

Independent Review of PSHE—Call for Written Evidence

5th December 2008



*Changing Society to put the
Hope of Christ at its Centre*

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Christian Concern for our Nation (CCFON) is a policy and legal resource centre that identifies changes in policy and law that will affect Christians. The team of lawyers at CCFON research and campaign on legislation affecting Christian Freedoms. CCFON serves a mailing list of 25,000 supporters.

Independent review of Personal, Social, Health and Economic education

Call for written evidence

I am delighted to have been asked by the Secretary of State to lead a review of how the Government's decision to give Personal, Social, Health and Economic (PSHE) education statutory status can be translated into a practicable way forward.

Schools increasingly have a crucial role in supporting young people to cope with a complex, and at times, challenging world. The move to make PSHE education statutory is about improved outcomes for children and young people, and putting their needs first. The issues that PSHE education covers are central to young people's well-being: nutrition and physical activity; drugs, alcohol and tobacco education; sex and relationships education; emotional health and well-being; safety; careers education; work-related learning; and personal finance. Making the whole subject statutory therefore aims to ensure that children and young people develop the knowledge and skills they need to enjoy healthy, fulfilling lives.

However, making PSHE education statutory raises a number of complex issues, which need to be worked through with care. This is the reason for the review, and the brief that I have been given by Ministers. The review will be governed by the following principles:

- all children and young people should receive a common core of information and practical skills, consolidating the current non-statutory programmes of study, to help them grow and develop as individuals, as members of families and society so that they can live safe, healthy, productive and responsible lives
- parents should be fully involved with schools on PSHE learning, and it should be taught in a way that reflects a school's ethics and moral values
- there should be a national framework setting out this common core entitlement
- the quality of teaching and learning needs to improve, better to meet the needs of young people
- PSHE education should be planned and delivered by trained, competent and confident teachers with support from expertise beyond the school
- Effective provision should lead to improved outcomes for children in terms of knowledge, skills, understanding and behaviour.

The review will assume that statutory programmes of study, setting out the broad content of a common core of PSHE knowledge and skills that all children and young people should be taught, would be drawn up starting from the existing non-statutory programmes of study for personal and economic well-being in Key Stages 3 and 4. For Key Stages 1 and 2, the review will take account of work that is already in hand to define the common core content for PSHE education as part of Sir Jim Rose's review of the primary curriculum

(for further information on the existing non-statutory frameworks and programmes of study at Key Stages 1 to 4, please see: <http://curriculum.qca.org.uk>). The provision of certain elements of PSHE education beyond Key Stage 4 - such as careers and sex and relationships education - is something that the Government will be exploring, but is beyond the remit of this review.

Over the next few months I intend to consult widely, listening to pupils, parents, communities, social partners and other stakeholders, so that we can find the most effective way to make a real difference to the confidence and skills of young people as they deal with the challenges and opportunities of modern life. The first stage in this process is to gather written evidence to help us begin to develop and evaluate possible ways forward, which we will then consult you further on.

Your organisation is a key partner and stakeholder on this issue and I would ask that your response represents the views of your constituents. It is not necessary to answer every question, so please feel free to focus on those where you can add the most value. In addition, I would encourage you not only to address the issues, but also to outline effective solutions and describe existing good practice.

I would therefore be very grateful if you would take the time to answer the questions set out below.

Yours faithfully,

Sir Alasdair Macdonald

The closing date for responses is: **5th December 2008**

Please return the completed form to: PSHE.Review@dcsf.gsi.gov.uk

THIS FORM IS NOT INTERACTIVE.

Please direct enquiries to Rory Gallagher on:

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Please could you fill in your contact details below:

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Executive Summary and Overview

We welcome the opportunity to participate in this important review by Sir Alasdair Macdonald, as the subject matter is of particular concern to Christian parents, pupils, schools, churches and organisations.

The review¹ is based upon setting the PSHE curriculum on a statutory footing for Key Stages 1 to 4.² The Key stages 1 to 4 cover pupils from ages 5 to 16.

