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DECLARATION

I, Irene Anna Pradeesh declare that this dissertation has been composed by myself, that the work contained herein is entirely my own except where explicitly stated otherwise in the text, and that this work has not been submitted for any other degree or qualification, in whole or in part, except as specified.

Signed :IRENE ANNA PRADEESH

Date:

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IRENE ANNA PRADEESH

Abstract

In September 2020, Relationships and Sex Education (RSE) was compulsory for all state-funded secondary schools in England due to the new Children and Social Work Act 2017. Even with this compulsory nature, there are a number of indicators of adolescents' ongoing need for effective relational education: high levels of diagnosed STIs, persistent socio-geographic inequalities in adolescent pregnancy rates and widespread sexual pressures, whether experienced online or in relationships. This qualitative systematic review aims to critically examine how pedagogical aspects of statutory RSE are being operationalised, how this is being delivered in the classroom, and the qualitative lived experiences of statutory RSE with secondary pupils (aged 13-19) in England.

To search for peer-reviewed primary qualitative studies, comprehensive electronic searches were performed on PubMed, CINAHL, ERIC and Scopus databases, using the PRISMA guidelines, from September 2019 to August 2026. A total of 12 empirical studies were found and critically appraised by applying the Critical Appraisal Skills Programme (CASP) Qualitative Checklist. The data extraction and narrative synthesis focused on the COM-B System of Behaviour Change, Bronfenbrenner's Ecological Systems Theory and Foucault's concept of biopower.

The results show that there is a significant gap between the policy intent and reality in the classrooms. Schools struggle to provide sustained learning, with RSE being squeezed into form-tutor time or drop-down days due to accountability pressures (EBacc and Progress 8). Non-specialist teachers are highly professionally exposed by the lack of specialist Initial Teacher Training (ITT) and Continuous Professional Development (CPD) and practice pedagogies that are defensive, scripted and evade exploration of sensitive issues like commercial pornography, algorithmic misogyny and LGBTQ+ relationships. Therefore, statutory RSE is not able to build physical capability, social opportunity, and automatic motivation for protective health practices, but only builds basic psychological capability (biological facts, legal consent parameters). National policy must ensure protected timetable allocations, requirement for specialist ITT modules and re-establish integrated multi-agency pathways to youth sexual health services in the NHS.

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List of abbreviations

- CASP: Critical Appraisal Skills Programme
- C-Card: Condom Card Distribution Scheme
- COM-B: Capability, Opportunity, Motivation, and Behaviour Model
- CPD: Continuing Professional Development
- DfE: Department for Education
- DfEE: Department for Education and Employment
- DSL: Designated Safeguarding Lead
- EBacc: English Baccalaureate
- ERIC: Education Resources Information Center
- ICS: Integrated Care System
- IMD: Index of Multiple Deprivation
- ITT: Initial Teacher Training
- KCSIE: Keeping Children Safe in Education
- LGBTQ+: Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Others
- MAT: Multi-Academy Trust
- MeSH: Medical Subject Headings

- NHS: National Health Service
- NICE: National Institute for Health and Care Excellence
- Ofsted: Office for Standards in Education, Children's Services and Skills
- ONS: Office for National Statistics
- PICO: Population, Intervention, Context, Outcome
- PRISMA: Preferred Reporting Items for Systematic Reviews and Meta-Analyses
- PSHE: Personal, Social, Health and Economic Education
- RSE: Relationships and Sex Education
- SEF: Sex Education Forum
- SLT: Senior Leadership Team
- SRE: Sex and Relationships Education
- STI: Sexually Transmitted Infection
- UKHSA: United Kingdom Health Security Agency
- UNESCO: United Nations Educational, Scientific and Cultural Organization
- WHO: World Health Organization

CHAPTER 1: INTRODUCTION

This dissertation critically investigates the operationalisation and pedagogical implementation of the compulsory Relationships and Sex Education (RSE) for 13-19-year-old adolescents in secondary educational contexts in England and the qualitative lived experiences of RSE. In England, since the passage of the statutory curriculum requirement under the Children and Social Work Act 2017 and its application from September 2020, relationship and sexual health education (RSE) is now a statutory part of basic education (Department for Education, 2019; Ponsford et al., 2024).

This research uses a systematic secondary qualitative approach to identify the extent to which statutory educational policies affect youth sexual health literacy, self-efficacy in communication, and protective health behaviours (Pound, Langford, and Campbell, 2016; Michie, van Stralen, and West, 2011). This research, therefore, provides evidence-based findings that can be used in the future to inform public health interventions, commissioning strategies from local authorities, and youth-centred pastoral support frameworks (Public Health England, 2021; UK Health Security Agency, 2023).

