise that it was children and young people who came from the UK Youth Parliament that did a major survey that instigated that review in the first place. The danger of us talking about this in terms of teenage pregnancy and behavioural outcomes is simply that we forget that at the heart of this are children and young people who keep telling us that we do not teach them the basics about their body; we blame them and criticise them when they look at pornography as a way of learning about sex, and yet we do not talk to them openly and honestly about it. We talk about all of the negative things, but we do not do anything to put and create positive values, positive behaviours and positive ideas within the school context.

Has anything changed? Nothing has changed, except there is more and more and more evidence of more and more and more children and young people telling us we are still

failing them. In 2008, six years ago, we were in the same sort of conversation. Nothing is changing systematically that means we have got teachers who are confident to work out how best to do this. Over 90% of parents say they want schools to do it well. An awful lot of those believe schools are doing much more than they are. But we cannot expect schools to do this with full confidence unless we actually make sure there is enough curriculum time and that there is inspection that has parity of esteem across with other subjects.

For me, something has changed, and that is that there is another group of children and young people that we leave vulnerable each year that we have this. Different sorts of evidence show us that. If we just look to the RCTs, we miss the most important bit, which is the voice of children and young people.

Professor Paton: Just to come back to this issue, I think two things have changed. Certainly, in terms of the evidence, there is now more evidence that sex education is not particularly effective in these sorts of outcomes such as reducing teenage pregnancies or delaying sexual activity. We have got the various bits of research on the Healthy Respect work in Scotland, particularly from Daniel Wight, who surveys all the recent evidence. He concludes 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.

The related thing that has changed is that, since 2008, although we have not had statutory sex education—we have not removed the parental opt-out and so on—we have had a significant reduction in teenage pregnancies in the UK. These things have been achieved without changes to sex education and, clearly, all the evidence has said right throughout that the real drivers of these outcomes tend to be the underlying socio-economic factors.

Q10 Chair: Simon is talking about the fact that something not to be forgotten is that so many young people are strongly of the opinion that they do not know, or they are not taught enough, and they feel that they should be; perhaps they do not feel they are comfortable speaking to the parents, or whatever it is. Can you tell us anything about attitudes among young people, or, indeed, among parents that might influence this debate? Because it is not just about efficacy. We might struggle to show that the study of certain things leads to any very measurable outcome, but we would still recognise that people feel they have an entitlement to it, they want it, and they receive it. We do not sit there questioning whether or not it has led to better historically based decisions as a result.

Professor Paton: That is the bottom line. We should not be saying, "We have to do these things. We have to have statutory sex education to achieve good outcomes." We should take a step back and be saying, "Well, what do we want out of sex education? What do parents want? What do children want?" It is clear from parents, and probably from children too, that there is a diverse range of needs and wishes. Children are very different. They develop at different ages, and to have this sort of one-size-fits-all approach—"We have to have a statutory programme; we have to insist, for example, that primary schools do certain activities"—is just the wrong way to go. There is no need to do that in terms of the outcomes, and there are serious problems in terms of the worries that parents then have and the lack of confidence that sometimes gives parents in engaging with schools.

Alison Hadley: I would just like to say again that I would question David's remark that, over the last few years, there has been increasing evidence that sex education does not work. If you look at the international evidence and the reviews that are used by the World Health Organization and UNICEF across the world to develop programmes for children and young people in all countries, it says that good SRE does improve behaviours, which leads to better outcomes. You do not have a programme that reduces teenage pregnancy on its own, but if you delay sex and you improve the use of condoms and contraception, that in the end will improve outcomes. I would challenge David's assertion on that.

In terms of the current picture, what we have—from what young people tell us—is that it is a postcode lottery as to where they live and which school they go to that determines whether they learn factually accurate information about growing up, puberty, sexual health, and have a safe forum to discuss the issues that are going to make sense to them in the reality of their lives. Time and again, they say, "Well, we have got a little bit of information, but we do not have any safe place to discuss how we apply that to going out on a Saturday night, or dealing with our friends or dealing with the pressures." That is the kind of thing that we need through a universal offer. There is no other way of providing that universal offer for young people unless it is done through the comprehensive programme in schools.

In terms of what has changed, I would say that we have got an even greater consensus on the importance of SRE from parents, Government, DfE, the Department of Health and Public Health England, the Local Government Association, young people, Ofsted, and everybody else. Everybody, for lots of different reasons, says that SRE is absolutely vital for keeping children safe and healthy, so we have got an even better consensus than we did in 2011.

Chair: Thank you. I will have to cut you off; we have got limited time, and a lot to get through.

Q11 Siobhain McDonagh: We have touched on the issue of whether it is necessary to make PSHE and SRE statutory, but, apart from Professor Paton, are you unanimous in your view that it should be?

Alison Hadley: Yes.

Professor Ingham: If it is, then a whole series of things follow, like training for teachers, which is absolutely essential. At the moment, there is no training for teachers in covering these really important issues, so they are stuck. It would send a really strong message to parents that the Government and the country takes these things seriously, and it would give students an entitlement, so if schools are not delivering, people can act and encourage them to deliver in the right way. At the moment, it is left very much to individual schools, and we know it is incredibly patchy.

Simon Blake: Can I just be really clear that making a statutory provision does not mean that you tell schools how to do every single thing? 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 then you also have the inspections. I would agree that we do not want a programme of

study that says exactly how everything is done everywhere, but all children do need to understand about the law; they need to understand about health perspectives; and they need to understand different views and perspectives. That is what makes good education. If we can find other ways to get that system changed, then I would be really open to that, but so far nobody has been able to.

Alison Hadley: That is absolutely the case. If we have got statutory SRE and PSHE, training of teachers is absolutely vital. I do not think anyone in this room would actually relish the thought of going in and talking to 14-year-olds around sex and relationships. Training is absolutely vital, and Ofsted have repeatedly said that the training is a very weak link of SRE, but we have got to have the trained workforce and then the challenge from Ofsted to make sure that schools are offering good provision for children and young people. That is really important.

I would just quickly like to mention the point David was making about teenage pregnancy. There was a very important data analysis study done by the Institute for Fiscal Studies, which looked at young women conceiving before 18 and matched the same young women with the pupil level database that is held by the Department for Education, so you could see the characteristics of the individual young people. The IFS concluded that most of the young people who got pregnant did not have specific risk factors, and that if you are going to reduce teenage pregnancy by a significant margin, you have to have universal and targeted prevention work. I think that makes the case, again, for statutory SRE and PSHE to reach all young people, and that is what is going to have the biggest impact.

Q12 Chair: Sorry, but is there not a strong correlation between girls who get no qualifications and getting pregnant in their teenage years?

Alison Hadley: Indeed. The vast majority did not have the risk factors, but where there were associated risk factors, they were free school meals eligibility; persistent school absence by Year Nine, which is age 14; and slower-than-expected progress between Key Stage 2 and Key Stage 3. I would suggest that those are the young people who would need the more intensive SRE and PSHE in schools, and schools know those pupils well. It is universal work, and then targeted work within that. Just to support the targeted work will leave all the other young people ill-equipped.

Q13 Siobhain McDonagh: It only seems fair to ask Professor Paton to come back.

Professor Paton: If you look at the research that we have just completed on the recent reductions in teenage pregnancy, and a wide range of other research, it is that improvement in educational outcomes is the real driver for reductions in teenage pregnancy. Now, there are drawbacks to statutory SRE. All subjects have a claim on school time, and statutory PSHE, even, and SRE do potentially mean less time for other things. 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. That is what has changed very significantly. If you look at those areas that have had the big decreases in teenage pregnancy, it is not the areas with good, dedicated teenage pregnancy prevention services; if you look at the Tim Blackman study, it is really quite devastating. The Tim Blackman study says those areas with the best teenage pregnancy commissioning are the

ones with the smallest reductions in teenage pregnancy, whereas if you look at education and the underlying socio-economic factors, they are the drivers.

Q14 Chair: Professor Ingham, that is right, is it not? The best way of stopping a girl getting pregnant in her teenage years is to get her a good education, and then she does not get pregnant.

Professor Ingham: I have two or three responses. One is that it has been well established for many years—and there is another report coming out very soon—that good PSHE is directly linked to good academic attainment. If we think academic attainment is what reduces teenage pregnancy, then let's give good PSHE in the first place, to get good academic attainment and see it all follow through. As I say, we have got to get away from this injection model of injecting a bit of attitude or a bit of knowledge into 11-year-olds and hoping everything will be all right. It is not as simple as that, so PSHE is very important.

Q15 Chair: It does not have to be either/or.

Professor Ingham: No, but it is a cycle. That is what I am saying. By saying that the evidence is showing that sex education does not work, you are taking away from the argument that it is actually part of a programme that has been shown to be effective in all sorts of different ways.

Q16 Chair: But what if the evidence shows that, in fact, even if you have poor SRE but you turn around your weak schools and you make sure that children from poor homes and all the rest of it all get a good education, a good entitlement, that actually makes far more difference than good SRE? That is, I think, the point that Professor Paton is making.

Professor Ingham: In theory, that would contribute quite a lot, but you still need the expert knowledge on sexting, exploitation and so on.

Q17 Siobhain McDonagh: As a constituency MP, I have become increasingly alarmed at the development of social media for the oppression of girls and young women. I obviously accept that good academic education is what really helps, but we also need teaching in resilience and confidence to go side-by-side with that. Is that not what PSHE does? I do some work with a WISH Centre, which is a charity that is dedicated to reducing self-harm. Understanding, as a middle-aged woman, the difficulties young girls are experiencing with the abuse of their confidence on the internet, drives me more towards wanting PSHE—not instead of academic education but to support the academic education.

Professor Paton: Just on that, I agree absolutely. Resilience and confidence are the sorts of skills that schools should be teaching. The point is whether it is right to say that schools have to do that via a PSHE programme or an SRE programme, or whether we leave it to schools, in conjunction with parents, to decide how best to instil that in their pupils.

Siobhain McDonagh: I do not think a lot of parents know what is going on.

Alison Hadley: I think that, leaving it as it is, as we have seen—and as Simon mentioned—young people consistently say that they are not getting the information and the support they need to look after themselves, and that is consistent every single year. Parents, when they understand what good SRE is within PSHE and know that it is about keeping their children safe, all want it. But, coming back to David's point that only education reduces teenage pregnancy, the evidence is that you need good, comprehensive sex and relationship education combined with easy access to contraceptive services, and ambition and aspirations. You have to have those triangulated. You cannot just have the ambition on its own and the maths on its own. That does not reduce teenage pregnancy.

Q18 Chair: Does the evidence bear that out? Have you got cases where there are excellent educational outcomes and weak SRE, and you do not see a fall in teenage pregnancy?

Alison Hadley: We have not got the data to that degree. We did what we called a deep dive in-depth review halfway through the Teenage Pregnancy Strategy, and we looked at areas that were doing well with reducing their rates and compared them with exactly the same kinds of areas—in terms of poverty and deprivation—that were not doing well. The key factors that the areas that were doing well had in place were that they had prioritised SRE in schools; they had trained the workforce to talk to young people about risk and resilience in sexual health; they had done work with parents, and they had made it much easier for young people to get one-to-one confidential advice. Those were the factors that made the difference.

