

## FSRH and RCOG – Consultation response on DfE draft RSE guidance

### Introduction [pasted in question 24 of online submission]

The Faculty of Sexual and Reproductive Healthcare (FSRH) and the Royal College of Obstetricians and Gynaecologists (RCOG) represent 22,000 doctors and nurses working in women's healthcare across the UK. We have collaborated to produce a medically informed and evidence-based set of responses to the questions asked in this consultation. These responses have been informed by [our previous submission](#) to the Department for Education's call for evidence on this guidance. Our recommendations were specifically supported by the Royal College of Paediatrics and Child Health, an organisation which holds 17,500 members.

In preparing our response to this document, we have had productive discussions with other organisations, especially through the Sex Education Forum, whose response to the consultation we endorse.

Despite identifying several points where the draft guidance is at odds with what has been presented to the DfE by the experts in this field, we broadly welcome its publication, and look forward to playing a role in its implementation.

Our detailed responses to questions follow below. Our key responses and recommendations can be briefly summarised as follows:

- Children of primary school age should be taught correct, non-euphemistic names for sexual parts of the body and learn about puberty before its onset. Medically accurate information about sex and reproduction is essential, and there is a need for training and professional development to support teachers in doing this.
- In this context, we wish to draw attention to our recent production of a free evidence-based factsheet on abortion for secondary schools, which can be found [here](#) - it has been supported by the PSHE Association and Sex Education Forum. In an area of education that is prone to being affected by myths and false information, this resource provides accurate information and objective facts about abortion care, informing students about what an abortion is, how it is performed and what the entitlements are within the context of abortion care. We strongly advise this is listed under Annex B of the draft guidance, "*Annex B Suggested resources*".
- RSE must address the needs of all children and young people, including those with special educational needs, in care, with a disability, and those who are LGBT.
- We are concerned by the focus on "virtues" within the guidance. It would be far more appropriate to talk about the cultivation of collective values such as equality and respect, which should be presented as institutional values- an ethos owned by the whole school.
- In not insisting on the compulsory status of sex education in primary schools, the new guidance is a regression from the Department for Education's [2000 Sex and Relationships Education Guidance](#) as well as the more recent comprehensive approach outlined in [Sex and Relationships Education for the 21st Century](#). Both documents are strong and robust pillars which should not be set aside.
- We find problematic the decision to allow schools to consult with parents, before the final year of children's primary school education, about the detailed content of what will be taught in Year 6. We believe that the interests of pupils are not best served by a protocol which over-emphasises parental decision-making in matters which may be better considered as the responsibility of the school.

- Secondary pupils should be taught about the range of available contraception and the options which are most effective.
- We welcome the attention given to teaching about consent but in order to ensure this is sufficient, it must be expanded to include a direct focus on negotiating safer sex explicitly.
- Teaching about FGM must not be optional.
- Schools should be strongly advised to choose their RSE resources from reputable sources i.e. only organisations which are evidence-based and medically accurate.
- Schools should be clearly guided towards setting aside dedicated and designated time for the teaching of RSE.

See:

- FSRH and RCOG Joint Submission to the Government Consultation on RSE, 2018 <https://www.fsrh.org/news/fsrh-rcog-dfe-consultation-rse-guidance/>
- FSRH and RCOG Abortion and Abortion Care Factsheet, 2018, <https://www.fsrh.org/fsrh-and-rcog-factsheet-on-abortion/>
- Sex and Relationship Education Guidance, Dfe, 2000 <http://webarchive.nationalarchives.gov.uk/20130403224457/https://www.education.gov.uk/publications/eOrderingDownload/DfES-0116-2000%20SRE.pdf>
- Sex and Relationships Education for the 21<sup>st</sup> Century, Brook, PSHE Association and SEF, 2014 <http://www.rsehub.org.uk/media/18933/Supplementary-Guidance-for-SRE.pdf>