The introduction of Relationships and Sex Education (RSE) in the secondary sector of schools in England in September 2020 made provision statutory and ensured consistency of provision and protection from harms arising from relationships, domestic abuse and sexual exploitation in secondary schools across England (Department for Education [DfE], 2019). Notwithstanding this statutory support, public health data and current adolescent health literature highlight the enduring public health problem of how our youth cope with complicated offline relationships, whilst an increasingly powerful online realm is omnipresent in their lives (Lancet Child & Adolescent Health / ScienceDirect, 2020; Springer, 2026).

1.1 DEFINING ADOLESCENCE

Adolescent development is a key developmental transition between childhood dependence and adult autonomy. This developmental phase includes various neurological, psychological, emotional, and relational changes, such as fundamental neurological maturation, emotional differentiation, psychological identity formation, and the progressive restructuring of interpersonal relationships (World Health Organisation, 2021; Sawyer et al., 2018). In this period, adolescents acquire more complex thinking, moral judgement, and abstract thinking, and they become more independent and have a more distinct identity (Bandura, 1986; Goldfarb and Lieberman, 2021). Adolescence is a critical period for public health primary prevention and personal empowerment; health practices and social attitudes developed

during this period often last into adulthood, and the expectations of relationships are shaped during these years as well (World Health Organisation, 2021; Public Health England, 2021).

1.2 PHYSICAL, PSYCHOLOGICAL, AND SOCIAL CHANGES

The transitional experience of adolescence is guided by a mix of psychological and social changes (Sawyer et al., 2018; World Health Organisation, 2021). Biologically, when puberty starts, hormones kick into gear, driving fast body growth and the ability to reproduce (Goldfarb and Lieberman, 2021; Sex Education Forum, 2019). Psychologically, these body changes happen alongside a surge in feelings, romantic interests and adjustments to how adolescents perceive their own bodies (Formby, 2014; Pound, Langford and Campbell, 2016). Socially, teenagers move from relying on their families to connecting with friends and spending a lot of time online, which means they need help to make sense of mixed cultural messages (Ofsted, 2021; Blake et al., 2022).

1.3 PROGRESSIVE DEVELOPMENTAL STAGES ACROSS THE SCHOOL COHORT

Adolescent development should be considered in terms of distinct chronological and educational phases of secondary education to understand how educational interventions play out in practice (Department for Education, 2019; World Health Organisation, 2021):

Early Adolescence (Ages 10–13 / Key Stage 3): The onset of puberty, the physical changes of adolescence, and fundamental concerns about physical development and boundaries are the dominant themes of this first phase (Sex Education Forum, 2019; World Health Organisation, 2021). The goals of education are to de-stigmatise biological change, develop emotional literacy, and lay the groundwork for respect for the body and bodily autonomy (Department for Education, 2019; Goldfarb and Lieberman, 2021).

Mid-Adolescence (Ages 14 – 16 / Key Stage 4): This is the time when peer attachment grows in importance, digital sexual cultures become more apparent, and romantic/sexual experimentation begins (Formby, 2014; Ofsted, 2021). At this stage, explicit discussion of the importance of using contraceptives effectively, sexually transmitted infection (STI) prevention, legal consent boundaries (under English law), and resistance to coercive peer norms are needed in educational needs (Department for Education, 2019; Blake et al., 2022).

Late Adolescence (Ages 17 to 19 / Key Stage 5 and Further Education): The final stage is associated with health care independence and self-sufficiency as emerging autonomously (Brook, 2022; Goldfarb and Lieberman, 2021). It is in this context that adolescents need to

have the confidence and knowledge to self-reliantly access local sexual health clinics, to access confidential emergency contraception, and to utilise free barrier distribution schemes, such as the C-Card (Brook, 2022; Public Health England, 2021).

1.4 ADOLESCENT SEXUAL HEALTH IN ENGLAND

Adolescent sexual and reproductive health is a priority in the public health context in England because of the long-term impact this has on physical morbidity, emotional health, National Health Service (NHS) health costs, and health inequalities (Public Health England, 2021; UK Health Security Agency, 2023). With cross-governmental strategies, under-18 conceptions have significantly decreased over the last two decades in England (Hadley, Ingham, and Chandra-Mouli, 2016). Epidemiological trends from the Office for National Statistics (2023), however, indicate that there is still a significant regional variation and that those who are socioeconomically disadvantaged continue to have higher rates of teenage pregnancy (Hadley, Ingham, and Chandra-Mouli, 2016; Office for National Statistics, 2023). At the same time, adolescents and young adults aged 15 to 24 years are the most affected by newly diagnosed STIs in England, with high prevalence of chlamydia and sharp increases in gonorrhoea cases since the pandemic (Public Health England, 2021; UK Health Security Agency, 2023). These ongoing signals highlight the ongoing impacts of informational gaps and social vulnerabilities on youth health outcomes (Pound, Langford, and Campbell, 2016; Blake et al., 2022).