The other areas had done a bit of that work, but they had not put it through the whole system of the area, and when we issued new guidance and we had a lot of focus on the areas that were not doing so well, the rates started to come down in the areas that were performing poorly. You have to have what we call a whole-systems approach, with everybody playing their part.

Q19 Siobhain McDonagh: The Government has recently written to schools to remind them of the importance of PSHE, and has taken various other steps, such as the establishment of a new expert group on PSHE and SRE. Will these steps be sufficient to see an improvement in PSHE education? What steps should the Government take to improve that education in schools, short of making it statutory?

Chair: I know three of you want to make it statutory, but what could it do to make things better if it was not?

Professor Ingham: The answer to the first one is, "No." Is it sufficient? No, because, as you know, with the whole academy and local authority thing, it is now very difficult to know how to influence schools. But one of the factors that I do want to stress is that some parents get nervous about what is going on in schools. We have just finished a big study talking to parents about how they educate their children about these issues, and one of the things that came out really strongly was the way that certain organisations—SPUC is one of them; Family and Youth Concern is another, who I know you have heard from, the Family Education Trust and so on—publish reports that are highly misleading.

Chair: You might like the broadcast listeners to know the acronym you said first.

Simon Blake: The Society for the Protection of Unborn Children.

Professor Ingham: Sorry, the Society for the Protection of Unborn Children, which David Paton is a leading member of, and he actually said so in his submission. I know Family and Youth Concern have written a submission to you. There was a leaflet that came out a couple of years ago that was about puberty, about growing up, and it had a picture of a boy and a girl, and it had a picture of a penis and a picture of a vagina with those words written on. That was all it had that could be remotely called anything to do with sex. The next day, the *Daily Mail,* the *Telegraph* and the BBC had headlines saying, "Now schools introduce sex education for five-year-olds", and all it was was using the correct names for the genitalia.

Now, it is not surprising that if parents see that, they are going to get nervous about sex education in primary schools, but when you actually sit down and talk to parents and say what actually goes on, and why it is logical to use the right names rather than silly, made-up names, they fully understand the point. It is a very dynamic situation. There are certain organisations that are very keen to prevent anything positive going on in schools, and when you cut through those and actually talk to the people, you can overcome a lot of these barriers. That is irrespective of faith. We are not talking here about faith versus non-faith; we are talking about particular interpretations of particular faiths.

Q20 Chair: Simon, putting aside for a moment the statutory issue, what could be done? What should the Government be doing?

Simon Blake: Again, the first answer is, "No." Clearly, they are not doing enough, and anything that does get done short of statutory has to be trying to affect the system. Great, let's get the supplementary advice, which was written by us, with greater support from DfE. Let's get the Secretary of State very clearly talking about the importance of personal, social and health education, but 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. Clearly that has to be across the range of different schools, academies, free schools and maintained schools. Those are the three things we know make a difference, so any contributions have to affect those.

Professor Paton: Governments have a good role in terms of disseminating good practice, providing advice and so on, but should draw back from imposing a model or statutory ways of doing these things, because that can restrict innovation of schools and can restrict the development of good practice.

Q21 Chair: Are you glad the Government did not give its official stamp to the 21st century supplementary guidance that came out?

Professor Paton: Absolutely. I think there are very serious problems with the supplementary guidance, particularly in terms of consent. The consent issue is treated in the supplementary guidance as a necessary and sufficient condition for there not being concerns about sexual activity amongst minors. If you look at the Brook traffic light resource, which it points to, it talks about sex by 13-year-olds as being healthy and

positive sexual development and a green light indicator, so not a concern for sexual abuse. If you look at the serious case reviews undertaken by Torquay, for example, they explicitly raise the issue of consent for underage children and the way that agencies treated consent as being the driver and the end of it: "If the youngsters are consenting, then there is not a child abuse issue." They said that was seriously wrong, and they have asked for the Fraser guidelines to be looked at again as a result.

Chair: I have strayed into Neil's area of questioning. I apologise.

Q22 Neil Carmichael: Already you have. Do not worry about that. I will wend my way around the various rocks of your contributions, but they are good ones. I just want to pick up a point that Professor Ingham mentioned before about media misinterpreting things and getting parents and schools alarmed. That is absolutely right, but you just try to conduct a sensible debate about Europe through the press and you will find similar difficulties. We all have that cross to bear.

The issue that I want to talk about first of all is supplementary advice, because that is taking place, and the first issue, I suppose, is this: autonomy of schools is increasing; what kind of impact is that move having on the whole question of sex education, but also supplementary advice? The key question is: does the Department for Education really have to have everything stamped with its own logo on anything that is supplementary advice? Who would like to go first?

Alison Hadley: The devolved education system has had an impact. Some academies are doing fantastic SRE and PSHE programmes and maintained schools are doing the same and then there is a spectrum of that, so there is no one model that is working perfectly. I do a lot of work with local areas to help reduce teenage pregnancy further, and what they are saying is that 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 supplementary advice has been welcomed very strongly by those schools that have read it, and my experience is that a lot of people have not really noticed it is there. Even though it has clear endorsement and it was mentioned in the House of Lords and it has a lot of endorsements in the advice, it is not on schools' radar yet. This is not instead of statutory. I am very much with the complete statutory is the only route to get what we need here, but more explicit and visible support from the Department about the supplementary advice and really getting it on head teachers' and chairs of governors' radar would be very helpful now.

The other thing that has happened in terms of the changes since 2008, although these were not perfect programmes at all, is that the Healthy Schools programme and the Extended Schools programme provided a kind of infrastructure for the delivery of SRE and PSHE, and there was a professional development programme for teachers on PSHE and SRE, which is no longer funded. Some of the things that helped move us forward are no longer there. I am not saying they were perfect programmes, but we do not have them

any more and that, combined with a devolved system, has meant that it is even more difficult for local areas to ensure a universal offer for young people.

Q23 Neil Carmichael: Two issues arise from that. One is the question of whether supplementary advice alone is sufficient or do you need training to ensure that it gets to the place where it needs to be? Presumably, your answer to that question would be "yes".

Alison Hadley: My answer to that question is we have to have the statutory provision, which brings on the training and the inspection, and the supplementary advice is an interim help for schools, but it is not the solution to the challenges we face.

Q24 Neil Carmichael: Then you said something about school governors and the chair of governors, and presumably you mean that, because we do not have a statutory position, school governors and chairs of governors should be encouraged to bring this on to the agenda of their schools.

Alison Hadley: Absolutely. My understanding from working with local areas and meeting teachers and governors is that they are very concerned about the safeguarding issues. They are really concerned about sexting in schools and social media, the potential child sexual exploitation issues and the point that David was making earlier about consent. 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. Governors are very concerned at the moment about the additional risk to their pupils around social media and sexting, and would really welcome some advice about how to deal with that—and pornography as well; that is the other thing they are really worried about. There are real issues.

Simon Blake: I just wanted to comment on whether the DfE has to have its official stamp on it. There are all sorts of things that are produced in all sorts of subjects that the DfE does not have its official stamp on, but it is the ones that do that really people stand up and take notice of. Even if that is signposting to particular ones, it is about being braver and bolder about saying there is good material and we want you to do it as an interim step. However, the supplementary advice was designed very particularly to address the issues that we were hearing teachers tell us they were struggling to deal with, and that is why that was important. In and of itself, though, it 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, because we know that it is places where there is more reticence that do not know that any of this advice and support exists and people still talk about the 1996 guidance that was produced, even though there has been other guidance in the middle.

Q25 Neil Carmichael: The supplementary advice, in a sense, is updating the original advice. Therefore, do you think the original advice is fundamentally correct and simply needs updating, or do you think we need to go right back to the drawing board?

Simon Blake: It feels like it is from a different age, but there is nothing wrong with it and my suggestion would be that we focus on looking forward and trying to achieve

proper change rather than guidance at this stage, and to have support around the supplementary advice that exists and say that schools need to read the original guidance from 2000 alongside that. At this point in time, it feels to me as though it is more important to get the system change.

Q26 Neil Carmichael: Let us have a look at the impact of SRE, and this is something that Graham and Siobhain touched upon. It has fallen sharply in terms of under-18 conception, by 40%, apparently, since 1998, which is good news, but I have one general question that I want to put and it is: how does that compare with our European partners, if you like, France and Germany? We were always top of the league in terms of teenage pregnancy. Are we still top of the league despite that fall, and what lessons can we learn from those other countries that seem to have tackled this problem earlier or even avoided it happening to the same extent that we have experienced?

Professor Ingham: We are still top of the west European league, but by a lesser gap than we were.

Chair: Bottom, depending on how you want to look at it.

Neil Carmichael: We are top of the league in terms of numbers.

Professor Ingham: We are still nowhere near as high or low as the United States of America, by the way, which pushes abstinence in their education very strongly. Other countries have reduced a little bit, but we have reduced a lot more.

You asked what we are learning from other countries. I spent three or four years researching what goes on in the Netherlands, so I am very familiar with that, and I know people talk about the Netherlands as a model, which it is in some ways. In the Netherlands, you would not have this discussion about statutory SRE. In fact, in the submission by David Paton he says they do not have it, as if that is a reason why we should not have it. The point is, in the Netherlands, because it is so obvious to parents and to professionals that young people should be brought up understanding their bodies and understanding about relationships, they do not need to make it statutory. I think that is a really important issue. When you follow that through, when young people start to get involved in relationships and sexual relationships as well, there is much more respect and mutuality; there is much less regret of early intercourse in the Netherlands. The reasons that men give for having sex are quite different from in England, and that is because from a very early age, in schools and at home, they have talked about respect and mutuality in relationships—valuing other people.

That is something that here we find very difficult, because we have set up schools versus parents, and you have had 450 submissions to say it is the parents' job, not the schools' job. They all look very similar to me, but that is not the opposition that we should be setting up. We should be asking how schools and parents can work together, which is what they do in the Netherlands, how they can understand what each other is doing and trust each other, how they can establish relations between boys and girls that are more respectful, and how they can encourage people to respect diversity and different sorts of relationships and so on. The evidence is absolutely clear: the Netherlands have a teenage conception rate about one-eighth of ours. There are much more happy

relationships, much less regret, much more mutuality, and the men have sex because they love the woman or the man, not because they feel peer pressure to do it or because the woman feels pressured by the man. It is a completely different culture and it is only a couple of hundred miles away.

Professor Paton: The Netherlands is an interesting case and they are having a debate at the moment about statutory sex education, because quite a lot of schools in the Netherlands do not do sex education. There is a vast variety of practice on the ground. It is a country where they have very low teenage pregnancy rates. If you look at the countries with the lowest pregnancy rates amongst minors and teenagers, we are looking at the Netherlands, Ireland, Poland, Italy and Spain with particularly low pregnancy rates. Some of those countries do have statutory sex education—Ireland and Poland. The Netherlands, Italy and Spain do not. All of those countries do have very significant parental involvement. They all have, ultimately, the right for parents to opt out of sex education if they want to.