In our opinion, PSHE should remain non-statutory for Sex and Relationships Education (SRE).³

The background behind the call to make SRE statutory for pupils as young as five is due to a concern over the rise in teenage pregnancies and rising rates of Sexually Transmitted Diseases (STDs).⁴

This has led to a review being undertaken of Sex and Relationships Education in Schools by an External Steering Group.⁵ The Government responded to the SRE Review's Recommendations in October 2008.⁶

The SRE Review made a number of recommendations and stated that:

The principal recommendation is that PSHE should be made a statutory subject in Key Stages 1-4 and that it should be underpinned by a statutory programme of study that sets out a common core of knowledge and skills that all young people should be taught.

The SRE Review also recommended that:

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

The SRE review recommendation accepted by the Government's response—that Sex and Relationships Education should be given on a statutory basis to primary school children—is not a conclusion that should have been drawn on the basis of reading the information in the Review. The only evidence given in the review was in relation to teenage views and there was a paucity of evidence that this education should be given to younger children. Even a reference to an online youth survey that was referred to in the review, only gave partial results and did not give the views of girls to the question of what age they should receive sex education. Even the suggestion in that online youth survey of SRE being delivered to children under 13 does not result in a conclusion that this should be from age 5.

There is little evidence from research that suggests sex education at a younger age would prevent teenage pregnancies in this country.⁷ This is a highly sensitive subject which must be of great concern to all parents. For example, there has recently been outrage expressed at the use of a sex education booklet aimed at 6 year olds.⁸

We have a number of other concerns about the recommendations of the SRE review, to name but a few:

Firstly, that the Government has accepted the recommendation to update the SRE guidance issued in 2000.⁹ In our opinion the guidance correctly stated the need for a graduated, age-appropriate programme of sex and relationships education and stressed that pupils should be taught about the nature and importance of marriage for family life and for the bringing up of children. It also provided that there should be no direct promotion of sexual orientation and that a SRE policy is to be drawn up by a governing body in consultation with parents.

Secondly, in previous consultations we have expressed our growing concern that PSHE and the care of pupils' wellbeing in education fails to address the importance of fostering both the spiritual and moral development of children.¹⁰ We agree with the SRE recommendation that PSHE is not 'value free' and believe it is important that the Christian faith perspective is adequately covered not just in faith schools but in all schools.

Thirdly, it is of concern that the Government has accepted the recommendation of the SRE review that the Sex Education Forum's SRE audit 'toolkit' should be widely promoted. We strongly disagree that this should be the case. We are particularly concerned about the 'moral values' section in activity 5 and believe it is a misinterpretation of the DFEE 2000 guidance as it takes a selective approach to interpreting the topic by suggesting that the right answers to moral value questions dealing with marriage, homosexuality and Christian values are based on utilitarian principles of risk reduction as opposed to a moral foundation based on Christian values.¹¹

Fourthly, it is of concern that the Government has accepted that there should be a SRE leaflet for parents indicating that 'SRE in schools is being delivered within a clear values framework of respect, mutuality, rights and responsibilities, gender equality and acceptance of diversity.' The orthodox Christian belief that the practice of homosexuality is a sin engages Article 9 of the European Convention on Human Rights on freedom of thought, conscience and religion and whilst gender equality and the acceptance of diversity is important in non-sexual areas of life, there is a need to respect such beliefs in the delivery of SR education.¹²

Fifthly, the recommendation and the Government's acceptance of the necessity of having a nurse in relation to the question of 'what level of school nurse resource will be available to support schools' delivery of SRE?' is questionable. We are concerned about the perceived need to have a dedicated nurse to provide sexual health advice which may undermine the role of parents and encourage pupils' expectations for sexual experimentation, even if a school nurse can usefully advise in other areas such as a healthy lifestyle.¹³

In conclusion, we consider that an appropriate approach to tackling rising teenage pregnancies and STDs¹⁴ would be:

For SR education to include an ABC approach similar to that successfully adopted to combat aids. A = Abstain, B = Be faithful and C = Condom use.¹⁵ This could add on D = Delay sexual activity until marriage with an updating of the PSHE curriculum in line with the current DFEE guidance,¹⁶ but with more stress on the importance of marriage and stable relationships. We agree with the SRE Review and Government response that the focus should be on relationships not just biology, but that this should be based on the ABCD approach. There have been studies that indicate that

abstinence does have an effect and explains lower teenage pregnancy rates.¹⁷

Question 1. What are the best ways to balance a statutory entitlement to PSHE education with sufficient flexibility for individual schools?