1.5 DEFINITION, SCOPE, AND PUBLIC HEALTH ROLE OF RELATIONSHIP AND SEX EDUCATION

Relationships and Sex Education (RSE) is a universal, compulsory education programme that offers adolescents factual information, analytical skills, and values to help them to build healthy relationships, reproductive health, and personal well-being (Department for Education, 2019). Statutory RSE, which was introduced in the Children and Social Work Act 2017 to be taught in all state-funded secondary schools in England from September 2020, extends the definition of sex education (Department for Education, 2019; Ponsford et al., 2024).

Legal and interpersonal consent under the Sexual Offences Act 2003, domestic abuse and intimate partner violence, online safety, cyberbullying, mental health and inclusive approaches to LGBTQ+ issues are all covered in the statutory curriculum (Department for Education, 2019; Ofsted, 2021). The central public health issue of universal RSE is its ability to develop adolescents' psychological capability and communication self-efficacy, which can

lead them to make safe and protective choices in their everyday lives when using information they have learned in the classroom (Michie, van Stralen, and West, 2011; Bandura, 1986).

1.6 RESEARCH SCOPE AND RATIONALE

The rationale for conducting this qualitative systematic review is the immediate need to understand how relationships and sex education (RSE) are implemented within real classroom settings, following severe disruption due to the COVID-19 pandemic and changes in guidance for teaching RSE. National public health registers offer good quantitative tracking of adolescent STI incidence and measures of adolescent conception, However numbers do not reflect the social, emotional, and pedagogical dynamics that influence adolescent decision-making (UK Health Security Agency, 2023; Pound, Langford, and Campbell, 2016). A qualitative systematic review offers a sound public health approach to understanding the lived experiences, emotional issues, and subjective views of adolescentss, which may inform and explain why high levels of factual knowledge in the classroom do not lead to protective sexual practices in interpersonal encounters (Popay et al., 2006; Michie, van Stralen, and West, 2011).

There is a difference between what policy intends and how it actually plays out in English secondary school classrooms (Blake et al., 2022; Ofsted, 2021). Even though the statutory curriculum sets learning goals, the way Relationships and Sex Education is taught varies a lot. This variation comes from differences in teacher training, how comfortable teachers feel with the subject, and what schools prioritise (Pound, Langford and Campbell 2016; Ponsford et al. 2024). Many teachers say they are not ready to lead conversations about tough topics like pornography, sexual orientation, or online bullying. As a result, they often use a risk-focused style of teaching. This approach can make adolescents feel disconnected or uncomfortable (Formby, 2014; Ofsted, 2021). By bringing together insights from adolescents themselves, this research offers important observations on how teaching methods affect student engagement, their sense of trust and whether they actually apply what they learn in real life. This is especially relevant in today's England (Pound, Langford and Campbell 2016; Blake et al., 2022).

The focus of this research is on the secondary education system. It looks at people between the ages of 13 and 19, covering Key Stages 3, 4 and 5. The study reviews literature published from 2019 to 2026. This time frame includes the initial phase, the first implementation and the later stages of consolidation of the 2020 statutory policy mandate. The research sticks to England. This is because England has its unique legislative and inspection systems. These systems are set by the Department for Education and Ofsted.

The study does not include data from Scotland, Wales or Northern Ireland. That is because those regions have their separate education and health authorities. The sources for this are the Department for Education (2019) and Ofsted (2021). The main goal of this dissertation is to assess how compulsory Relationships and Sex Education affects the health outcomes, views and real-life experiences of adolescents aged 13 to 19 in England. The approach used is a systematic review. The methods guiding this review are from Popay et al. (2006). Page et al. (2021).

To achieve the aim, the research follows four specific objectives. The first objective is to evaluate the teaching methods, curriculum content and how relationships and sex education are delivered in English secondary schools. The second objective is to explore what adolescents think about the relevance, inclusivity and practical value of the relationships and sex education being offered in England today. The third objective is to identify the social and emotional barriers that affect adolescents' confidence in communicating, their ability to negotiate consent and their use of sexual health services. The fourth objective is to assess gaps in policy and practice after 2020 in the delivery of relationships and sex education. The research then offers evidence-based recommendations for health commissioners, school leaders and pastoral healthcare workers across England.