I should just be clear: I am not saying that sex education is not something that schools should be doing. I am very much in favour of sex education in schools. The point is more the policy and the statutory guidance on that, and if you look at those countries, they do not have, in general, statutory sex education; at least the Netherlands, Italy and Spain do not. They allow parental opt-out; they do not necessarily have primary school statutory sex education. If you look at what happens both mandatorily and in practice, the average age for starting sex education in schools tends to be a bit lower in the UK than in those countries. There are one or two countries, like Germany, where it is lower than us.

The other thing to pick up is I fully agree we should be having parents and schools working together, but we should not dismiss genuine concerns that some parents do have and some parents have had when they have found particular things going on, particularly in primary schools. They are genuine concerns that parents have had and we should take them seriously.

Q27 Neil Carmichael: What do you think the golden bullet is on this subject? If we are talking about SRE as a solution but we are not seeing that as necessarily the case elsewhere in Europe, what conclusions can we draw from the value of SRE and what else we should be doing or should be encouraging to happen?

Alison Hadley: We should think about SRE and its benefits in the widest sense. The outcome with teenage pregnancy is a very important one, we know, and sexual health generally, but resilience and well-being is another really important benefit of SRE. There is not one thing to do, and that is the difficulty people have with how to approach this. As I was saying, with teenage pregnancy you need a whole systems approach where people are comfortable talking about sex and relationships—youth workers, foster carers, social workers, parents, services, schools—and there is a culture change that makes it easier for young people to discuss things and ask for advice. That is really what we have to have in England, because we have this bizarre combination of sex being used to sell everything and still a reticence and embarrassment from parents and young people to talk about it and ask for advice, even now in 2014.

For example, NHS England have set up a youth forum, and one of their key priorities this year is to de-stigmatise asking for advice on sexual health services, so that is still a barrier. If we are going to get the culture change we need to make it easier to have discussions about pressure, exploitative behaviour and all sorts of things like that, we have to have the comprehensive SRE in schools within PSHE. I do not see any other route to opening up that discussion and enabling all young people to have a safe forum for discussion. We could have bits and pieces going on and some really good conversations at home with parents, but if 40% of young people are saying, "My parents are not really talking to me about this," we need it through schools working with parents and young people to get it right. It is a big culture change we have to make. We have made some inroads, but we have a lot more to do, and the statutory route is the only way.

Q28 Neil Carmichael: What about people's understanding of sexually transmitted diseases and how that conditions their behaviour, both parents and children? Is that a barrier or are we too obsessed with STDs, or do we not draw the link between what we should be talking about in terms of really what Professor Ingham was talking about earlier?

Simon Blake: It is a really important point. We had the Public Health England stats out last week and HIV infection amongst young gay men has doubled in the last 10 years and HIV infection amongst young people has almost tripled over 14 years, so we are not talking about the whole gamut of issues here. Teenage pregnancy is really important, but it is not the only issue we should be talking about. We had Rotherham recently. A town that can have a culture that means that that many girls over that length of time do not get help is indicative of a culture that I think we should be ashamed of. PSHE is an indicator of whether we are willing to have grown-up conversations with children and young people so that they can ask for help when they are in trouble and understand that we have high expectations for them, so they have high expectations for themselves.

So, yes, there are some information gaps; yes, there is some evidence that teenage pregnancy rates are falling, but you talked about violence against women. We look at self-harm. 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 has come primarily from the playground and, increasingly, from the Internet. If we want to really be able to sit here in 10 years' time and say we made a change, we will be looking for wholesale change, which is based on values, trusting young people and a partnership between children, young people, parents and schools, and we will have looked across the whole gamut. It really worries me, and I will happily 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.

Professor Ingham: Can I just go back about 40 years to the Netherlands? A combination of feminist groups and religious groups decided that the rate of abortion in the Netherlands was too high and what they were going to do about it. They sat around and looked seriously at it and came up with the view that prevention is better than sorting it out at the other end. That was what led to their more open culture and their more comprehensive work. In other words, it was not secular versus faith. It was faith together with secular taking a pragmatic, sensible, mature approach, and that is what we are still

finding very difficult in this country: to get our heads around the fact that sex is perfectly natural, that people develop in certain ways, and let us just face up to it and deal with it properly.

Professor Paton: You raised the issue of STIs and, as Simon says, it is clearly a very big problem, and there is certainly no question that we have sorted all the problems out in this country. The problem is looking at whether the evidence suggests that these changes that are being proposed in terms of statutory SRE and so on will lead to improvements in those measures. The evidence simply is not there. If you look at, in particular, one aspect of STIs, a big push in recent years, as Alison has talked about, was the links to services and contraceptive services and so on. There is evidence from a study that I did with Professor Sourafel Girma and also another study in America that some of those measures have led to increases in STIs, in particular the increased promotion of the morning after pill—emergency birth control. There is a problem there, but it is not clear that the policy changes you are considering are the solution.

Professor Ingham: Could I just add to that? You might not understand this paper with Girma showed an increase in under-16 rates of STIs—a very small increase. That was their only finding. I am sure they would have looked at under-18 and under-21. The only one they found was under-16 rates.

Professor Paton: The finding was under-18 as well, just to be clear.

Professor Ingham: It was not significant.

Alison Hadley: The point that David is making just confirms the position that we need to have better statutory provision of SRE, because young people are, as Simon said, very ignorant of the risks, because nobody is telling them. We assume they know things. I do not know why we assume that if we are not telling them, but when you test their knowledge they are very unaware of the risk of STIs. If we are going to promote the better use of condoms in consensual relationships to protect against STIs, school is the place to start talking about that with the links to services. From the evidence across the world—the evidence reviews that we talked about earlier—two-thirds of those programmes did show an impact on improved sexual behaviour, including increased condom use. The evidence is there. There is no one single programme that is a magic programme, but the evidence is there that if you have the right fundamental principles of SRE in place you will make a difference to that. There is no alternative, in my view.

Q29 Chair: We have Professor Paton pointing in one direction, and you pointing in the other. How do we discern whether there is evidence that good SRE does lead to a reduction in sexually transmitted infections?

Alison Hadley: It is not the reduction in sexually transmitted infections; it is the improvement of the sexual behaviours that would lead to a reduction.

Q30 Neil Carmichael: It is consequential.

Alison Hadley: Yes, absolutely.

Professor Paton: The strong evidence is not there that it leads to reductions in STIs. There is clearly a wide range of papers.

Q31 Chair: Is it less strong than you would expect it to be, Simon?

Simon Blake: I do not think it is less strong and I do not understand why we have this conversation in repeated form, because I do not understand how we can expect people to have any ability to take responsibility for any decisions they make if they do not have the basics of information. That is what education is based on, is it not? The first step is having the fundamentals of information, and schools play a part in providing that for everybody, and then you have to have a whole raft of other services and support, and parents as well. All the evidence from around the world, as I understand it, is that good education and good learning about any subject requires sufficient time with people who know what they are doing, and that includes PSHE as well.

Q32 Chair: You obviously feel that passionately. It must be very annoying if the evidence does not fit with that.

Simon Blake: No, it is not. What we have to ask is what evidence we are willing to listen to. If Ofsted is telling us that 40% of schools are not doing a good enough job, if over 50% of children and young people tell us decade after decade that we are not doing a good enough job, and then we have evidence about what good enough looks like from Ofsted and from young people as well, then we have to think about good teaching and learning.

Q33 Chair: I agree, but if you link it to teenage pregnancy rates and it turns out that the countries with the lowest teenage pregnancy rates tend not to have statutory SRE, and then you want to link it to sexually transmitted infection and it turns out, again, there seems to be very weak evidential linkage, then you have picked the wrong grounds on which to make your case. You should stick to the case you are making there, which is to say, "Look, this is an entitlement. Of course young people should know about this stuff. Are we going to bring up our young people not knowing about it? Are we going to risk families not talking to them about it?" You could make that case. I am not saying I agree one way or the other, but if the key data sets you look at are pregnancy and STIs, and the impression we are getting is it is at least disputable that there is a terribly strong link between excellent SRE and a reduction in those, then that is not the right ground to pick, is it?

Simon Blake: Well, I have always been picking it on the grounds that this is something that children and young people have an entitlement to and it will make an impact and a contribution to achieving the outcomes. I do firmly believe that this is about children and young people's entitlement. The difference in Holland is that children and young people, through non-statutory, through the school curriculum, through their discussions with parents, know that there is an expectation that they will enjoy and take responsibility for their sexual decisions and the sex that they have. We do not have that. Remember that there are lots of other things that are not statutory within some of those schools systems as well, so we are not comparing like with like either, but the key thing is that we are contributing towards a culture change, and statutory PSHE is one part of that.

Q34 Chair: Other people say the Dutch situation is based on other structures in society.

Siobhain McDonagh: As is the Ireland, Spain and Italy question.

Chair: Yes.

Professor Paton: Absolutely—you are right. There are much deeper drivers of the socioeconomic context of a country that seem to drive sexual health outcomes.

Q35 Neil Carmichael: I just want to talk a little bit about family life and families. We hear a lot about failing families being a cause of a lot of difficulties in our schools, a long tail of underachievement and all the rest of it. Is that something that features in your thinking behind these questions as well?

Chair: Family structure—is that what you are asking?

Neil Carmichael: Yes.

Professor Paton: There is a lot of evidence that family structure is an important indicator in terms of some of these outcomes for teenage pregnancy and early sexual activity. There is no way around that. Family breakup and so on is associated with some of those outcomes. That does not necessarily mean there is a solution in terms of what governments can do to help that. The best thing that governments can do, and the current Government and the last Government have done, is to try to sort out what is going on in schools in terms of the general education, and that is where there really has been a difference.

Q36 Neil Carmichael: I would disagree with that. Obviously, we have to bear in mind the way in which families operate: how these issues are dealt with or allowed to go wrong in certain circumstances. Whilst we cannot force families to have a certain pattern, we cannot really talk about issues like this without also considering those influences.

Alison Hadley: The way that local areas have tried to address those issues is that, within the comprehensive programmes they are trying to run in schools, children who have come from families maybe where there has been family breakdown or there are quite dysfunctional families are the children who need the more intensive resilience-based work around sex and relationships, thinking about their own respect for themselves and respect for others. In the areas that have done particularly well more recently on reducing teenage pregnancy they have had that targeted work within schools to provide more intensive support for those children, the very children that you were talking about.

Parental engagement with the school is really important. For instance, if a mother has very low aspirations educationally for her daughter aged 10, it is going to be a predictor for pregnancy before 18. The work schools are doing to try to better engage parents in the education system is very important. However, within the SRE context, it is that targeted work that local areas do with young people whom they feel are at particular risk that has really paid off. Blackpool is an example of that. They have done that in Hull

as well. Areas that seemingly have intractable problems around teenage pregnancy have really brought their rates down, and some of that targeted work has been absolutely key to that.

Q37 Chair: Professor Paton mentioned that there was some evidence that SRE could be linked to earlier sexual behaviour. What is your take on that?