Response:

The Human Rights Act 1998 puts parents' European Convention right 'to ensure...education and teaching [is] in conformity with their own religious and philosophical convictions'¹⁸ on a statutory footing. This right was agreed to by the Government on condition that performing this obligation was 'compatible with the provision of efficient instruction and training, and the avoidance of unreasonable public expenditure'¹⁹. This means that parents have a right to take schools, the local education authority or the Secretary of State to court if their children are educated in a manner that does not conform to their beliefs.

It is suggested that in relation to sex and relationships education, individual schools should be allowed to build on a core of scientific teaching in accordance with their ethos, the views of school governors and of parents. Primary schools should be allowed to opt out of providing sex and relationships education to children under the age of 11 altogether, as this in itself may conflict with the beliefs of parents regarding the delivery of sex education to their children. It would certainly conflict with the views of many Christians

Parents have always had the right to withdraw their children from sex education under the Education Act 1996²⁰ and this right should be retained. If a statutory system is adopted, this opt-out is still applicable, but the legislation would need to specify that the opt-out is available whether or not SRE is part of the National Curriculum. In addition to the rights under Part 2 of the First Protocol of the Human Rights Act 1998,²¹ Article 9 of the European Convention on Human Rights, which concerns freedom of thought, conscience and religion, is relevant to matters concerning SR education, because of the fact that orthodox religious beliefs hold that the practice of homosexuality is sinful (as opposed to sexual orientation itself).

Question 2. What are the best ways to provide a statutory entitlement to PSHE education for all pupils regardless of physical or learning needs?

Response:

It is suggested that pupils with special learning needs should be taught PSHE by special needs teachers to ensure that the content and level of teaching is appropriate to them and to ensure that they understand.

Unique and sensitive issues may arise in relation to those with special physical needs, which it is suggested should be addressed on an individual basis with an appropriately qualified person outside the routine PSHE lessons.

An example of an alternative approach to SRE can be found at Bracken Hill School which is a small special school (please see link for details).²²

Question 3. What types of flexibility would you like to see incorporated when building on the non-statutory frameworks/ programmes of study (KS 1&2/3&4) to create a new statutory entitlement to PSHE education?

Response:

We have no objection to the statutory PSHE framework covering areas such as alcohol or drug abuse or other areas apart from SRE, provided they are delivered in an acceptable framework informed by moral values. We strongly object to the recommendation that SRE should be made within a statutory framework for all Key stages and we are particularly concerned that this should not extend to any children under the age of 11.

However, regardless of whether or not a statutory framework is adopted, it is vitally important to allow individual schools to shape PSHE education according to their ethos and according to the views of parents and governors and we would wish to see parents allowed to withdraw their children from PSHE education where it conflicts with their beliefs.

It would be helpful if an alternative option for SRE could be provided within the PSHE framework to accommodate differing beliefs, not only for schools with a religious character or ethos, but also for religious pupils in secular schools.

It would be helpful if SRE that has a broadly Christian approach including an emphasis on the importance of marriage and Christian beliefs on sexual orientation practices could be developed in full consultation with Christian organisations for all schools. This could be offered as an option for SRE in the same way that special schools have adopted an alternative approach to SRE. The Christian option could have a broadly based core syllabus but with variations available in relation to different beliefs such as Catholic on contraception issues, Evangelical and so forth. Schools with a religious character or ethos should have the flexibility to develop their own SRE but there is a need to consider options for pupils of parents with religious beliefs in all schools.

Please see also our answers to questions 1, 6 and 7.

Question 4. What are the best ways of ensuring that parents, pupils and governing bodies are all fully involved in the drawing up of individual schools' policy on delivery of sensitive topics within PSHE education?

Response:

It is suggested that involving pupils in the drawing up of a school's policy on how sex and relationships education is delivered is unwise. Either the pupils involved will not have been taught the subject yet and therefore could not have an informed view on the subject, or else they would have recently been taught the subject and would have been moulded by the teaching they were given, without having much life experience that they could use to form a point of view.

Governing bodies must be required to consult parents and to take their views into consideration in formulating their SRE policy. This requirement could be made statutory, or could be included within guidance.

Question 5. What can be done to assist those working in and with schools of a religious character to develop supplementary resources to support PSHE delivery within a faith context?