CHAPTER 2: LITERATURE REVIEW

2.1 THE POLICY AND HISTORICAL EVOLUTION OF RSE IN ENGLAND

Understanding adolescent sexual and reproductive health outcomes requires an examination of the historical and legislative developments that have shaped school-based relationships education across England. For two decades, relationship and sexual health pedagogy functioned under non-statutory guidelines established by the Department for Education and Employment in 2000, leaving curriculum design, timetable allocation, and pedagogical depth to the discretion of individual schools' governing bodies and multi-academy trusts (Pound, Langford, and Campbell 2016; Sex Education Forum, 2019).

This non-mandatory framework generated geographic and institutional disparities across England, with many secondary institutions relegating sex education to basic biological reproduction within science curricula or sporadic assembly presentations (Pound, Langford and Campbell 2016; Formby, 2014). Consequently, substantial cohorts of adolescents completed schooling without formal guidance regarding emotional intimacy, boundary negotiation, digital communication or the legal dimensions of consent (Sex Education Forum, 2019; Ofsted, 2021).

The official passing of the Children and Social Work Act 2017 marked a change in how education works in England. It made it official that schools have to teach about relationships in schools. In secondary schools, they have to teach about relationships and sex education starting in September 2020. According to the rules from the Department for Education in 2019, secondary schools in England must offer lessons that are right for the age of the adolescents. These lessons cover topics such as intimate and sexual relationships, consent and the law, sexual health, online safety, and the impact of media stereotypes (Department of Education, 2019). Overall, the lessons cover what the law says about consent from the Sexual Offences Act 2003, how to stop violence in relationships, how to spot abuse, staying safe online, what grooming is, how to deal with cyberbullying, and how the body works when it comes to having babies and making sure everyone feels welcome, including people who are LGBTQ+ (Department for Education, 2019; Blake et al., 2022).

This new law tried to make sure that every student in England, no matter what school they go to or what their background is, gets the basic health education (Department for Education, 2019; UK Health Security Agency, 2023). Even though the law is clear, putting it into action had problems. This is because it started at the time of the COVID-19 pandemic. The pandemic caused schools to close for a time. It also made it hard to plan the school.

schedule. It took away some of the support that schools usually get (Blake et al., 2022; Ponsford et al., 2024). Empirical studies of pedagogy that have been carried out since 2020 have shown that statutory legislation can be no guarantee of high-quality pedagogy or meaningful adolescent engagement (Ponsford et al., 2024; Aslam, 2025). This implementation gap is due to the fact that schools are not all equally institutionally ready; prioritising curriculum and resource allocations differ (Ponsford et al., 2024). Importantly, teachers also often lack the specific initial teacher training (ITT) and continuing professional development (CPD) in RSE, resulting in teachers that are unable to effectively teach sensitive topics and lack the pedagogical confidence, practical competencies and subject knowledge to do so (Ponsford et al., 2024; Aslam, 2025).

In addition, the application of RSE has been shaped by changing political and ideological discussions about parental consultation, religious sensitivities and whether it is appropriate to teach gender identity and relationship diversity (Department for Education 2019; Formby, 2014). While statutory guidance requires parents to be consulted about school RSE policies, the final decision on what's taught is the legal duty of school leadership and governing boards (Department for Education 2019). However, worries about community backlash, parents asking to withdraw their children and public disputes have made some school leadership teams choose cautious, risk-averse teaching plans. School leadership teams often skip sensitive subjects or avoid talking directly about gender non-conformity and sexual diversity (Blake et al. 2022; Ponsford et al. 2024). This protective teaching approach weakens the reach that the statutory legislation aims for, and it keeps existing gaps in curriculum quality between different areas of England (Sex Education Forum, 2019; Ofsted, 2021).

2.2 CRITICAL GAPS IN EXISTING LITERATURE

Before contextualising the core research themes, it is important to interrogate the structural disparities characterising current investigations into adolescent sexual health across England. These literature gaps encompass the data collected, the methods used, and conceptual designs.

One big problem is that most of the research is based on data that existed before the era when RSE was not compulsory (Formby, 2014; Langford and Campbell, 2016). In 2020, the Department for Education made Relationships and Sex Education (RSE) a requirement. A lot of the well-known studies still talk about what happened before that time. They look at information from when RSE was not mandatory. Many reviews rely on studies done before smartphones became common and online porn became easily accessible. The Sex Education Forum (2019) and Blake et al. (2022) point out this issue. Therefore, there is a

need for new studies that show how the new rules actually work in classrooms today. We need research that looks at how adolescents understand the lessons and how their views are shaped by digital life and social media. Studies like Blake et al. (2022). Ponsford et al. (2024) show that this kind of research is missing.