Professor Ingham: The evidence is very flimsy. There are only one or two studies across the world ever that have shown that. As I said at the beginning, the overwhelming evidence from the majority of studies where there is a clear relationship is that it works the other way around. That is quite clear.

Chair: Okay. Thank you.

Professor Ingham: Can I just mention about families? We cannot get into the simple thing that a family that has broken up leads to more problems than another. There are some intact families that are disastrous in terms of sexual relationship education.

Q38 Chair: As you know, you generalise from data. It does not mean a specific family is going to be one thing or another.

Professor Ingham: Yes, but you should not derive policy purely from simple, naive relationships.

Q39 Chair: Yes, but nonetheless there is a statistical increased likelihood, which is not good.

Professor Ingham: There are lots of single parents who are doing a wonderful job, and of course the point about schools is that they are available to everybody, so they ride over the top of dysfunctional families.

Q40 Chair: Are young women who are brought up in a single parent home more likely to engage in early sexual behaviour? Are they more likely to become pregnant during their teenage years?

Alison Hadley: Yes.

Professor Ingham: Yes, they are.

Chair: Categorically yes—everyone agrees on that.

Professor Ingham: There is some work that we did looking at a cohort study of 1970, and of course the culture has changed tremendously since then, but I think as a general finding that is probably true. However, you cannot force people to stay together.

Q41 Chair: No. I am just trying to establish the facts. As Professor Paton said and as I remember from doing philosophy, it is difficult to derive an "ought" from an "is".

Professor Ingham: Yes, so you have to build on that and say, "How can we overcome these negative influences?"

Q42 Siobhain McDonagh: Picking up some of the points that people have already raised, to what extent should schools have a responsibility for altering sexual behaviour among young people? How does this fit with the role of their parents?

Simon Blake: What schools have is a responsibility to provide a core education in partnership with parents. That is what children and young people tell us. They want parents to be their first educator and at school what they want is to know and understand some good quality information and what other people think and believe. One of our challenges—and it has been reflected in our discussion today—is that we conflate an educational programme that can have learning outcomes that we can measure and assess with evidence that tries to look at behaviour change, and then we struggle to isolate particular bits. What we can definitely see within schools is that they can take responsibility for setting clear values frameworks—violence against women, equality and all of those values frameworks—in partnership with parents, who will also talk about family values as well. What we cannot do is hold schools accountable for whether somebody has sex at 14 or 17. We can hold them accountable for ensuring they provide good learning about risks, rights, responsibilities in relation to that, but not for the behaviour itself.

Alison Hadley: I think that schools' other role is to make sure that pupils have very easy access to one-to-one confidential advice. You cannot have a confidential discussion in a classroom and pupils who have got anxieties and worries about themselves, whether it is something to do with self-harm or with sexual health, need to have very easy access to confidential advice. The new school nurse programme that the Department of Health is promoting is one route to bridging the classroom curriculum provision around PSHE and SRE to that really important one-to-one advice. If a young person can go to a school nurse or to a service like Brook or to any other local service and have that discussion about things that are happening to them, that is really important—things that just cannot be dealt with in the classroom. Schools have a responsibility to make sure there is very easy access to advice, whether it is an on-site clinic or something in the neighbourhood, but the school nurse has real potential to bridge that gap.

Professor Paton: I think your question goes to the heart of the issue. Ultimately, the responsibility for education and, indeed, sex education and so on lies with the parents, and anything we can do to help parents work with schools and to have confidence in what schools are doing would be very helpful. However, parents have a wide range of views and there is a wide range of contexts for children in terms of faith schools, different areas and ages, so anything that Government can do just to step back and devolve down to parents working with schools is something I would really encourage.

Q43 Chair: What about accountability? We have destinations data being developed to try to get schools not just to educate the children but look at where they end up. If they do

not end up in a good place, they are not doing a very good job. You could come up with something that looked at, I do not know, some sort of statistical measure, in theory. If you could come up with something that did not identify individuals but gave schools some responsibility to try to minimise the number of teenage pregnancies and/or other adverse outcomes, would that be a good thing? Would that lead to them overstepping the mark and their role?

Professor Paton: It would be very hard to do that without breaching the confidentiality of an individual school. Whether it is a good thing I am perhaps ambivalent on, but schools are certainly assessed on enough criteria at the moment.

Q44 Chair: You would be open to it.

Professor Paton: To understanding and knowing where the issues are, yes. As an economist who likes analysing data, I am all in favour of having more data and more information on what is going on. I am not convinced you would find a satisfactory way of doing it though.

Alison Hadley: I know in some areas they have collected the data from local services and abortion and maternity services, and had confidential discussions with schools where there has been a higher incidence of teenage pregnancy. In many instances, it has woken the school up to an issue, because they have said, "We do not have any teenage pregnancies in our school," and they were not visible because they did not end up in maternities, but they ended up in abortions. The confidential discussion with the school around that really helped to push SRE up the agenda and for them to take it seriously.

I think the destination measure is interesting, and some areas have collected data of when conceptions mostly occur. In some areas it is in September after Year 11, so that autumn term after Year 11. Now we have raising the participation age and the duty for all young people to be in education, training or work-based learning, that is a real issue. Therefore, without being punishing to schools and over-challenging them, it is a matter of getting them to think about the destination.

Q45 Chair: Three-year rolling data on a typical secondary school, which is large, and perhaps they do not do it if it is too small, or a traffic light system—red/amber—or whatever would give a signal at least, would it not?

Alison Hadley: It does link to the raising the participation age duty, so it would fit with that.

Q46 Siobhain McDonagh: What evidence is there that sex and relationship education, in particular the relationship element, has any impact on wider measures of pupil well-being and consequent academic performance?

Professor Ingham: That is a really hard question to answer, because what it would mean is finding schools that do SRE but not PSHE and then looking at academic output. How could you isolate them? It would be really difficult to do. The evidence is overwhelming that PSHE is linked to academic excellence and performance.

Q47 Chair: Do you have anything particular on that? Otherwise, we will move on.

Professor Paton: There is a recent study from the States looking particularly at abstinence education and finding that that is associated with improved educational outcomes relative to other forms of sex education. However, that is one study. I would not want to draw conclusions from that.

Alison Hadley: The DfE did publish a report themselves, which showed that children with high levels of emotional behaviour and social well-being had high levels of attainment. It is worth having a look at that study, which was published, I think, in 2013 or 2012, and the NATSAL—National Survey of Sexual Attitudes and Lifestyles—data that was published. It is the biggest survey of sexual behaviour in Britain. It found that young people who cited school as their main source of SRE were less likely to be pregnant by 18, so that is another important report to look at.

Simon Blake: There is the colleague from Ofsted and the association with "outstanding" schools—"outstanding" schools tended to have outstanding PSHE as well, but I do not remember the details, so maybe Janet can tell you in the next session.

Q48 Neil Carmichael: We have discussed the Netherlands in some detail already and we have discussed the issue of differences in SRE in the rest of Europe. What about the United States? Do you have any evidence there that would be useful to us?

Professor Ingham: There are a number of levels of evidence. One is that the states that are more likely to deliver abstinence-only education have much higher teenage pregnancy rates than any other state. There has been a huge amount of research into abstinence-only education that shows that it has absolutely no effect whatsoever. There has been a lot of research on the influence of these organisations like the Silver Ring Thing, where young people of 13 go up and pledge their virginity until their wedding day and it turns out they have sex just as often as people who had not pledged their virginity and they have a high rate of STIs. Abstinence-only education I think is now universally agreed by the experts, unless they have a particularly strong religious bias that affects all their views of everything, to be an absolute waste of money and a waste of time.

Professor Paton: Just to come back on that, that is not a fair reflection of the evidence, so I will cite a couple of studies. There is a Colin Cannonier study, which looked at funding for abstinence education in the States and found that the states that increased funding for abstinence education had the biggest drops in teenage pregnancy. There is also the Jemmott and Jemmott study, which compared abstinence education with a comprehensive contraceptive education form of intervention and found that abstinence education did better on a number of outcomes.

Again, I do not want to overstate the evidence, but there is a wide range of evidence. There are a number of studies that have indeed found that abstinence education is no better than other forms of sex education. There is no evidence that abstinence education leads to increases in STIs; that is not the case. There is a mixture of evidence, and I would not want to overstate and claim that abstinence education is the be-all and end-all, but it is certainly not right to dismiss it either.

Alison Hadley: It is really important to understand the difference between abstinence-only education and comprehensive sex education that encourages young people to delay sexual activity until they are ready to make positive choices. Of the comprehensive programmes, which support both delay and use of contraception and condoms when young people do become sexually active, two-thirds of the programmes had a positive influence on behaviours, and young people themselves do not seem to see any contradiction in being encouraged to delay sex and using contraception and condoms when they do become sexually active. Abstinence-only education is no sex until marriage, no information about contraception or condoms or, often, misinformation about contraception and condoms. I do not think you would find anyone, and you certainly would not find young people, in support of abstinence-only education. However, you would find people in support of encouraging young people to delay and preparing them for looking after themselves when they choose to become sexually active, and that is what comprehensive SRE is.

Professor Paton: Let me just clarify that. I am sure there are good and bad programmes, but good abstinence education, as defined in the States, would involve information about contraceptives. The difference would be it would not be information about how you access contraceptives here and now; it would be information about the mechanism of action, failure rates, side effects and that sort of thing.

Q49 Chair: You make it sound like the information about contraception is entirely from a negative point of view, with failure rates and all the rest of it.

Professor Paton: No, because that is important information; it may or may not be negative. The mechanism of action is an important factual piece of information. It is important that young people do know what the failure rates are. They may or may not be negative—they may be very low—but knowing that information is important.

Simon Blake: I spent a couple of weeks in the States a few years ago and have stayed in contact with the majority of people I met, and there is a sea change. Even people who philosophically may well support abstinence education, which is not sex education, are recognising that the evidence is showing it does not lead to positive behaviour and outcomes, and there have been a number of Government-funded reviews that have never quite seen the light of day and we make our own assessments about why that may be. However, even people who wanted it to work are conceding that the evidence shows, exactly as Alison said, it is comprehensive sexuality education that creates the outcome of delay and positive sexual behaviour.

Chair: Can I thank all four of you? I am afraid we will have to bring this to a close. Thank you very much for giving evidence to us today. The business end of what we do is making recommendations to Government, so if you have any further thoughts specifically, small or large, things that must be retained, things that must be changed, please let us know, so that we can consider that ahead of our report to Government. Of course, we are in manifesto writing season, so we hope we are in a good position to influence policymakers in all parties and none. Thank you very much.

Examination of Witnesses

Witnesses: **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, gave evidence.

Q50 Chair: Good morning and welcome. Thank you for appearing before us today and what a pleasure it is to have an all-female panel as opposed to an all-male panel, and I know my colleagues will certainly agree with that.

Siobhain McDonagh: We are working on an all-female Education Select Committee panel.

Chair: I should point out, as we are being broadcast and my colleague has just arrived from sitting on one Bill committee, that other colleagues have been all sitting on various Bill committees right across the House since early today, and that and that alone is the reason why they are not in evidence sitting on the Committee today, for those who might have the misapprehension that MPs are lying in their beds instead of working long and hard, which is what they generally do.