**10. Do you agree that the content of Relationships Education in paragraphs 50-57 of the guidance is age-appropriate for primary school pupils?**

*Agree with most content.*

Whilst FSRH and the RCOG agree that content is age appropriate, we point out a serious omission in current content. In [our response to the Department for Education's recent call for evidence](#) earlier this year we made clear that children of primary school age should be taught correct, non-euphemistic names for sexual parts of the body and learn about puberty before its onset. Medically accurate information about sex and reproduction is essential. As highlighted by the Sex Education Forum, pupils should be taught that puberty signifies fertility and that a sperm and egg are needed to make a baby.

See:

- FSRH and RCOG Joint Submission to the Government Consultation on RSE, 2018 <https://www.fsrh.org/news/fsrh-rcog-dfe-consultation-rse-guidance/>

*Correct terms for genitalia*

We are concerned to note the exclusion of the human life-cycle and correct words for the genitalia in the Department for Education's current guidance. As pointed out by the Sex Education Forum, this is essential in contextualising learning about puberty in the Health Education curriculum. The exclusion of such content also has serious safeguarding implications for children. Content on human life-cycles and correct terms for body parts including genitalia could be included with the puberty education section of Health Education or included in Relationships Education.

### Clear guidance to teachers

FSRH and the RCOG further highlight the need for current content to support a spiral curriculum, separating content by key stage. Without this the success of teaching will depend on the competence of individual teachers to plan and deliver the curriculum. This will result in unequal quality of provision throughout schools and risk many children being delivered inadequate Relationships education, too later in their development.

### Responding safely to adults

FSRH and the RCOG agree with the inclusion in the content table of 'how to respond safely and appropriately to adults they may encounter who they do not know'. However, experience should tell us that the greater challenge is responding to adults who they do know which is a greater risk in relation to sexual abuse. The document should take account of this.

## **11. Do you agree that the content of Relationships Education as set out in paragraphs 50-57 of the guidance will provide primary school pupils with sufficient knowledge to help them have positive relationships?**

*Potentially yes.*

### Vocabulary and autonomy

FSRH and the RCOG welcome the attention given to teaching children that their body belongs to them – they have a basic right to autonomy. However, whilst current content has the potential to provide primary school pupils with sufficient knowledge, it does not give sufficient attention to teaching the correct terms for sexual parts of the body (penis, testicles, vulva, vagina) and accurate age-appropriate education concerning puberty. Inclusion of this content will ensure a consistent knowledge/vocabulary, complementary to a spiral curriculum and important for the safeguarding of children. This is vital in ensuring children can communicate abusive situations, including sexual abuse and instances of gender based violence such as FGM, which is more likely to be inflicted on girls at primary school age. (FSRH and the RCOG make clear the need to add education on FGM to the table of contents for primary education).

### Inclusiveness

Furthermore, as we highlighted in [our response to the Department for Education's call for evidence](#), RSE must address the needs of all children and young people, including those with special educational needs, in care, with a disability, and those who are LGBT. With this in mind the guidance must make clear that integral to education on healthy relationships should be the topic of LGBT relationships. The curriculum should ensure that children learn the meaning of terms such as 'trans', 'bisexual', 'lesbian' and 'gay'. In addition, the inclusion of those with special educational needs, in care or with a disability must be a constant theme throughout the guidance.

### Teacher training

It is also essential that the current guidance is paired with a commitment to train teachers, and provide adequate resources to deliver relationships education, sex and relationships education, and health education. Currently provision for the training of teachers and training pathways are lacking. It is not possible to develop an effective primary curriculum without them.

### Virtue education

Like other organisations such as the Sex Education Forum and Brook, FSRH and the RCOG are concerned by the focus on “virtues” within the guidance. This suggests that a child’s welfare and progress are based on the development of innate characteristics rather than being the responsibility of the education system. It would be far more appropriate to talk about the cultivation of collective values such as equality and respect, which should be presented as institutional values, an ethos owned by the whole school.