Another gap lies in how the knowledge gained in schools is actually used. In England, public health monitoring mostly depends on numbers. Things like infection rates from labs and teenage pregnancy statistics from councils (Office for National Statistics 2023; UK Health Security Agency, 2023). According to the UK Health Security Agency (UKHSA) (2014), reports that individuals aged 15-24 years consistently experience the highest rates of STI diagnosis in England. Office for National Statistics (2023), over 60% of under 18 conceptions in England result in legal abortion. These numbers help us see patterns and where problems are worse. They don't explain why some teenagers know a lot about sex education. However, they still struggle to use condoms or say no to unwanted advances. This disconnect is noted by Pound, Langford and Campbell (2016) and Michie, van Stralen and West (2011). Quantitative data provide good measures of epidemiological patterns, geographic disparities and factual knowledge gaps; however, they have limited ability to represent the underlying psychosocial mechanisms influencing adolescent decision-making (Michie, van Stralen, and West, 2011). Qualitative data, on the other hand, can give an in-depth understanding of the subjective realities, emotional tensions and contexts of relationships that contribute to adolescent behaviour (Popay et al., 2006; Formby, 2014). They cannot explain emotional stress, peer pressure, power imbalances between genders or the fear of being embarrassed in real situations (Goldfarb and Lieberman, 2021).

Another serious weakness is the way the research focuses much on institutions. Most evaluations and policy reports pay attention to school leaders, Ofsted inspectors and teachers (Ofsted, 2021; Westwood and Mullan, 2007). They often judge success by whether schools follow the rules, fill out lesson plans or fit RSE into timetables (Ponsford et al., 2024; Blake et al., 2022). This focus on administration means that the voices of adolescents themselves get left out. Their inner feelings, personal struggles and real-life experiences are ignored. As a result, there's a difference between what policies expect and what adolescents actually face. Researchers, like Formby (2014), Pound, Langford and Campbell (2016) and Ponsford et al. (2024), have shown that this gap is very real.

2.3 ADOLESCENT PERCEPTIONS OF CURRICULUM RELEVANCE, DELIVERY, AND CLASSROOM CLIMATE

Students opinion that lessons run by teachers or form tutors feel full of embarrassment, awkwardness, and many plain worksheets (Pound, Langford, and Campbell 2016; Westwood and Mullan 2007). The problem gets worse because teachers also grade work and enforce rules. That makes it hard for adolescents to speak freely, so adolescents keep questions about relationships, sex, and body changes to themselves. Students worry that others will judge them or that class privacy will be lost (Formby, 2014; Blake et al., 2022). Studies also show that RSE in English schools has long been very clinical and focused on biology. RSE mainly talks about body parts, illnesses, and how to avoid risk while leaving out feelings, right and wrong in relationships, pleasure, and how to talk with partners (Pound, Langford, and Campbell, 2016; Sex Education Forum, 2019).

Students opinion: this style feels defensive and out of touch with what adolescents need. Students point out that warnings without tips on how to negotiate leave adolescents ill-prepared for real-life moments (Formby, 2014; Goldfarb and Lieberman, 2021). When the classroom does not treat sex and relationships as living interactions, adolescents pull back. Students see the curriculum as not matching youth life (Pound, Langford, and Campbell, 2016; Ponsford et al., 2024). Because of these limits, many secondary schools now bring in experts, youth workers, and dedicated sexual health professionals (Wilcock et al., 2025; Choi et al., 2025).

Research shows that adolescents trust and welcome external facilitators more. Students see them as neutral, well-versed in health, and kind, creating a space that is not tied to tests or grades (Wilcock et al., 2025; Pound, Langford, and Campbell, 2016). Outside help is not the same in England. Outside help depends a lot on school funding and geographic access to specialist youth charities (Blake et al., 2022; Aslam, 2025).

2.4 DIGITAL CULTURES, ONLINE PORNOGRAPHY LITERACY, AND CONSENT

A major challenge for sex education in England today is how digital media, smartphones and online platforms have completely changed the way teenagers talk to one another. Reports from Ofsted (2021) and studies by Blake et al. (2022) indicate that adolescents in England grow up in a world that gives them access to pornography comparison on social media and private messaging apps. On these platforms, behaviours such as sharing pictures without permission and sexual harassment among peers are becoming more common and even

seen as normal. Yet many school programmes still treat these interactions as more important than face-to-face communication. This is a problem because for teenagers today digital spaces are where teenagers form relationships, set limits and feel pressure.