Last week, the Deputy Children's Commission told the Joint Committee on Human Rights that mandatory PSHE education was needed as a means of combating violence against women and girls. Do you see combating violence against women as one of the purposes of sex and relationships education? Who would like to start? Carol, you are catching my eye.

Carol Jones: As the head of a girls' school, I think it is appropriate that I respond to that. I am not sure it should be mandatory, because I think that it will be down to individual schools, their school governors and school leaders to identify what specific programmes need to be in place. Nevertheless, I think probably most of us in education would acknowledge that there is serious concern about levels of violence against girls, in particular, and an increase, in particular, of pornography, and the effects of pornography on young women. If I might draw the Committee's attention to the Children's Commission report that came out last year on violence and gang behaviour, you will remember that the Children's Commissioner noted that young people say that pornography is everywhere: that they are awash with pornography, that children are affected by pornography and that their interpretation of pornography means that they have been mistaken in thinking that relationships are also pornographic. In that kind of arena, I think it would be incumbent on us all, as educationalists, to do something significant to improve the life chances of our young people and, indeed, the safety of our girls.

Lucy Emmerson: Equalities education is a thread that runs throughout good quality sex and relationships education and PSHE, and when it is taught well this is built up through the primary years and the secondary. Teaching about consent in the primary years is about teaching about consent to non-sexual situations as well, and it applies equally to girls and boys. However, we know from young people we have surveyed who have finished their secondary education that about 30% had not learned anything about consent in their school SRE. We also know from the Office of the Children's Commissioner's reports that both girls and boys are growing up not knowing what rape is, and not knowing

how to get help if they have a problem and need to report it. So, yes, I absolutely agree that good quality sex and relationships education will support girls and boys to have more equal and safe relationships, and the evidence shows that not all children and young people are getting this education, and statutory provision is required to guarantee that.

Q51 Chair: Most people can have a reasonable idea of what sex education might be composed of, but what about this relationships aspect? What is that?

Lucy Emmerson: It is 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.

Q52 Chair: Janet, how varied is the teaching of this, and is it effective in either combating violence against women or developing a healthy approach to relationships in the round?

Janet Palmer: We know it is varied, because we know that sex and relationships education is not good enough in about 40% of schools—about 50% in secondary and about 40% in primary, from our own inspection. We were talking earlier about protecting young people from violence, and SRE is a safeguarding issue. Whether or not it is statutory, 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.

Although we do not inspect PSHE or SRE as a separate subject anymore, we do inspect safeguarding and inspectors are asked to look at things like the extent to which pupils can understand or respond to and calculate risk effectively, associated with issues like child sexual exploitation, domestic violence, female genital mutilation and forced marriage. These are all issues that affect women. They affect boys as well, but many of them only affect women and girls. In our last report, we did express the concern that this lack of high quality, age-appropriate SRE in more than one-third of schools could leave children vulnerable to inappropriate sexual behaviour from others, and also by themselves to each other as well, and to abuse.

One of the reasons for that—and this chimes with the Children's Commissioner and their report—was that some children simply did not know the appropriate language to use. They had not developed the confidence to describe unwanted behaviours. They did not always know what unwanted behaviours or inappropriate behaviours were, and they did not know who to go to for help. In that way, I can see what is an inevitable connection between safeguarding and high quality SRE.

Q53 Chair: Heather, do you have any remarks on that?

Heather Robinson: Yes. I am a school nurse in London and I work with young women who have 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 do not have the language to describe it when they are reporting it to police. Like I say, I see first-hand the effects of young people who do not know about the issues around consent, and I do believe it should be mandatory and statutory in schools that information is delivered about relationships education.

Q54 Siobhain McDonagh: Janet, Ofsted reported in 2013 that sex and relationship education required improvement in over one-third of schools. Is there any link, in general, between the statutory/non-statutory status of a subject and its quality, according to Ofsted inspectors?

Janet Palmer: Ofsted has never expressed a view on whether any subject should be statutory or non-statutory. That is a matter for Government as far as Ofsted is concerned. What Ofsted does argue is that all children or young people are entitled to a broad and balanced education—one that will prepare them for future responsibilities and experiences—and also that they should be safeguarded.

Chair: Your answer just reveals what a great question Siobhain's is. It is not what your opinion is, but whether there is a link between whether it is statutory and the quality of the teaching that children receive.

Janet Palmer: If there is a link, the link would be to do with training. If because the subject is non-statutory it does not attract initial teacher training, then there is a link, because there is definitely a link between high quality SRE and training. If the link is to do with the statutory nature of the subject, then there is a link.

Carol Jones: Schools are in a very difficult position with this, because most schools, we know, are teaching SRE. We also know that the delivery of personal, social and health education is patchy, and I think that is evident in Ofsted's report. It is also true that 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. There is a tension because of time, there is a tension because of curriculum models and there is a tension as long as you have an accountability system that gives priority to some subjects over others, which are obviously incredibly important because they affect the life chances of young people, but nevertheless are not part of an accountability framework. There is a difference.

Q55 Siobhain McDonagh: Would schools do it better if it were statutory?

Carol Jones: That depends on the quality of teaching. I had a very long conversation only yesterday with my head of personal, social and health education, who was an adviser to the borough on personal, social and health education, and citizenship. We both agree that the quality of teaching is what matters.

Q56 Chair: Would that be higher if it was statutory? That is the question. As you said, it is about deploying resources against an accountability framework. Would you deploy more effectively—would you find more of your CPD training budget to spend on it—if it was statutory?

Carol Jones: A long programme needs to be put in place where we do what we used to do, which is to train teachers to be outstanding teachers in personal, social and health education. That no longer happens. Most local authorities, in the days when there were local authorities that had advisers whose job it was to look at the quality of teaching of personal, social and health education and citizenship, encouraged CPD courses for schools across their boroughs and so on. Those teachers would work together, develop materials and so on, and in schools like mine and other schools that I have been head of we have always had specialist teams of teachers who are trained to deliver high quality teaching in personal, social and health education and citizenship. However, that system no longer exists across the country.

As we know, we have a very diverse pluralistic approach to education, with a significant number of academies and chains and so on, which means that there is no cohesion and co-ordination of the training of teachers for personal, social and health education. We would need to look at what we had done, which at some point, I think, did produce high quality teachers who were specialists in that area. They have gone, many of them, and many schools have had to resort to models that possibly they were not entirely happy with of having subject experts in other subjects delivering possibly weaker quality personal, social and health education, because it is a very complex area and a highly skilled knowledge base is needed to teach it well. It depends very much on the quality of teaching, and I think Ofsted makes that clear.

Q57 Pat Glass: In effect, what you are saying is a less than perfect situation is getting worse.

Carol Jones: I think so.

Lucy Emmerson: Could I just add that there were very good CPD—continuing professional development—programmes available over the past years? However, they never reached all schools and they never trained sufficient numbers of teachers to get every school having even adequate, let alone good, SRE and PSHE. One of the side effects of SRE not being statutory at the moment is that the turnover of PSHE teachers is very rapid. I consulted schools and they said that PSHE leads are often appointed as a side issue. It is not their main subject. It is because they have space on their timetable, and that is going to change next year, and their team will change so rapidly that, even when they get the good quality training, they do not stay to repeat and do that again the next year, so there is no consistency. It is 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.

Carol Jones: Can I come in there? Many schools have tried to find ways of having outside organisations come and deliver aspects of personal, social and health education. One of the difficulties with that is that many of those organisations do not have the

pedagogical knowledge to produce high quality teaching. It is very important that specialist teachers are in a position where they deliver those programmes and, as we have just heard, they are a declining group.

Q58 Siobhain McDonagh: If sex and relationship education is poor in a school, is there any evidence that it makes things worse?

Chair: We would be better off not having it, in some cases, than having poor quality.

Siobhain McDonagh: Yes, it does more harm than good.

Chair: Who would like to have a crack at that? Heather, do you have any thoughts on that?

Heather Robinson: I only know what we, as a service, deliver. I am not in on teacher planning.

Chair: Fair enough.

Lucy Emmerson: I would say that complete silence speaks volumes when it comes to sex and relationships education. Children say that about their homes as well: that if their parent refuses to answer questions about growing up, they realise it is a taboo subject—"I cannot ask questions; I cannot get help; that is the end of the story"—and I think the same is the case in schools. That is, if the school is censoring the subject, as we have seen to be the case, for example, in the Trojan Horse situation, where the sex part of the curriculum was literally censored along with some technical words in it, that is sending out a very clear message to those pupils that this subject is taboo: "I cannot talk about it. I am not allowed to ask questions about it." It is not open, it is not honest and, depending on the quality of that bad teaching that it might have been an alternative for, I would say that silence speaks volumes. The alternative is filling that space with where else young people find that information, from pornography etc., which is probably worse than a teacher who is embarrassed but is trying really hard and perhaps puts on a video that is not the best quality. It is all on a spectrum, and we have a long way to go to make sure all schools are consistently providing reasonable quality SRE.

Q59 Siobhain McDonagh: Janet, the Sex Education Forum has found that 15% of schools teach SRE exclusively through "dropdown days" rather than timetabled sessions. Carol made some reference to that. How much of Ofsted's concern about the quality of SRE stems from the method of delivery as opposed to the content?

Janet Palmer: It comes from both. The method of delivery, if it is just dropdown days, is part of the problem. Let us talk about primary schools to begin with. The worst examples are where the students get maybe a dropdown 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. It is an external group, sometimes school nurses, sometimes some others, who will come in and speak to the children. That does not give the children any chance to internalise, to think about it and ask questions of their teachers. It also suggests to me a lack of trust between the teachers and the children—that the children would not feel confident and comfortable to talk to their teachers if they had any concerns, because they are not the

people who discuss this sort of thing. I have one example of a primary school where they did not do any SRE at all, and when I asked them why, they said it was because their chair of governors was an elderly priest and they could not possibly discuss it with him.

It goes back to what Lucy was saying about giving an impression that this is something we must not talk about and, again, in terms of a safeguarding issue, that is incredibly worrying. It is also putting, I think, the sensibilities of powerful adults ahead of the welfare and well-being of children, and we have to be very careful not to do that. It sends out a particular message, if nothing else, when you are bringing in other people who do not know the children and whom the children are not going to open up to. That is my concern.

Carol Jones: I am not sure that it would be necessarily harmful, but as others have said, I would be concerned that children would go elsewhere to find the answers to their questions. They are so curious, of course, and I am particularly concerned about primary schools. If children are being exposed to pornography and images that are questionable, they seek answers elsewhere. I do not think there is necessarily evidence to suggest that poor teaching leads to anything particularly negative other than an absence, so that children have to go elsewhere to find the solutions.

Q60 Chair: What about the method? Siobhain's last question was about how much weakness in SRE teaching was to do with the way it is taught as opposed to the content. Do you agree that dropdown days, for instance, are an inappropriate way to do it, for the reasons that Janet gave?