Response:

Please see our answer to question 3. It is important that the delivery of SRE in PSHE is allowed to be an alternative or supplement to the standard PSHE, not only for schools which have been designated by the Secretary of State as schools of a religious character (under regulations arising from the Schools Standards and Framework Act 1998²³) but for all schools, whether independent or not, which have a recognised religious tradition or ethos. Not all religious schools have been designated as schools with a religious character even though they may have a clear Christian tradition, background or ethos. In addition, secular state schools should cater for alternative or supplementary PSHE so that parents can ensure that SRE is delivered in a way that is appropriate to their beliefs.

It would be possible to make alternative or supplementary PHSE options on a statutory basis catering for special needs or religious beliefs for SRE. But we believe that this may be too constrained and that the best option would be to allow for the flexibility of a non-compulsory system. There is a particular concern that a statutory compulsory system for SRE may have elements in this sensitive area of teaching which run contrary to religious moral values and beliefs.

A number of very good resources may already exist within Christian schools for SRE that could be used as a starting point to support or replace parts of the PSHE SRE curriculum. However, the need for flexibility would militate against the SRE part of PSHE being compulsory.

All schools should be sent details of their statutory rights and obligations in the context of PSHE in a form that is easily understood and details should be given of any proposed changes to allow for full consultation of parents and governors of schools—see our answer to question 6 below.

Question 6. What support and guidance could be developed for school governing bodies to enable them to draw up appropriate policies for the teaching of sensitive topics within PSHE education?

Response:

Governing bodies should be supplied with detailed information covering the statutory rights and responsibilities of schools, parents and children. In order to consult them fully, as well as parents, this information pack should include their current rights and any proposed changes. There should be a particular focus upon religious beliefs in the context of PSHE in general and in relation to SRE in particular. Previous consultations on proposed changes in the curriculum have not been user-friendly and did not explain clearly what the current curriculum was and what the proposed changes were, which mean that it was difficult for a parent governor or parent who did not have detailed knowledge of the curriculum to respond.²⁴

Schools' governing bodies should be directed to think about what information children need. They should be provided with details of a wide range of resources including resources provided by faith schools/groups including a full review on potential alternative or supplementary PSHE.

They should also be provided with explanations of the Christian viewpoints on the teaching of sex and relationships education, and their main concerns and sensitivities.

The Christian viewpoint, for example, might read as follows:

'Christians believe that God created people to live in community and to love each other irrespective of personal characteristics. Sex was created by God to be used as an expression of love within marriage and to create children within the construct of marriage.

Young people would therefore be taught that sexual love can be reserved for marriage between one man and one woman for life. Young people should also be taught about the concept of sanctity of life, healthy eating and exercise, the dangers of drugs including nicotine and alcohol, and how to avoid debt, and physical inactivity. They should be taught to consider the feelings and rights of others as well as the immediate and future impact of their behaviour on them. They should be taught the principle of loving God and loving their neighbour as themselves.'

Christian concerns and sensitivities mean that children should be taught:

- That sexual activity should be reserved for marriage and that this is a moral choice.
- That there are different forms of relationship, but that they are not all the same and that they are not all morally equivalent. Pupils should be taught about the nature and importance of marriage for family life and bringing up children.
- That people should be treated with respect even if they disagree with their beliefs or lifestyle choices.
- That our choices and behaviour always affect others and are likely to influence those who are younger than us.

- That the Bible says there are morally right and wrong ways to live in accordance with Biblical truths.
- That it is important to respect our bodies and our minds and to keep them healthy by eating well, exercising regularly and abstaining from drugs including nicotine.
- That human life is sacred.
- That good stewardship should be exercised and money should be spent wisely and debt avoided.

Question 7. How can the rights of parents to withdraw their children from parts of sex and relationships education be balanced with the rights of young people to have access to PSHE provision that meets their needs?

Response:

A brief checklist could be developed for parents, to ensure that the topics from which they choose to withdraw their children are taught to children either by their parents or in another forum, in a manner with which their parents are content.

The answer to previous questions has suggested the development of alternative or supplemental PSHE options for SRE in order to cater for sensitivities in relation to religious beliefs.

Question 8. Given the current demands of the curriculum, how can statutory PSHE education best be accommodated?