A report by Ofsted (2021) indicated that one major issue is that adolescents often lack understanding of pornography. Students do not know what pornography is, how it works or how it distorts reality. Research shows that there is a gap in pornography literacy in schools (Pound, Langford and Campbell, 2016). A critical understanding of sexual health needs to be imparted to adolescents through formal education and not through social media, the internet or peer networks. Adolescents, however, are often not taught in the classroom how to analyse online pornography and are often left with the expectation that explicit commercial media and text are a real model for intimacy. This can lead to skewed ideas of consent and body image in intimate relationships, as well as normalising behaviours like choking and verbal abuse in sexual encounters (Ofsted, 2021; Formby, 2014). If schools are uncomfortable and wary of the institutional risk of such conversations, adolescents are deprived of vital literacy skills needed to differentiate between commercial entertainment and healthy relationships (Pound, Langford and Campbell, 2016; Ofsted, 2021).

Another major problem is how consent is taught in schools. Current programmes often focus on definitions from the Sexual Offences Act of 2003 (Department for Education, 2019; Blake et al., 2022). This means lessons centre on agreement and strict legal rules. While knowing the law is important, students say that this approach misses the reality of situations. Real-life moments involving consent are often confusing, emotional and non-verbal. Alcohol, peer pressure and fear of rejection can make it hard to speak up. Studies by Pound, Langford and Campbell in 2016 and by Ponsford et al.

However, without a structured analysis in the classroom with the teacher, this can happen. This gap in expectation of consent and how it is perceived around body image, combined with the normalisation of choking and verbal abuse within intimate partnerships during sex, is what this research is attempting to address. This research is trying to address the gap in developmental expectations centred around body image and consent, as well as the normalisation of choking and verbal abuse during intimate encounters (Formby, 2014; Ofsted, 2021). If, however, schools avoid such conversations because they are uncomfortable or are afraid of risk, adolescents will lack the vital literacy skills they need to differentiate between commercial entertainment and healthy relationships (Pound, Langford, and Campbell, 2016; Ofsted, 2021).

2.5 LGBTQ+ INCLUSIVITY, HETERONORMATIVITY, AND INEQUITY IN DELIVERY

According to the Department for Education (2019), the inclusion of LGBTQ+ identities is one of the important changes that the post-2020 RSE statutory guidance in England has directed schools to establish. Before these changes, relationship lessons in secondary schools were heavily heteronormative, teaching almost only about heterosexual biology and male-female relationships (Formby, 2014; Pound, Langford and Campbell, 2016). That old way made LGBTQ+ adolescents almost invisible, which led to bullying, isolation and mental health problems for LGBTQ+ adolescents (Ofsted, 2021; Sex Education Forum, 2019). The 2019 guidance says that schools must weave LGBTQ+ content into lessons instead of treating it as a separate unit so that the school culture feels equal and respectful for everyone (Department for Education, 2019).

Despite statutory obligations under the Equality Act 2010 and the DfE (2019) RSE Curriculum mandate, schools must talk about LGBTQ+ topics. Many studies that look at how LGBTQ+ adolescents live their lives in England show that schools still do a poor job of doing this in many places (Formby, 2014; Ponsford et al., 2024). These adolescents say that teachers often talk about LGBTQ+ issues in a shallow way or ignore them completely (Blake et al., 2022; Ponsford et al., 2024). In high schools, the lessons about relationships mainly focus on straight people. Same-sex relationships and gender diversity are only mentioned a little or only in a history lesson, not in a way that helps queer youth with life safety feelings and protection (Formby, 2014; Brook, 2022). As a result, LGBTQ+ teens have to turn to forums that are not checked for facts to learn about sexual health and relationship safety, which puts them at risk of false information and harmful encounters (Ofsted, 2021; Brook, 2022).

The persistence of heteronormativity in secondary classrooms is closely tied to teacher anxiety about possible backlash from faith communities, parental groups and conservative media (Blake et al., 2022; Ponsford et al., 2024). Studies that look at teachers' experiences show that even though many educators understand the importance of education, they often feel they don't have enough support from school leaders when dealing with parent questions about sexual orientation and gender identity (Westwood and Mullan 2007; Ponsford et al. 2024). This lack of support leads teachers to hold back. Teachers avoid bringing up non-heterosexual relationships in class, not wanting to face complaints or administrative trouble (Blake et al., 2022; Aslam, 2025). Therefore, self-censorship, the goal of making relationship education truly inclusive for all adolescents remains unfinished. Instead, how inclusive a school's education becomes depends more on the school's location, its

leadership and whether those leaders are willing to take risks—rather than being something every student can expect as a right across the country (Department for Education, 2019; Sex Education Forum, 2019).

2.6 WHOLE-SCHOOL APPROACHES, PASTORAL SUPPORT, AND MULTI-AGENCY PUBLIC HEALTH LINKS

Understanding sexual health education means placing classroom RSE into the bigger picture of the school's culture and its connections with outside health agencies (Ofsted, 2021; Public Health England, 2021). The WHO and modern public health frameworks say that good health teaching does not happen in the classroom. It needs a whole-school approach. In this approach, classroom RSE must be supported by school rules, pastoral care and real links to health providers (World Health Organisation, 2021; Public Health England, 2021). In schools across England, the school setting functions like a society. Here, friend groups, ideas about gender and the school's values all help shape how adolescents receive and use messages (Formby, 2014; Ofsted, 2021).