Carol Jones: Both are important, but I agree that if we have a tokenistic approach to teaching personal, social and health education and SRE, which could be delivered through only dropdown days or thematic approaches at the end of term, that does not provide the depth and quality of delivery that young people need to make sense of things.

Q61 Chair: Are there any other comments on methodology?

Lucy Emmerson: Young people have complained that SRE is often just facts, and that is the easy way to do it—for a teacher to learn the facts and just teach "these are the names of STIs; these are the facts about how your body works". That, in itself, is better than nothing, but good quality SRE requires addressing children and young people's attitudes and values and developing their skills, and that takes time. It requires the training and confidence of a teacher who has had a chance to reflect on the subject themselves, who enjoys teaching it as well and can go in confidently planning the lessons and managing the learning situation, not relying on somebody else coming in because they are too afraid to do it themselves, and not relying on a video because they would rather fill the space with something that does not come from them.

Janet Palmer: Developing skills is hugely important as well. It does not matter how much information a child has, a young person has or a young adult has if they are not able to use those informed decisions and enact those informed decisions because they do not have the confidence, the language and the self-esteem to do so. Developing those

alongside is really important, and that is quite difficult in a dropdown day from an outsider.

Q62 Chair: As a school nurse, Heather, what are your reflections on the way it should be taught?

Heather Robinson: Year 6 pupils go through a multitude of changes during that last year in preparation for going to a secondary school, in terms of the changes that are happening to their body during puberty, and by having it right at the very end of term many of those children have already undergone those changes. They have already been anxious about the things that are going to happen to them. My experience of something like a dropdown day is that often I am asked the week before it is due to take place. That suggests to me that I am an afterthought and perhaps the organisation of the whole day been an afterthought. It does not give us time to prepare.

Q63 Chair: What does good look like?

Heather Robinson: It needs to be a continuation. It needs to be age appropriate and the sessions need to grow with the pupils as they are growing and going through the changes, so the content is adapted on a spectrum.

Q64 Chair: If you were addressing, I do not know, a conference of primary school head teachers and you were laying out to them Heather's vision of better PSHE and SRE in particular, just go into some specifics. When do you think you should first start and what would that look like? How much time would that require? How much of it would be specialists like you? How much would it be teachers being trained up to be able to do it? Just give us a picture of what good might look like.

Heather Robinson: In terms of delivery and planning, the school nurse needs to be involved at the very early stages of planning, so that we know when and where and what we are going to be asked to talk about. It needs to be in collaboration, so we need to be working with teachers. We need to know what teachers are trained and they need to know what we are trained in. We also need to work with the young people and the parents themselves, so they know. That is a lot of planning.

Q65 Chair: Does that happen in some schools?

Heather Robinson: Not in my experience, no. Sorry, I have lost my train of thought. I believe it needs to be something that has planning at the very early stages. Also, it takes a lot out of our time. We are very busy professionals, but we recognise that once we have delivered those sessions to pupils in a group situation we need to be able to provide one-to-one time afterwards. We need to be there if there are any questions that they are unable to ask in front of a group or any other adult, and give them that confidential space, let them know that we are available, so we are talking about perhaps a 1.5-hour session, which would then become a day out of time. That is fine and we are

happy to do that, but it is just giving us that time to plan and prepare our diaries in advance.

Chair: Thank you.

Q66 Pat Glass: Ofsted has identified good practice in PSHE in a number of schools, including faith schools, so if these schools can get it right, why can the others not?

Janet Palmer: That is a very good question, is it not? If these schools can get it right, then there are no excuses, as far as I am concerned. We have the example of the outstanding SRE in a Catholic secondary school, and that is all about excellent relationships between teachers and young people, and parents and teachers and young people. We are in the process at the moment of preparing another good practice report of a primary school in Stockport, where they have a lot of Muslim parents and they have an excellent SRE programme fully supported by all parents. That is because of the extensive amount of work they have done with those parents, and I am hoping within it we will have quotes from some of the parents, because I have seen some of them in parents' evenings, saying, "This supports the work that we do at home with our children looking from the faith perspective at sex and relationships education." Sometimes I think schools use parents as an excuse as to why they cannot do it. I hear that a lot: "We cannot do that work because the parents will object," and we are hoping to show that that is not necessarily the case, and 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.

Carol Jones: This ties in with the previous question on what good looks like. I think good PSHE looks like a specialist team with timetabled curriculum time on PSHE and/or citizenship, planned and evaluated by the specialist team with external agencies working with them. There was a time when some of us used to be able to organise that on a school curriculum and that would provide good quality teaching. It would also provide a good assessment structure. For example, in my school we used the English Language framework as a method for assessing the quality of delivery as well in terms of the progress that children made in their understanding and their learning. It would also help, if possible, to have assessed curriculum at Key Stage 4, so GCSE programmes in citizenship and so on. All of this leads to a change in the quality of teaching.

However, what we also did that was most effective was to train all staff in the culture shift that may emerge once we delivered more PSHE. What I mean by that is Janet has talked about the importance of the relationship between teachers and young people. What we need to understand is that if we raise controversial issues in a successful way, then children will disclose more readily and there are larger safeguarding issues and, as a school, schools need to be prepared for that. That is why it is very important to train all staff and sometimes to have external organisations to come and support in the training of staff as well. I think that is what good looks like: when it becomes a whole school planning issue that is evaluated through curriculum design as well. That is a challenge for most schools now.

Janet Palmer: It is worth saying as well that, from our report, 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.

Lucy Emmerson: I would say that is exactly why we have to change the system and make SRE and PSHE statutory, because there are some excellent leaders. There are excellent leaders working in faith schools and all kinds of different circumstances where they have opened up conversations with governors and parents, and realised there is nothing to be afraid of and that parents will support this. They have started to train their staff and have good quality SRE growing year by year all through the school. They see the benefit, they feel it and they largely continue to do it, although they are facing pressures within the curriculum and other things.

However, what are we going to do about those schools that do not have those good leaders—that are cowering and afraid? Something has to happen to move them, because it is not fair on the children who go to those schools if they do not get it simply because the leadership is not there. We know what good quality is. The SRE guidance 2000 made some very clear statements about some of the aspects of good quality SRE, and that is added to through the SRE advice, and yet it does not happen. 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.

That is in guidance that all schools are supposed to have due regard to, but schools are not doing it and the Ofsted report backs up that in terms of teaching about puberty, even though it is there in National Curriculum Science to some extent and there in the guidance, some schools are still not doing it. How are we going to progress and make sure that every child has that information about growing up and is not scared by what happens to their body, and does not feel that it is a taboo thing to talk about and ask questions about, and knows where they can get help—that they have seen the face of the school nurse and know that there is a place they can go to for one-to-one confidential help that they can trust? That is why we have to have something different now. We have to change what we are doing.

Q67 Pat Glass: Heather, of the schools that you go into that do it well and the ones that do not do it very well at all, what is the difference?

Heather Robinson: It is consistently the same schools that ask us to come in and do the puberty and hygiene sessions. We have had experiences of sessions being cancelled at the last minute due to pressure from parents or governors, from my understanding. We have experience of pupils being removed from the sessions, so they have not received the same health promotion sessions as the rest of their classmates. They are the things I am experiencing in terms of the puberty and hygiene sessions we offer.

We offer many other sessions, such as healthy eating and dental hygiene. The uptake of those sessions, although they are not part of our core service, like puberty and hygiene, is much greater than the puberty and hygiene sessions. They would much rather we came in and talked about healthy eating and dental hygiene, and although we see them as very important, we see them as equally as important as puberty and hygiene.

Q68 Pat Glass: It is more than 20 years since I worked with a head who had lots of Muslim children in his school, and he was saying very clearly to parents, "No, I am sorry, the boys in this school will get sex education and relationship education." Why are head teachers still running away from this?

Carol Jones: I do not think they all are.

Pat Glass: No, not all of them, I accept, but there clearly are some.

Carol Jones: I think it is very important to be clear on where the evidence is and the percentage of schools that are fudging this, because I am not entirely sure that there are as many as perhaps we think. My impression is that all the schools I know are teaching it.

Q69 Pat Glass: I bet some of the schools that Heather is talking about come out as "outstanding". Do they, Heather?

Heather Robinson: To be honest, that is not something I have done any correlation on.

Q70 Pat Glass: There are schools judged as "outstanding" that are clearly running away from this. Right. Janet, some parents have contacted the Committee to express concerns about teaching materials for SRE being too explicit. How often does Ofsted come across this and how much of this is about the right training that goes in to support head teachers and staff in working with parents?

Janet Palmer: In our 2013 survey we did not come across it at all where we would say there were materials that were age inappropriate in that they were too much too soon. We did not come across that. Schools would tend to do nothing rather than do 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. However, we did not come across anything that we would say was too explicit for children who were too young.

One of our concerns was in, I think, only one of the primary schools that I came across out of the 24, where the children were taught a simple mantra that would help to safeguard them, like "Do not keep adult secrets." There is some superb material that schools can use that the NSPCC has produced, but very few schools seemed to have come across them or be using them at all. However, we did not see anything that I would say was age inappropriate.

Q71 Pat Glass: The Committee has received lots of anecdotes about bad practice in schools. We have heard a little bit about primary schools, and we have heard information about primary schools that are not teaching about puberty and yet there are girls already menstruating in school. We have had a teenager who contacted the BBC to say he did not learn about HIV in school, and yet this is a young man with HIV. We had a young girl who contacted us to say, "My school did not 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 was not allowed to take part in the

lessons, because the teacher said it would not be relevant for me." Carol is saying there are not very many, but how common is that, Janet?

Janet Palmer: It is difficult to say how common, because we are not looking at this universally across all schools. We do not really know. Local authorities would have been in a better position to have picked this up in the past, but they are not now; only a few local authorities still have a PSHE adviser, who would be able to find out this sort of information. However, the sorts of quotes that you are giving us are very similar to ones that we received as part of the PSHE survey. We did an online survey and, for instance, we asked them what would have made the lessons more useful and they said, "Something about rape culture," and "What to look for in a healthy relationship." There was a Year 10 boy who said he wanted more on the influence of the media, such as porn, on people's views of sex and the human body. It is not as if young people do not know what it is that is missing. They do.

You were talking about how SRE should be evaluated and about involving parents, the teachers and the community. I think you have to involve young people in those discussions as well in evaluating the quality of the PSHE. It has been a long time since any of us were 14 or whatever, and the influences that some young people have out there are ones that we may not have come across. Many of them will be the same, but some will be different, and we need to engage them in those sorts of conversations.

Lucy Emmerson: In fact, parents are not always aware of how much a child knows, because if there is an element of taboo around the topic at home they may be surprised by how many questions a child has, which can be unearthed, for example, through an anonymous question box or pupil consultation, even at primary school level. Children say, "My main source of sex education is watching *One Born Every Minute*, and it is terrifying and I see it on my own in my bedroom." Schools collect that kind of information from pupils anonymously and feed it back to parents.