See:

- FSRH and RCOG Joint Submission to the Government Consultation on RSE, 2018 <https://www.fsrh.org/news/fsrh-rcog-dfe-consultation-rse-guidance/>

### **12. Do you agree that paragraphs 61-64 clearly set out the requirements on primary schools who choose to teach sex education?**

*Currently Disagree.*

FSRH and the RCOG recommend that when referring to the use of educational materials, as in Paragraph 64 for example, the guidance makes clear that these materials must be medically accurate.

### The robustness of previous positions

We are concerned that sex and basic human reproduction has been taken out of Primary education. In not insisting on the compulsory status of sex education in primary schools the new guidance is a regression from the Department for Education’s 2000 [Sex and Relationships Education Guidance](#) as well as the more recent comprehensive approach outlined in [Sex and Relationships Education for the 21st Century](#). Both documents are strong and robust pillars which should not be set aside.

See:

- Sex and Relationship Education Guidance, Dfe, 2000 <http://webarchive.nationalarchives.gov.uk/20130403224457/https://www.education.gov.uk/publications/eOrderingDownload/DfES-0116-2000%20SRE.pdf>
- Sex and Relationships Education for the 21<sup>st</sup> Century, Brook, PSHE Association and SEF, 2014 <http://www.rsehub.org.uk/media/18933/Supplementary-Guidance-for-SRE.pdf>

### Defining RSE

We recommend that an adequate definition of sex and relationships education is provided within the guidance, rather than the present situation, where primary schools are left to define it themselves.

We are in agreement with the definition given by the Sex Education Forum, which defines RSE as:

*“learning about the emotional, social and physical aspects of growing up, relationships, sex, human sexuality and sexual health. It should equip children and young people with the information, skills and positive values to have safe, fulfilling relationships, to enjoy their sexuality and to take responsibility for their sexual health and well-being”.*

Moreover, when addressing puberty it is essential that like all of the curriculum this is done via a building block approach; learning the basic processes of fertilisation is an essential step in making sense of the body’s changes at puberty.

### Consulting parents

We find problematic the decision to allow schools to consult with parents, before the final year of children's primary school education, **about the detailed content** of what will be taught in Year 6. This risks a child's right to receive high quality education. Also risked is failing to equip a child with much needed knowledge to see them through their lifecourse. FSRH and the RCOG made clear in our response to the [Department for Education's call for evidence](#) that a majority of parents want RSE to be taught in primary and secondary schools. [The Sex Education Forum Survey 2014](#) highlights that parents would welcome support from their child's school in helping them talk to their child about such issues and want schools to teach a balanced curriculum, helping primary pupils understand their bodies, appropriate behaviour and online safety.

Since parents are confident about the ability of schools to teach RSE, a light-touch approach to consultation is appropriate. Parents should be notified of their rights and given access to the broad outlines of programmes of study/class resources. They should also have the chance to ask questions about the curriculum and be allowed to provide feedback where appropriate. This light-touch approach to involving parents should occur at the beginning of primary school rather than at the end of Year 5, in order to allow for teaching to be planned as a continuous whole throughout each year of primary school.

See:

- FSRH and RCOG Joint Submission to the Government Consultation on RSE, 2018 <https://www.fsrh.org/news/fsrh-rcog-dfe-consultation-rse-guidance/>
- Parents support sex and relationships education at primary school, Sex Education Forum (2014) [www.sexeducationforum.org.uk/policy-campaigns/parents-want-sre.aspx](http://www.sexeducationforum.org.uk/policy-campaigns/parents-want-sre.aspx)

### **13. Do you agree that the content of RSE in paragraphs 65-77 of the guidance is age-appropriate for secondary school pupils?**

*Agree.*

### Contraception

FSRH and the RCOG agree that most of the content in these paragraphs is age appropriate for secondary school pupils. However we would highlight key areas in need of improvement. Whilst we welcome the attention given to contraception, it is essential that secondary pupils are taught about the range of available contraception and the options which are most effective (e.g. long acting reversible contraception (LARC)). Teaching should be medically accurate and highlight that whilst condoms are an important means of preventing HIV and STIs, they are not the most effective form of contraception.