In recent years, there has been empirical evidence and an extensive regulatory examination of the way that wider institutional cultures in many secondary schools in England are failing to challenge the pervasive misogyny, homophobic abuse, and peer-to-peer digital bullying (Ofsted, 2021; Blake et al., 2022). A report by Ofsted (2021) about abuse in schools and colleges found that thousands of adolescents in England experience low-level sexual harassment and non-consensual image sharing, yet these incidents go unreported because people do not trust institutional reporting systems. It is noted that when secondary schools do not put in place trauma-informed safeguarding policies that actively punish behaviours, classroom RSE does not bring about real cultural change among adolescents (Ofsted, 2021; Ponsford et al., 2024). Therefore, for effective delivery, it requires school leadership to match curriculum with clear reporting mechanisms and definite consequences for harmful sexual behaviours (Department for Education, 2019; Ofsted, 2021).

The connection between schools and public health systems plays a key role in shaping the health of adolescents (Public Health England, 2021; Choi et al., 2025). In the past, school nurses were a private link between schools and healthcare. They offered support in schools, including sexual health advice, emergency contraception, and help connecting adolescents to specialist clinics (Westwood and Mullan 2007; Choi et al. 2025). However, over time, cuts in funding across areas in England have weakened school nursing teams. Many schools now have nurses or none at all. This means adolescents and staff don't get the help they need. Pastoral educators often have to manage health issues without any guidance (Public

Health England, 2021; Aslam, 2025). To fix this gap, strong working relationships must be rebuilt. These partnerships should include schools, NHS sexual health services, local youth charities and school health programmes. Such cooperation can turn classroom learning into real-life health protection. It can also ensure adolescents get the support they actually need (Brook, 2022; UK Health Security Agency, 2023).

2.7 STRUCTURAL AND PSYCHOLOGICAL BARRIERS TO YOUTH SEXUAL HEALTH SERVICES

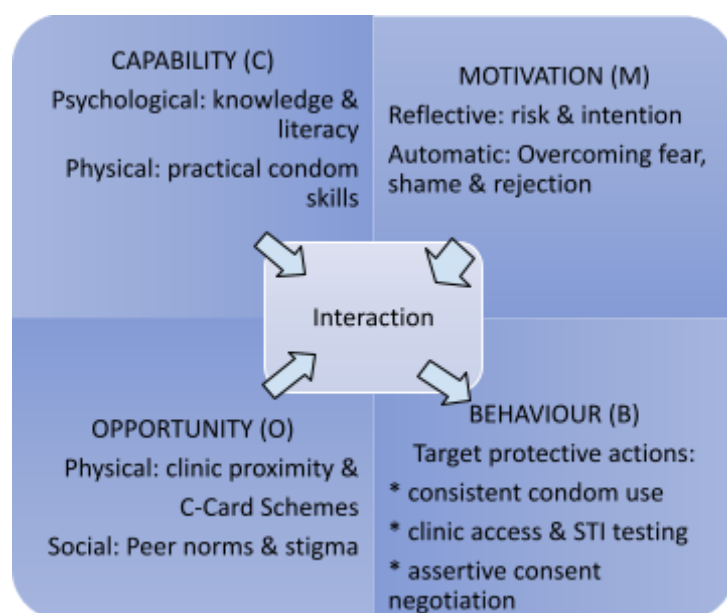
Although the statutory curriculum is meant to guide adolescents toward National Health Service (NHS) clinics, real-world use of these services remains limited. This limitation comes from fears about confidentiality being broken, judgement from clinical staff, and feelings of social embarrassment (Brook, 2022; Pound, Langford, and Campbell, 2016). Adolescents living in towns, suburban boroughs, and rural areas often express strong anxiety about being seen by peers, relatives, or school staff when they go to sexual health clinics or ask for free barrier contraception at community pharmacies (Public Health England, 2021; Brook, 2022). The ongoing social stigma around sexual activity causes many adolescents to delay seeking help until symptoms become severe or until urgent actions, like emergency contraception or STI treatment, are needed (Brook, 2022; UK Health Security Agency, 2023). The digitisation of health services in England has brought new problems for some adolescents. Although online testing kits for chlamydia and gonorrhoea have made it easier for some teens to get tested, they can be hard to use for others. For example, adolescents who live with family or unstable accommodation often cannot receive mail privately. This means they cannot use postal testing kits. Also, these digital options need personal email addresses and private smartphones. Some are also afraid that parents or siblings might see what they are doing online. This makes them avoid using services. Because of these issues, digital health tools should support, not replace, youth clinics. These clinics offer private face-to-face care. They must stay open in communities where adolescents live. Without them, some may never get the help they need.