I have seen this done in a Catholic primary school in Birmingham, where they had this process of focus groups with primary-age children. They shared it with a group of parents who were interested in the subject and wanted to support the school. The parents were really shocked by how specific and accurate, but also misled, the children were from what they had picked up from around them. That made the case in that school to say, "Let us have a look at our programme. Where are we teaching this? What are we teaching, to what age?" They spoke to the governors and staff, and people worked together. In fact, by bringing in parents in that way, parents are surprised by other things. If they see how resources are used in context in teaching, very often they are much more supportive then when they perhaps looked online at a particular teaching resource and got the wrong end of the stick about how it might be used in a classroom context.

Q72 Chair: Thank you. Heather, is enough being done to support school nurses in delivering sex and relationships education?

Heather Robinson: We need to increase our school nurse numbers. We are there with young people; we provide that link between education and health. We are perfectly placed. We know what is going on from, like I say, A&E attendances, police reports, reports from higher case domestic violence; where they are discussed, we get the outcomes. We know first-hand what is happening. We talk to young people every day

and they tell us what they want. We know that the Government has pledged to increase health visitor numbers by 4,200 by 2015 and that was started in 2011. Children are under health visitors for five years; they are under school nurses for 14 years.

Q73 Chair: There are 1,200 of you, I think, for 17,000 primary schools and 3,000 secondary schools.

Heather Robinson: Yes. We have 22 school nurses who hold a caseload covering around 42,000 children.

Chair: That makes the one-to-one sessions a little difficult.

Heather Robinson: Well, the thing with the one-to-one sessions is it is reactionary. For example, I have a young person who has gone to A&E, they have had a miscarriage, and they have gone in for sexual health advice. I then follow them up, because I have been made aware that they have already tried to seek help. What about the ones who have not gone to A&E, who do not know that they can use those avenues? I am not made aware of those unless they come to seek me out. If they do not know that I am available, they do not seek me out. If I am available on a Thursday but I am off doing immunisations in another school, I am not consistently there; they are going to lose faith that the school nurse is there for them.

The British Youth Council report from 2011 says that young people want their school nurse. They want us to be readily available. They want to know where we are, how to find us and when they have used us they do really value us as a service. In our service, we believe that we need around a 20% uplift on operational staff, and we also think that we need some uplift in strategy, so to have a PSHE co-ordinator within our service who can ensure that we have quality training, provide that link between the schools in terms of what training they have, provide multi-agency training and ensure that we have good resources. We currently use a DVD around hygiene. It does the job, but it is older than me.

Chair: A bit like the guidance. Not quite.

Heather Robinson: There is nothing else available out there that we have found that gives children what we want them to have from the session. Although the increase by 4,200 is great in health visitors and although I have no first-hand experience of school nurses defecting to health visiting or being poached, I do know that when I was at university doing my specialist qualification to become a school nurse we had around 40 health visitors and there were about six school nurses. This year, there are two school nurses at my particular university and around 40 health visitors again. I know 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. Where we have people who may have wanted to go into school nursing, the opportunity is not there.

I also find that we have a lot of people who want to come over from the acute sector into community nursing. They come for their interview and they just do not have any idea of what we do—and that is within our own profession. If our own profession is

telling us that they do not know what we do every day, what about everyone else: our service users and our colleagues in education? There needs to be a real emphasis on working with students on career days and working with nurses who are already in their training becoming paediatric or adult nurses to say that school nursing is a great career.

Q74 Chair: It sounds like we need a Robinson commission into school nursing.

Heather Robinson: Yes, you do. No. I am just really passionate about it. I became a school nurse four years ago. I initially trained as a paediatric nurse and I worked in a very specialist area previously, and although I had that one-to-one relationship—I was making that one child somewhat better, along with a lot of other professionals—I came in to school nursing to really be a public health nurse, to work with a vast number of people at one time and make a difference in communities. However, the time that I am able to spend on doing that—one way I do that is with my immunisation sessions, but really I am working one-on-one with people who have already hit crisis point or are about to hit crisis point rather than stopping young people and children getting into that position.

Q75 Chair: To take you back to your 20% increase thing, where does that come from?

Heather Robinson: That is from me and my clinical lead. Like I say, I have been where I am for four years. In those four years our schools are increasing in size, so we have bulge classes; we have a one-form intake school becoming a two-, three- or four-form intake school. We have free schools; we have academies popping up everywhere. However, our workforce has not increased to reflect our increasing numbers. We have the massive increase in population through birth rates or through immigrating to the area, but nothing has happened to our workforce to reflect that. So, in talking to my clinical lead, we were looking at the number of pupils that we currently have, and it is around 2,500 to 3,000 pupils per school nurse, which is pretty much reflected in the RCN's survey from 2009.

Q76 Chair: You are fairly typical in that respect.

Heather Robinson: It is fairly typical of the caseload numbers, but they are just continuing to increase and the workforce is not.

Q77 Chair: Okay. Do you have any more evidence around that and the 20% increase? The business end of what we do is making recommendations, but we would need to have an analysis to back any such thoughts in our report.

Heather Robinson: Sure.

Q78 Chair: Now, are there mixed messages from the Department of Health and Department for Education? Obviously you lie between the two. Do they mesh, particularly

in the light of what we are talking about today, in terms of sex and relationships education? Are they on the same page or not?

Lucy Emmerson: One of the extraordinary things is that all Government Departments and all political parties have said that SRE is important. It is very clear in *A Framework for Sexual Health Improvement in England* from the Department of Health that the evidence referred to earlier today is referred to very clearly, and the need for every child to have good quality sex and relationships education, supported by home, school and family, is stated there absolutely. It is supported by the Home Office. The Department for Education has said that SRE is very important, but we need that leadership to extend. It needs to extend by guaranteeing that all schools in this current education system, where academies can do different things from maintained schools and where the National Curriculum does not apply to all schools, make that happen for every child. We are not doing it without legislation. We need to use the legislation to do it.

Q79 Chair: Well, we have finite resource. Heather has said that we should have a 20% increase in the complement of school nurses, with her academic lead. The alternative, which we discussed earlier, is to put more money into the training of teachers. I know it is not either/or and I know you would like a perfect world, but if you had to choose between the two, which is more important? How critical are school nurses to the effective teaching of SRE and how important is improved capability within the teaching workforce, in your opinion, Lucy?

Lucy Emmerson: A partnership is essential. The teachers are there in schools wanting to teach SRE. There are plenty of teachers who want to do SRE who want to get the extra training. It is very efficient to say that every school needs to do this and to do it at a better quality, because all we need to do is train those personnel on the ground. It is also efficient to work with school nurses, who can help train the teachers in some of the specific medical things that are out of the teaching sphere. That is an efficient use of school nursing capacity as well, in addition to making sure that every child has met their school nurse and knows where to go to get that help.

Q80 Chair: That was too sophisticated an answer for me, Lucy. I could not follow. If you were sitting with a budget line and you had a bit of dosh and you could put it either into extra recruitment of school nurses or some discrete boost to specialist CPD training in SRE for teachers and you had to choose, which one would you choose?

Lucy Emmerson: SRE is about the curriculum; it is about learning, and you need teachers to do that at a high quality, so when we are talking about the curriculum and SRE, we are talking about training teachers to do it.

Q81 Chair: Janet, does Ofsted encourage the use of school nurses in the teaching of SRE?

Janet Palmer: Yes. We have found they are essential to the school's responsibility to provide good and bespoke SRE for all young people, which includes those with disabilities and special educational needs. They need bespoke SRE. It may be because they suffer from Asperger's or they are Down's or something else. In those schools that

have drop-in nurse provision, those children are getting good quality SRE. Where they do not have that, they are not, yet schools are responsible for safeguarding and providing that broad and balanced education for all children. It is entitlement for all, and without the school nurse it is quite difficult for some schools to be able to ensure that across the whole range of the children they have in their school.

Q82 Chair: Thank you. The bell reminds us how little time we have, so I will crack on. How far does the supplementary advice produced by Brook, the PSHE Association and the Sex Education Forum address the issue of the fact that official Government guidance is 14 years old? Also, Carol and Heather, do you use the new supplementary advice from those bodies and does it matter to schools whether the supplementary advice comes from the Government with an official stamp or from groups such as Brook and the Sex Education Forum? Who would like to have a crack at that? Janet, you hold my eye.

Janet Palmer: I think the supplementary advice is excellent. It is not easy to find, though. 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.

Q83 Chair: We know that only one-fifth of schools are aware of it, according to a survey of NUT members this year.

Janet Palmer: I am surprised it is as high as that, to be honest. I tried to find it online, and if you did not know to go to Brook or the PSHE Association or the Sex Education Forum, you would just look for "supplementary guidance", and even if you had heard of that it comes eighth in Google and is not easy to find. However, that is not my only worry. Even if it was sent out to every school, it does not mean that the teachers would have the skills to be able to apply it. We are still at the position where many schools would not feel confident to use it effectively.

Q84 Chair: However, you think it is pretty good and, if there was greater awareness, that would help.

Janet Palmer: I think it is excellent, alongside training to use it and the awareness that it is there.

Q85 Chair: Carol, do you use it?

Carol Jones: We do. Again, you always need a champion in your school and someone who is willing to co-ordinate and able to co-ordinate all of the information. It comes back to curriculum design, co-ordination and partnership with external agencies, and the schools that make a commitment to working in that way will, inevitably, use it and use it well. However, we know that there is an issue with co-ordination nationally.

Q86 Chair: Heather, do you use it?

Heather Robinson: I have only become aware of it as part of this process, and I am relieved—well, not relieved; it is not a good thing—that I am not the only professional who was not of aware of it prior to this process.

Chair: Okay, great. Thank you.

Q87 Siobhain McDonagh: Initially to Carol and Heather, in your experience how often is the parental right to withdraw a child from sex and relationships education exercised? How has it changed over time and what are the typical reasons for withdrawal? Is it important for parents to retain the right even if it is rarely used?

Heather Robinson: The right to withdraw is given to the teacher, and then we come in to do the session and are made aware that two or three pupils will not be present. Rarely have I been given any reason as to why, but pupils are removed from the session fairly frequently.

Carol Jones: I have had surprisingly few. I have been a head in Haringey and west London and deputy overseeing aspects of child protection and PSHE in Tower Hamlets and Hackney and have had very few, surprisingly. Where there have been requests for withdrawal, it has been around faith. Where parents have not wanted their children to have sex education or personal, social and health education in schools, it has been generally around faith—and a whole range of different faiths, by the way, not just one or two. Occasionally, it has been parents who feel that it is their responsibility and they do not want the school teaching their children. The procedure is that, if there was a request for removal, I would always meet with the parent and go through the curriculum with them, initially to try to put them at ease and to reassure them that there will be a balanced approach to whatever their children are learning, and there have been occasions where some of those parents have moved on and said, "Okay, I am willing to give it a go." So, it is very few, surprisingly, and when they have arisen, it is because of faith beliefs.

Q88 Siobhain McDonagh: Could you put a number to it, say, on a yearly basis?

Carol Jones: At the moment, at a large school—1,000 students—we have not had one child whose parents have asked for withdrawal. In the previous year we had three in total, so very few.