## Abortion

In relation to paragraph 74 of the current guidance, we welcome the attention given to ensuring that education teaches the “choices permitted by the law around pregnancy”; however we strongly advise that this section clearly states the need for students to be taught medically accurate and non-biased information on pregnancy options, including abortion. This should be done with reference to medically accurate resources. FSRH and the RCOG highlight the factual, evidence-based resource that we have published together to counteract inaccurate information regarding abortion. Published in 2018, this [resource](#) - of a free evidence-based factsheet on abortion, is relevant to secondary school students across all communities.

The factsheet provides accurate information and objective facts about abortion care, informing students about what an abortion is, how it is performed and what the entitlements are within the context of abortion care. We strongly advise this is listed under Annex B of the draft guidance, “*Annex B Suggested resources*”. As evidenced in our response to the Department for Education’s call for evidence, both public health outcomes and RSE would benefit from such teaching.

Medically accurate information should also be conveyed about the HPV vaccine which protects against a virus that causes a range of different cancers including cervical, penile, anal and vulval cancer and the importance of attending for smear tests for women of 25 and over.

## Pedagogy and curriculum

In addition, FSRH and the RCOG would make clear the need for the current guidance to focus not only on the provision of information, but also on enabling students to take an active part in discussing these issues and to communicate what they have learned. Schools should be encouraged to work with local sexual health services to ensure young people can access support and advice.

Much like our approach to primary education, we also highlight the need to divide education content by Key Stage or Year, with a building block approach in mind – importantly RSE must not be taught too late. Teacher competence must also be supported through training and resources. Such support must also be coupled with both dedicated and designated time in the curriculum.

See:

- FSRH and RCOG Abortion and Abortion Care Factsheet, 2018, <https://www.fsrh.org/fsrh-and-rcog-factsheet-on-abortion/>

**14. Do you agree that the content of RSE as set out in paragraphs 65-77 of the guidance will provide secondary school pupils with sufficient knowledge to help them have positive relationships?**

*Potentially yes.*

It is essential to equip secondary school students with sufficient knowledge to help them to have positive relationships is the frequency, timing and quality of the content are important in this respect. A building block, whole school approach to teaching accompanied by investment in training and resources is therefore key to supporting deep and systemic learning. Likewise assurance for designated time and space in the curriculum to deliver RSE is essential.

## Consent

FSRH and the RCOG welcome the attention given to teaching about consent but in order to ensure this is sufficient, it must be expanded to include a direct focus on negotiating safer sex explicitly. As highlighted in our response to the Department for Education's call for evidence, education with such a focus is a vital component of RSE, assisting in reducing unplanned pregnancies and contributing to positive public health outcomes. PHE's very recent [Teenage Pregnancy Prevention Framework \(2018\)](#) supports this approach. We are concerned about the emphasis on the rights of parents to withdraw pupils from RSE lessons if they are younger than 16 years minus 3 weeks. While it may well be important to highlight parental right to do this, such highlighting should not obscure pupils' right to access confidential support.

See:

- PHE Teenage Pregnancy Framework (2018)  
<https://www.gov.uk/government/publications/teenage-pregnancy-prevention-framework>

## LGBT

We are also in agreement with the concern expressed by organisations such as Brook and the Sex Education Forum, that content relating to LGBT people and relationships has been neglected in the current guidance. We strongly advise such content is included as a common thread throughout the guidance.

## FGM

Moreover, we are concerned by paragraph 75 of the current guidance: it is essential that teaching about FGM must not be optional and this paragraph must be amended. Learning about the law around FGM must also be specified in the required content under "being safe".