Response:

It is suggested that it should be brief and to-the-point. In relation to sex and relationships education, for example, it is not necessary for teenagers to be told about all the various forms of relationship that exist, or all the various forms of contraception. But a basic understanding would be helpful.

The essentials that they do need to know are that sexual activity can lead to pregnancy, sexually transmitted diseases and heartache and that these pitfalls can be avoided by making wise choices, such as abstaining from sexual activity until marriage, refusing sexual advances, making sure that they are never alone with people that they do not know well and using condoms if they are sexually active etc. The ABCD approach we have suggested in our Executive Summary and overview may help to lower teenage pregnancies and STDs. The Delay means delay until they are married.

The SRE Review supported delaying sexual activity. It stated that:

There is no reliable evidence that simplistic 'just say no' approaches that promote abstinence until marriage, but do not provide information on contraception, are effective. This does not mean, however, that support to delay sexual activity should not be a key part of broader SRE programmes.

The problem with this quotation from the Review in relation to the referenced Kirby

research, is that the research itself only refers to programmes either based on abstinence only, or providing comprehensive sex education as opposed to 'abstinence plus' programmes, which would include information about contraception. In these articles, 'comprehensive sex education' is not referring to education from an early age, but rather as a comparison to abstinence.²⁵

The information children and teenagers need to keep them safe, healthy and happy is actually quite limited and does not need to take up hours of time that could be used more productively in the pursuit of other, more beneficial subjects. The tendency of UK culture, especially in the media, is to focus on sex as the only thing in life that matters, which is destructive to the emotional development of young people, who should have a wide variety of interests. Schools should avoid this tendency so as to prevent young people from becoming over-informed and therefore over-interested in sexual activity to the point where they feel that they must experiment, but sufficient information should be given to avoid unwanted pregnancies for the sexually active and the sadly rising trend in abortions.

Question 9. What scope is there for extra-curricular activity to contribute to PSHE education?

Response:

We do not view extra-curricular activity as being necessary or appropriate in sex and relationships education, although it is clearly very valuable in other areas, such as physical education, work-related learning and careers guidance.

Question 10. What are the major barriers to successful implementation of statutory PSHE education, and how might these be overcome?

Response:

Parental prejudice is a major barrier to the implementation of sex and relationships education that could be overcome if the curriculum were less detailed, more age-appropriate and more reflective of parents' values. Christian parents tend to object strongly to sex and relationships education being given to young children.

Another major barrier is the above-mentioned media obsession with the subject of sex, which means that very young teenagers are over-informed and sometimes mis-informed about the facts of life and very often uninformed about the emotional and social implications of sexual activity. It is suggested that magazines and television programmes dealing with the subjects of sex and relationships should be more carefully monitored so that young people do not become sexualised so young and so that any information they do receive is more balanced in favour of abstinence as a valid and healthy choice for life before marriage. A recent research study has found that teenagers who watch more programmes such as Sex in the City are more likely to become pregnant.²⁶

Young people should not be allowed to be deceived into thinking that they are ready for sexual activity when they 'feel' ready as so many girls' magazines proclaim. Instead, they should be hearing the message that sexual activity outside marriage is unhealthy, emotionally damaging to them and ultimately destructive to the society we live in. To this end, censorship of such media should be strengthened. As appropriate during the teenage years, schools could also consider asking pupils to make a critical analysis of such programmes, so as to bring the perspective of reality to the actual, practical and unwanted consequences of sexual activity, such as increased risk of STDs and of unwanted pregnancies and the potential for STDs even with the use of condoms.

Question 11. Please state here any other suggestions for the most effective ways of making PSHE education statutory.

Response:

The very inclusion of sex and relationships education for children under the age of 11 is very likely to conflict with the religious or philosophical convictions of many parents and does conflict with the beliefs of many Christian parents.

In line with the legal rights as detailed in our answer to question 1, it is suggested that parents need to retain the right to opt out of SRE whether or not it is part of the National Curriculum.

We do not agree that the SRE part of the PSHE curriculum should be made statutory for any of the Key stages 1 to 4 and it is better for SRE not to be part of the National Curriculum so as to allow for the proper flexibility and scope for alternative options within PHSE, not only for those with special needs but also for those with religious beliefs.