Q89 Siobhain McDonagh: Okay, thank you. To Janet, initially, the Society for the Protection of the Unborn Child has complained that schools do not write to parents with enough notice about SRE lessons, can be misleading about content, fail to make clear that parents have a right to withdraw their child and make those who do feel awkward. How often does Ofsted find these things happening? How can the quality of the interaction on SRE between schools and parents be guaranteed, and is there a risk that statutory status would mean that schools would feel less of a need to engage with parents?

Janet Palmer: It is fair to say that Ofsted does not have a great deal of evidence on this. We have not done an exclusive survey of SRE since 2006, so the SRE evidence that

we have is as part of the wider PSHE programme, and I would not be able to comment with any authority on that question, I am sorry.

Q90 Chair: In 2006, did you find any evidence that one of the reasons for limited use of the withdrawal was because of failure of notice, failure of information and preparedness to make people feel awkward for exercising their right?

Janet Palmer: I do not recall that coming through in the report, no. What did come through in the report was that the withdrawal was exercised very rarely. I do not know about the reasons why.

Q91 Chair: Does anyone else have any thoughts on this?

Lucy Emmerson: Not all schools are confident about how to engage with parents, but surveys show that parents want to have a role at home and they want schools to have a role, and they want to have engagement with schools about SRE. Generally, if they have information about the SRE before the lessons, it gives the parents a chance to reinforce that learning at home. The schools that are doing really well with SRE have that open communication with parents and are having those conversations ahead of the teaching in school. However, schools are also 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 but 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 parents about this and support parents in their role at home." That would guarantee things for every child.

Q92 Chair: You anticipated my next question and have answered it, which was exactly about that. In evidence to our inquiry we have confusion at the highest level, forget the parents. According to the DfE, sex and relationships education is statutory in maintained secondary schools, and then we get the Sex Education Forum website saying that sex and relationships education is currently not compulsory in schools. If the DfE and the main expert bodies directly contradict each other, forgive the poor parent for being confused, and teachers, indeed. Ofsted, as you might expect, is sufficiently nuanced: "It is compulsory for pupils in secondary schools to have sex education, not SRE, that includes HIV/AIDS and STIs, and sex education, not SRE, is statutory in Science at Key Stage 1 to 3." Of course, that is correct, but you would have to be doing this quite a long time to read that without needing to read it three times to try to get any sense out of it.

Does anybody else have any thoughts? Lucy probably summed it up pretty well there, but what do we need to do to get clarity? There is confusion all over the place—with parents and teachers. No one knows what they are supposed to do or what their rights are, and it is a bit of a mess. Is that a fair comment?

Janet Palmer: Yes.

Carol Jones: I think we have to believe that it is important to effect some change, first of all, and there needs to be co-ordination, and investment does need to be made in the training of teachers and in nurses. If we do not invest in that despite the difficulties financially that we all face, there is a great cost to society in terms of the sexual health, well-being and safety of our children.

Q93 Chair: What are the consequences of the current lack of clarity?

Carol Jones: That more young people are gaining information from websites, pornography and misinformation from friends, and that is a worry.

Q94 Pat Glass: Carol, ASCL's position is that SRE should not be statutory, but that seems to be out of step with everyone else that we have spoken to. The NUT, ATL, NASUWT and NAHT all think it should be statutory. In a recent survey of the NUT, which I think is still the biggest teaching union, is it not, 81% of their members said that PSHE should be statutory. The World Health Organization thinks it should be statutory. When I was travelling down here yesterday, I read an article in the *Times*—I do not know whether anybody saw it—on sexting, which I have to say is something new to me. I am only just catching up with that, but it was about the impact of sexting and pornography on teenagers. Did anyone see it? Yes. How widespread and normal it is surprised me—that it is absolutely normal behaviour and not seen as anything unusual by the average 12- and 13-year-old. I think it was you, Janet, who said it is a long time since we were 14 and that what is happening out there is very different from what we perceive is happening. Is it not time that we stopped worrying about our prejudices and principles and just got on with this, and told young girls and boys the facts about what is happening and the issues that you have been talking about, Heather, and that we make it statutory, we measure it—because what gets measured gets done—and we judge it properly? There is a lot of confusion. Let us cut through all of that and just say, "Let us get on with this. Make it statutory, let us measure it and let us judge it." Will it make a difference?

Chair: Let us go to Carol first, because you were challenged on ASCL's position.

Carol Jones: I was. My understanding is that ASCL's position is not that SRE and PSHE should not be statutory because it should not be statutory but that it is so important that it should not be made statutory until we know that we are going to invest in high quality training and co-ordination in schools to evaluate its success or to know that it is going to have some success. It is not that it does not want to do it.

Pat Glass: It is not against it, basically.

Carol Jones: No, it is not against it. It considers it to be very important and, indeed, we have been saying that we think sex education needs to be taught and teachers need to be trained for delivery in primary schools, for the very reasons that you identified. Those of us who are very aware of the influence that young people are having on each other through sexting and everything else, and the dangers that arise on a daily basis, will ensure and want to ensure that in our schools we pay attention to this.

However, it has to be good quality. There is absolutely no point in introducing something statutory if we know that we are going to have poor quality delivery, so we have to think strategically longer term on how we are going to invest in the training of teachers, the training of school leaders, or the recognition that school leaders need support in looking at these issues, and in health service and so on. It is a co-ordination issue; it is a structural issue rather than a resistance to statutory regulation.

Lucy Emmerson: One of the schools that I have spoken to recently said that back in 2008-9, 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 and make schools want to invest more in partnership with national investment opportunities for teacher training. The two go hand in hand. Statutory SRE is needed to motivate the market to create initial teacher training routes into this subject and to provide ongoing good quality CPD. It also needs to be matched with some change within the Ofsted framework. We believe that the judgments around spiritual, moral, cultural and social development could be strengthened so that the safeguarding work in the curriculum is monitored by Ofsted through their reports, whereas currently it can be just a brief conversation, as one school said to me.

Chair: Thank you very much.

Q95 Pat Glass: Janet, Ofsted says there are insufficient measures of accountability to ensure that schools focus on PSHE education, and yet it will no longer be carrying out PSHE-specific surveys of schools. If not Ofsted, then what?

Janet Palmer: Ofsted, like other Government institutions, has resource implications, and the decision has been made above my pay scale to have subject surveys only for the core subjects at the moment. As you know, Ofsted is currently undergoing a consultation about how we may inspect in future, and one of the questions is how we will be inspecting across the board, including issues of safeguarding, other subjects, etc. We are not doing it at the moment, but it is one of the subjects that cuts across so many of the other things we do look at when we are inspecting schools. When we are looking at SMSC—spiritual, moral, social and cultural—education, which we are statutorily obliged to inspect, and safeguarding, which we are obliged to inspect, it is very difficult to look at those without also investigating the PSHE curriculum. It is one subject that is looked at that is not the core, but it may be strengthened in future; I do not know.

Q96 Pat Glass: This Committee looks an awful lot of the time at the failures in the system, and we are constantly seeing issues around school readiness or failure of school readiness of children, the fact that people are having children far too young and they are not able to parent those children properly, and the impact of that in our safeguarding systems and in our school systems. I keep saying many of the parents of the children who we are looking at were a captive audience in schools three, four or five years earlier. If we got this right, would this not help wipe out some of those issues that we are struggling with and spending such a huge amount of money on later on?

Q97 Chair: We did examine that in quite some detail in the first session.

Pat Glass: Did we? Sorry, I was in a Bill committee. I was dragged out of a Bill committee to come here.

Janet Palmer: Yes, it seems sensible that it would.

Lucy Emmerson: Threads like equalities and safeguarding run through what schools do—it is their business—but it has to have a space in the curriculum to really have an impact.

Q98 Pat Glass: Finally, a killer question, I hope: would it not help focus schools' minds if this was an exam or a qualification? It comes back to what gets measured gets done. If there was a qualification in this—if this was a GCSE or one of the EBacc subjects—would we not be a whole lot better at this?

Carol Jones: Definitely. 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. So, yes, it would make a difference.

Q99 Pat Glass: It would make a few lives better.

Carol Jones: It would make a few lives better, yes.

Lucy Emmerson: I am not sure that the possibility of having an exam will force a school to provide the subject. The decision still has to be taken by the school to say a subject is important enough to put the exam there for, and I think it will be those schools that are already committed to SRE that will say, "Let us have an exam and get something out of it as a qualification as well." You have to put the statutory SRE and PSHE in place first, and we might see qualifications of all kinds coming out of that and flourishing in that environment.

Q100 Chair: Will that necessarily work? You are obliged to have an act of worship and lots of schools do not bother. There are all sorts of things that schools are obliged to do that they do not, so is the idea that just because you make this statutory and magically everyone is going to take it seriously and do it well not a bit naive?

Lucy Emmerson: It has to come. Schools and experts have said to us for years that we need it to be statutory to change something. I have had local authorities say, "We have been trying to make change for 13 years, but some schools are confused and are not strong in this, and we need something to move things forward." Of course, there are three elements to this. There is statutory, there is teacher training and there is some form of accountability, and I think there is scope within the Ofsted framework to improve that.

Q101 Chair: It is the easiest lever to pull, is it not? If you are looking around for something to recommend, like when we are doing an inquiry like this, you are looking for something nice and concrete: "Ah well, if we make it statutory, problem solved," and often, even though there is so much evidence, a lot of things that are in the same status are not solved by any means.

Lucy Emmerson: It is a package.

Q102 Pat Glass: There are certain triggers in education. If I wanted head teachers at a meeting, I would put "Finance" on the agenda and they would all turn up, because it is the thing that makes things happen. I am not saying it would happen with every school. Some schools would take a judgment on their children and their school and whatever, and choose not to do it, but surely some schools and some head teachers would decide to make this a higher priority if there was an exam.

Janet Palmer: I do not think a GCSE would necessarily mean, though, it would meet the needs of the children in that school. It would depend very much on what that GCSE looked like and what was in it.

Q103 Pat Glass: Surely it would meet their needs if it was there; at the moment, it is not.

Janet Palmer: A good PSHE programme is being developed. We have talked about the children knowing what the issues are out there, and in some schools they are very different from others. In some very middle class girls' schools anorexia is the problem, not smoking crack cocaine or gang culture; in some it is tanning shops; in others it is taking steroids for boys. It is very different depending on the situation in the school, and a GCSE would have to be flexible enough to be able to meet those needs that a good PSHE programme would do within a school.

Q104 Chair: Is that not also an argument against making it statutory for precisely the same reason?

Janet Palmer: No, I did not hear anybody argue for a statutory that crossed every "t" and dotted every "i" and said you had to do exactly these very things, but within that, even if it is statutory, there ought to be flexibility.

Q105 Chair: It becomes a compliance thing if it is statutory, and the tendency would be to tick the boxes. There is a risk of that, is there not?

Janet Palmer: There is a risk of that, and that needs to be considered within the argument about it becoming statutory

Chair: Okay. Can I thank you all very much indeed for giving evidence to us today? If you have any further thoughts, particularly around recommendations, please do be in touch. Thank you very much indeed.