## Contraception, pregnancy and abortion

We further emphasise the need to teach pupils about the range of contraception and the options which are most effective (e.g. long acting reversible contraception (LARC)) and that condoms prevent against STI's and HIV are not the most effective form of contraception.

The current guidance refers to teaching "choices permitted by the law around pregnancy". The guidance should go further than this position. It should clearly state the need to teach medically accurate and non-biased information on pregnancy options. This should include educating students on how to prevent unintended pregnancies; options they have if they suspect or discover an unintended pregnancy; and how to access help, advice and services, e.g. abortion care services or sexual and reproductive healthcare services.

## Positive attitudes towards sexuality

Sexual health and well-being includes developing a positive attitude to your own body. RSE can contribute to this by teaching and reinforcing knowledge about what bodies (including external genitalia) do and what they look like, using scientifically accurate diagrams as well as images that demonstrate the diversity of normal, healthy bodies.

### Unsuitable wording

Like other organisations, we are concerned by some of the language in the draft guidance. The reference to “authority” and the advice that students learn to show respect to those in positions of authority should be omitted. This risks pupils not disclosing abuse by those in positions of authority – a type of abuse of which there are many examples. Instead of the wording “respect for those in positions of authority”, the guidance could use the wording ‘treat others, and be treated by others, with respect’.

We also advise that instead of a focus on “virtues”, the guidance retains the Department for Education’s 2000 guidance reference to “values”. A reference to virtues such as self-control and self-sacrifice risks impeding healthy relationships: self-sacrifice has revealed itself as a significant element which sustains abusive relationships.

### **15. Do you agree that paragraphs 36-46 on the right to withdraw provide sufficient clarity and advice to schools in order for them to meet the legal requirements?**

*Disagree.*

### Parents and the school

We are supportive of the Sex Education Forum’s view that headteachers must not be able to automatically grant a request for a child to be excused from sex education. It should be requirement that in such situations, there must be a discussion between parents and the school to discuss why the parent wishes to withdraw their child. Headteachers must also be expected and supported to explain the benefits of sex education and resolve any misconceptions.

Good communication from a school to a parent would also help to reduce the rate of parents choosing to withdraw their child from RSE, allowing for increased confidence amongst parents. The guidance would benefit from highlighting this, focusing on how such communication would improve the quality of RSE for a pupil, with parents more able to talk openly to their children about relationships and sexual health. As evidenced by PHE’s [Teenage Pregnancy Framework \(2018\)](#), children who can talk openly to their parents about relationships and sexual health are more likely to have first sex later and to use contraception.

See:

- PHE Teenage Pregnancy Framework (2018)  
<https://www.gov.uk/government/publications/teenage-pregnancy-prevention-framework>

16. N/A

17. N/A

18. N/A

19. N/A

**20. Do you agree with the approach outlined in paragraphs 36-46 on how schools should engage with parents on the subjects?**

*Disagree.*

DfE Responsibility

Parents should be notified of their rights and given access to the broad outlines of programmes of study/class resources. They should also have the chance to ask questions about the curriculum and be allowed to provide feedback where appropriate.

However, FSRH and the RCOG are concerned that the draft guidance does not fully acknowledge, that ultimately, accountability for RSE rests with the Department for Education and providing institutions. Though we are most definitely supportive of a high-quality partnership between parents and schools, we re-emphasise our belief that the interests of pupils are not best served by a protocol which over-emphasises parental decision-making in matters which are better considered as the responsibility of the school. Parts of the guidance, such as paragraphs 36 and 37, risk detracting from such an approach.

Paragraph 36 should be amended to reference sex – thus: ‘The role of parents in the development of their children’s understanding about relationships and sex is vital. Parents are the first educators of their children. They have the most significant influence in enabling their children to grow and mature and to form healthy relationships.’