If it were to be statutory—with which we disagree entirely—then only the minimum core of sex and relationships education necessary to protect children should be included in the statutory framework, leaving schools, governors and parents to shape the rest. It should not in any event, whether statutory or not, extend to primary school children below the age of 11.

Please see also our answers to questions 1, 3, 6 and 7.

In the debate in Parliament on 17th November 2008²⁷ when the Minister of State introduced a discussion on the Government's response of 23rd October 2008 to the SRE Review, it was suggested that the approach was based upon international evidence, yet the SRE Review states at point 22:

*In general, there is a dearth of good quality international evidence on SRE.*²⁸

We do not agree that the approach used in the Netherlands is an appropriate one for here. As stated in our original submission, the use of statistics to support the assertion that lowering the age at which sexual education begins lowers the pregnancy rate is flawed. This analysis of statistics ignores the fact that the Netherlands has a much stronger family structure. In fact, the State's sex education policy states 'Good sex education is important in preventing unwanted pregnancies. This is the responsibility of parents, but schools can also make a contribution.' Other factors are operating there which makes a comparison wholly inappropriate. For example, there is a stigma attached to having a child under 20 there, which simply does not exist here. The Dutch Government still penalises single mothers who are under 18, who are expected to live with their parents if they become pregnant. Until six years ago the Government gave them no financial support.

In the debate on the introduction of these measures on 17th November, Philip Davies MP asked:

Does the Minister not accept that the more sex education we seem to have had, the more unwanted and teenage pregnancies we seem to have had, and that more sex education is not the answer and that perhaps less or even no sex education might be better? Moral upbringing should be the responsibility of parents, not teachers, and if we really want to tackle this problem it would be much better to look at the benefits and housing allocation systems than throw in more sex education for pupils in schools.

It is regrettable that the Government has interpreted the need to reduce teenage pregnancies and sexually transmitted diseases as a need for more compulsory sex and relationships education. In our view there must be very few pregnant teenagers or teenagers who have been infected by a sexually transmitted disease who were unaware of the facts of life or the facts related to STDs.

What is needed is to avoid the sexualisation of children by schools and through the media. One of our constituents (a parent of two pre-school aged boys) wrote to us regarding the government's recommendation to introduce sex and relationships education to five year-olds and above and included the following paragraph:

My view is that having obtained all this information by age 11 what will there be left for the children but to go and try it out? Sex education should be on a need-to-know basis and preferably at the discretion of parents, not at that of government via the education system. If these plans go ahead a whole generation of children (and all those to follow) will be robbed of their innocence and childhood, and their behaviour ten years from now will constitute a catastrophic fall-out, pushing abortion and STD rates even higher.

Concluding Comment:

In summary, we strongly disagree with the proposed change to make SRE a statutory part of the curriculum and in our opinion the proposed change will not provide the answer to the increase in teenage pregnancies and STDs. More research on the causative factors is required.

Please see continuation sheet

Thank you for taking time to respond to this review.

Completed responses should be sent to the address shown below by **5th December 2008**.

Send by post to: PSHE Review Secretariat
Department for Children Schools and Families
2nd Floor
Sanctuary Buildings
Great Smith Street
London SW1P 3BT

Send by e-mail to: PSHE.Review@dcsf.gsi.gov.uk

End Notes and References with Links

¹ See http://www.teachernet.gov.uk/_doc/13030/SRE%20final.pdf

² Key Stage 1 covers ages 5 to 7 (years 1-2), Key Stage 2 covers ages 7 to 11 (years 3-6), Key Stage 3 covers ages 11 to 14 (years 7-9) and Key Stage 4 covers ages 14 to 16 (years 10-11), see: <http://curriculum.qca.org.uk/key-stages-1-and-2/Values-aims-and-purposes/about-the-primary-curriculum/index.aspx>

³ See our Submission on the Sex and Relationship Education Delivery Review at: http://www.ccfon.org/docs/Sex_and_Relationship_Education_email_doc_Jul_08.pdf

⁴ See <http://www.guardian.co.uk/education/2008/oct/23/sexeducation-primaryschools1>

⁵ See http://www.teachernet.gov.uk/_doc/13030/SRE%20final.pdf

⁶ See the Government's response at http://www.teachernet.gov.uk/_doc/13030/7924-DCSF-Sex%20and%20Relationships%20A4.pdf

⁷ See <http://news.bbc.co.uk/1/hi/education/7687450.stm>

⁸ See http://www.timesonline.co.uk/tol/life_and_style/education/article4776329.ece and <http://www.telegraph.co.uk/news/uknews/2980627/Sex-education-booklet-aimed-at-six-year-olds-sparks-row.html>

⁹ See points 18 and 19 at: http://www.teachernet.gov.uk/_doc/13030/7924-DCSF-Sex%20and%20Relationships%20A4.pdf. See also the Guidance from 2000 at: <http://www.dcsf.gov.uk/sreguidance/sexeducation.pdf>.