Paragraph 38 should be amended to include sex education so that it reads: ‘Parents should be given every opportunity to understand the purpose and content of Relationships Education, sex education and RSE’.

**21. Paragraphs 108-109 in the guidance describe the flexibility that schools would have to determine how they teach the content of their Relationships Education/RSE/Health Education. Do you agree with the outlined approach?**

Yes, however it would be useful if schools were required to evidence that they have consulted pupils about their needs, and/or if it is made clear that Ofsted will be looking for such evidence. The guidance should emphasise more strongly that flexibility refers to choice of medically accurate resources and timetabling and not to the specified content of what is taught; nor does it limit the obligation of teachers to take due regard of the rights of people with protected characteristics. In order to meet the developmental, social and health needs of students, schools must refer to more specific guidance, for example the [Sex Education Forum Curriculum Design Toolkit](#), and local authority provided programmes of study.

See:

- Sex Education Forum Curriculum Design Toolkit, 2018  
<https://www.sexeducationforum.org.uk/resources/advice-guidance/curriculum-design-tool-0>

22. N/A

23. N/A

**24. Do you have any further views on the draft statutory guidance that you would like to share with the department? Do you think that the expectations of schools are clear? Please include this information in the text box below.**

**[Introduction pasted here for online submission]**

#### Working with external agencies

FSRH and the RCOG wish to draw attention to paragraph 47 - 49 of the draft guidance. We feel it essential to comment on this content. The guidance must make clear that when external agencies or visitors are brought in to complement RSE teaching, teaching and visitors should only use information and material that present scientifically accurate information, referring to websites that do the same. It would be especially helpful if secondary schools were advised to invite speakers from Local Authority-funded services such as sexual and reproductive healthcare (SRH) services or sexual healthcare services. Such speakers would be well placed to deliver specialist information, enhance pupils understanding of how/where to access services and encourage students to seek advice and help in confidence. The guidance must also state that external agencies must work in line with the legal requirements set by the Equality Act.

#### Resources and funding

There are problems around the resources listed in the draft guidance. It is not clear how they have been selected and no SEND resources are included. Likewise no resources produced by the Sex Education Forum or FSRH and the RCOG are listed, all are broad-based and authoritative organisations.

We strongly advise this list includes such resources, specifically our recent production of a free evidence-based factsheet on abortion and abortion care for secondary schools, which can be found [here](#). This resource is designed to support the delivery of high quality education on abortion and abortion care. It holds support from the Sex Education Forum and PSHE Association.

Schools should be advised to choose their RSE resources from reputable sources i.e. only organisations which are evidence-based and medically accurate. The list should be updated as resources are updated and new materials are published. It is also important to note that only through training will schools be equipped to select and use good resources. The most helpful approach is to train teachers with the skills to identify resources according to the needs of students, within the terms of Department for Education guidance. As Brook points out, excellent training and resources are available for teaching in primary schools. The issue for schools will be funding to purchase training and resources, and to pay to release teachers from teaching for long enough to attend training and to design and plan lessons.

See:

- FSRH and RCOG Abortion and Abortion Care Factsheet, 2018, <https://www.fsrh.org/fsrh-and-rcog-factsheet-on-abortion/>

#### Dedicated and designated time in the curriculum

Alongside provision for training, it is essential that schools are clearly guided towards the setting aside dedicated and designated time for the teaching of RSE. At both primary and secondary level, the allocation of teaching time is strongly shaped at present by the demands of preparing students for tests and examinations. To establish a place for RSE in this context requires clear regulatory direction, supported by expectations of Ofsted. It should not be for schools to be classified as 'good' or 'outstanding' unless they provide designated time for the teaching of RSE.

### Funding

Finally, we support calls from the Sex Education Forum for ring-fenced funding to train and support schools to develop high quality RSE. We also support calls for a regular subject report to be commissioned from Ofsted (such as the 'PSHE – not yet good enough report,' 2012) so that there is some evidence of progress in schools in implementing high quality RSE and knowledge of gaps.