¹⁰ See

http://www.ccfon.org/docs/RESPONSE_TO_CONSULTATION_ON_SCHOOLS_ROLE_IN_PROMOTING_PUPIL_WELLBEING_SEPT_2008.pdf. The LCF's responses, which the author wrote, can be found at the following addresses:

<http://www.lawcf.org/index.asp?page=LCF+Response+to+Secondary+Education+consultation> and <http://www.lawcf.org/index.asp?page=LCF+response+to+Welsh+curriculum+consultation>

¹¹ See Activity 5 at: http://www.ncb.org.uk/dotpdf/open_access_2/sre_audit_toolkit.pdf and compare to the DFEE Guidance from 2000 at: <http://www.dcsf.gov.uk/sreguidance/sexeducation.pdf>. For example, question 3 says you don't have to be married to have a strong and supportive relationship and refers to paragraph 4, yet paragraph 4 also stresses that pupils should be taught about the nature and importance of marriage for family life and the upbringing of children. Question 5 on Christian values refers to there being no assumption that Christian values should be the only ones taught with reference to the DEFF 1.7. This paragraph actually says: 'The teaching of some aspects of sex and relationships education might be of concern to teachers and parents. Sensitive issues should be covered by the school's policy and in consultation with parents. Schools of a particular religious ethos may choose to reflect that in their sex and relationships education policy.'

¹² See the *Re the Christian Institute & Ors* [2007] NIQB 66 case at: <http://www.bailii.org/cgi-bin/markup.cgi?doc=/nie/cases/NIHC/QB/2007/66.html>. The relevant quotation from the Northern Irish *Christian Institute* case can be found at Para. 50:

The belief in question is the orthodox Christian belief that the practice of homosexuality is sinful. The manifestation in question is by teaching, practice and observance to maintain the choice not to accept, endorse or encourage homosexuality. Whether the belief is to be accepted or rejected is not the issue. The belief is a long-established part of the belief system of the world's major religions. This is not a belief that is unworthy of recognition. I am satisfied that Article 9 is engaged in the present case. The extent to which the manifestation of the belief may be limited is a different issue.

¹³ See

http://www.dh.gov.uk/en/Publicationsandstatistics/Bulletins/Chiefnursingofficerbulletin/Browsable/DH_4952525. On school nurses the whitepaper said:

This role will include reviewing children's health at key stages and supporting the use of personal health guides by children and young people (see A lead role for health visitors). They will also provide general information, advice and support about issues like diet and obesity, sexual health and physical activity, and support pupils' learning about healthy lifestyles.

Whilst a general role is acceptable the need for an explicit role on SR is questionable.

¹⁴ The inclusion of an approach which emphasises the benefits and the desirability of abstinence until marriage within the revised PSHE curriculum could also help to combat AIDS and STIs amongst young people in England. This is supported by information on AIDS. The key findings of the UK Collaborative Group for HIV and STI Surveillance (in *A Complex Picture. HIV and other Sexually Transmitted Infections in the United Kingdom: 2006*, London: Health Protection Agency, Centre for Infections, November 2006) on page 14 was that '...the 2,356 new diagnoses of HIV infection among men who have sex with men (MSM) reported in 2005 was the highest ever. In 2005, where probable country of infection was reported, 84 % (1149/1374) of newly diagnosed MSM probably acquired

their infection in the UK compared with 15 % (553/3668) of heterosexuals'. The report goes on to say on page 64 that:

MSM remain the behavioral group of greatest risk of acquiring HIV within the UK...A high proportion of MSM continue to engage in unprotected anal intercourse (UAI). High risk sexual behaviour in those unaware of their infection and in those that have never tested, is of particular concern.