### Clarity on content and evidence based education

We strongly advise a greater emphasis on the need for medically accurate and evidence-based content to form the basis of RSE content. This includes ensuring the resources used to deliver RSE are evidence based and medically accurate. To deviate from such content risks denying pupils with the knowledge, skills, tools and resources needed to progress safely throughout their lifecourse.

The guidance would also benefit from greater clarity around issues of consent. Some issues are confusing because of the very mixed tone in which they are addressed. An example given by the Sex Education Forum is parents being able to exclude children from sex education. As highlighted in our answer to Q15, headteachers must not be able to automatically grant a request for a child to be excused from sex education.

We support the Sex Education Forum's recommendation that unclear sections of the guidance need to be edited to improve consistency and to achieve the kind of positive tone that is expected of updated guidance, taking account of the widespread public support for RSE that protects all pupils.

### Terminology

The use of accurate terminology is vital. There must be the correct terms for sexual parts of the body (penis, testicles, vulva, vagina).

Moreover, reference to "virtues" within the guidance must be omitted. As we have pointed out, this suggests that a child's welfare and progress are based on the development of individual characteristics rather than being the responsibility of the education system. It would be far more appropriate to talk about the cultivation of collective values such as 'equality' and 'respect', which should be presented as institutional values; an ethos owned by the whole school.

Accurate information must also be provided about the meaning of terms such as 'lesbian', 'gay', 'bisexual' and 'trans'. The values promoted by high quality RSE are consistent with British Values / SMSC (spiritual, moral, social and cultural development) - there is the opportunity to make this link.

### Flexibility

Rather than requiring schools to take the religious background of all pupils into account when planning teaching – which is potentially a very difficult task - it would be better to require schools to reflect varied and relevant religious and cultural perspectives when planning teaching. It is also vital that teachers know they must differentiate between fact and opinion. The guidance must make clear that schools have a duty to plan teaching which is child-centred and relevant. This teaching must give pupils opportunities to discuss experiences, perspectives and views safely.

Furthermore, the background of students and tailoring content to local contexts or desires must not be used as a pretext to detract from the use of evidence based resources or omitting any areas of the curriculum, e.g. any content related to abortion care and contraception. The guidance would benefit from highlighting this.

**Useful resources:**

1. FSRH and RCOG Abortion and Abortion Care Factsheet, 2018, <https://www.fsrh.org/fsrh-and-rcog-factsheet-on-abortion/>
2. FSRH and RCOG Joint Submission to the Government Consultation on RSE, 2018 <https://www.fsrh.org/news/fsrh-rcog-dfe-consultation-rse-guidance/>
3. PHE Teenage Pregnancy Framework (2018) <https://www.gov.uk/government/publications/teenage-pregnancy-prevention-framework>
4. PHE Teenage Mothers and Young Fathers: Support framework (2016) <https://www.gov.uk/government/publications/teenage-pregnancy-prevention-framework>
5. Sex and Relationship Education Guidance, Dfe, 2000 <http://webarchive.nationalarchives.gov.uk/20130403224457/https://www.education.gov.uk/publications/eOrderingDownload/DfES-0116-2000%20SRE.pdf>
6. Sex and Relationships Education for the 21<sup>st</sup> Century, Brook, PSHE Association and SEF, 2014 <http://www.rsehub.org.uk/media/18933/Supplementary-Guidance-for-SRE.pdf>
7. Parents support sex and relationships education at primary school, Sex Education Forum (2014) [www.sexeducationforum.org.uk/policy-campaigns/parents-want-sre.aspx](http://www.sexeducationforum.org.uk/policy-campaigns/parents-want-sre.aspx)
8. Sex Education Forum Curriculum Design Toolkit, 2018 <https://www.sexeducationforum.org.uk/resources/advice-guidance/curriculum-design-tool-0>

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