In England, some of the key findings of the report on page 42 are that: 'Although London continues to have the highest number of new HIV diagnoses and prevalence diagnosed HIV, SHAs elsewhere in England have seen the largest proportional increases over time.' The position for England outside London on page 42 comments that: 'Outside London, the North West SHA saw the largest increase in the number of people with diagnosed HIV, rising by 3049 from 936 in 1996 to 3985 in 2005, followed by the East of England (2505, from 420 to 2925), and the West Midlands (2115, from 468 to 2583). The SHAs that saw the largest proportional increases in the number of diagnosed HIV-infected individuals were outside London: East of England (596%), East Midlands (481%, 344 to 1997) and West Midlands (452%). Projections indicate that over half of all diagnosed adults will be resident outside London by 2007.' See:

http://www.hpa.org.uk/publications/2006/hiv_sti_2006/pdf/a_complex_Picture_2006_last.pdf.

¹⁵ Firstly, encouraging sexual Abstinence until marriage; secondly, advising those who are sexually active to be faithful to a single partner or to reduce their number of partners; and finally, especially if you have more than one sexual partner, always use a condom. A number of factors helped to encourage people to take up these strategies. This approach has been very effective. See: <http://www.avert.org/aidsuganda.htm>.

¹⁶ For which, see: <http://www.dfes.gov.uk/sreguidance/sexeducation.pdf>:

What is sex and relationship education?

9. It is lifelong learning about physical, moral and emotional development. It is about the understanding of the importance of marriage for family life, stable and loving relationships, respect, love and care. It is also about the teaching of sex, sexuality, and sexual health. It is not about the promotion of sexual orientation or sexual activity—this would be inappropriate teaching.

¹⁷ See: http://www.alangutmacherinstitute.org/pubs/or_teen_preg_decline.html. It appears that increased abstinence among women accounted for approximately one-quarter of the drop in the U.S. teenage pregnancy rate between 1988 and 1995.

¹⁸ See Schedule 1, Part 2, Article 2.

¹⁹ See Schedule 3, Part 2.

²⁰ See section 405 of the Education Act 1996:

405 Exemption from sex education

If the parent of any pupil in attendance at a maintained school requests that he may be wholly or partly excused from receiving sex education at the school, the pupil shall, except so far as such education is comprised in the National Curriculum, be so excused accordingly until the request is withdrawn.

²¹ See: http://www.opsi.gov.uk/ACTS/acts1998/ukpga_19980042_en_1

²² See: <http://www.teachernet.gov.uk/casestudies/casestudy.cfm?id=161>

²³ See section 69 of this Act and subsequent regulations:

http://www.opsi.gov.uk/Acts/acts1998/ukpga_19980031_en_7#pt2-ch6-pb1-11g69 and

<http://www.opsi.gov.uk/si/si1998/19982535.htm> (regulations on designation) and

<http://www.opsi.gov.uk/si/si2003/20032037.htm> (on independent schools).

²⁴ See the LCF responses to such consultations, which the author wrote:

<http://www.lawcf.org/index.asp?page=LCF+Response+to+Secondary+Education+consultation> and

<http://www.lawcf.org/index.asp?page=LCF+response+to+Welsh+curriculum+consultation>.

²⁵ The Review refers to Kirby, D. (2008), 'The Impact of Abstinence and Comprehensive Sex and STD/HIV Education Programs on Adolescent Sexual Behavior', *Sexuality Research and Social Policy* 5(3), 18-27. An abstract from this shows a comparison of abstinence only or comprehensive sex education: <http://caliber.ucpress.net/doi/abs/10.1525/srsp.2008.5.3.18>, the context of which can be assessed by reading a more general article at:

<http://caliber.ucpress.net/doi/pdf/10.1525/srsp.2008.5.3.1?cookieSet=1> and one on abstinence only and abstinence plus: <http://www.aidsaction.org/legislation/pdf/PolicyFactsAbstinence.pdf>.

²⁶ See: http://www.timesonline.co.uk/toll/news/world/us_and_americas/article5073047.ece

²⁷ See: <http://www.theyworkforyou.com/debates/?id=2008-11-17a.1.3>

²⁸ See point 22 at: http://www.teachernet.gov.uk/_doc/13030/SRE%20final.pdf