2.8 THEORETICAL FRAMEWORK: APPLICATION OF COM-B MODEL

To solve the public health challenge of school-based education, the separation between what adolescents learn in class and the protective behaviours they actually use, this review uses the COM-B System of behaviour change as an explanatory framework. Rather than

introducing theoretical models as descriptions, the COM-B model is used in practice to examine how capability, opportunity and motivation interact to help or block adolescent sexual decision-making in the English secondary school context (Michie, van Stralen, and West, 2011; Ponsford et al., 2024).

Figure 2.1: The COM-B System of Behaviour Change Applied to Adolescent Sexual Decision-Making (Adapted from Michie, van Stralen and West, 2011).



In evaluating capability, secondary RSE across England succeeds in establishing capability by delivering standardised factual literacy regarding reproductive biology, STI transmission vectors and legal consent parameters under the 2020 mandate (Department for Education 2019; Pound, Langford and Campbell 2016). However, curricula frequently fail to develop capability, which involves practical tactile competence in barrier contraceptive application and the practical skill required to navigate digital appointment booking systems for youth sexual health services (Brook, 2022; Michie, van Stralen and West, 2011).

Regarding opportunity, behaviour change cannot occur without external environments (Michie, van Stralen and West, 2011). Physical opportunity requires free local services, reliable transport links and confidential school nursing provisions across all English local authorities (Public Health England, 2021; Choi et al., 2025). Concurrently, social opportunity requires school environments that actively challenge toxic peer norms, eliminate heteronormative stigma and empower adolescents to discuss contraception and boundaries openly without fear of peer mockery or social exclusion (Formby, 2014; Ofsted, 2021).

In addressing motivation, classroom instruction predominantly targets motivation by instilling conscious risk awareness, future-orientated health intentions, and analytical evaluation of consequences (Michie, van Stralen and West 2011; Goldfarb and Lieberman 2021).

However, world adolescent sexual encounters are heavily governed by automatic motivation encompassing immediate emotional impulses, fear of partner rejection, acute situational awkwardness, and the desire for social validation (Michie, van Stralen, and West 2011; Blake et al. 2022). By structuring the systematic synthesis around the COM-B framework, this review directly evaluates whether statutory RSE interventions across England achieve balance across all three behavioural dimensions or remain narrowly restricted to psychological capability alone (Michie, van Stralen, and West, 2011; Ponsford et al., 2024).

2.9 SOCIOECONOMIC INEQUALITIES, DEPRIVATION, AND PUBLIC HEALTH COMMISSIONING DISPARITIES

A critical dimension within adolescent sexual and reproductive health across England is the intersection between socioeconomic deprivation, local authority funding allocations, and educational attainment (Public Health England, 2021; UK Health Security Agency, 2023). National educational policies set statutory curriculum outcomes. However, the ability of secondary schools to provide thorough, high-quality RSE depends heavily on the wider socioeconomic conditions of the communities they serve (Hadley, Ingham, and Chandra-Mouli, 2016; Ponsford et al., 2024). Data from the Office for National Statistics (2023) shows that teenage conception rates and poor sexual health outcomes are still mainly found in the deprived deciles of English local authorities, especially in post-industrial northern boroughs, coastal areas, and underserved urban centres (Office for National Statistics 2023; Hadley, Ingham, and Chandra-Mouli, 2016).

In schools that are socially and economically disadvantaged, leadership teams often face overlapping structural pressures. These include budgets, frequent teacher changes, and strict academic accountability that focuses on core subjects (Westwood and Mullan, 2007; Blake et al., 2022). As a result, subjects that are not examined, like RSE, are usually squeezed into tutorial slots, dropped from the curriculum or presented only during occasional assemblies. This cuts the time for interactive adolescents-led discussion. RSE therefore receives limited attention (Pound, Langford, and Campbell, 2016; Aslam, 2025). In addition, schools in areas often do not have the extra funds needed to hire specialised external sexual health organisations or youth charities. These organisations could run intensive small-group workshops covering topics such as relationship abuse, digital coercive control, and practical barrier negotiation (Wilcock et al., 2025; Blake et al., 2022).

These institutional constraints are made worse by cuts and regional splits in local authority public health commissioning across England (Public Health England, 2021; UK Health Security Agency, 2023). After health reforms that moved commissioning duties to local government, sexual health budgets have faced steady money pressure, causing the closure or reshaping of dedicated youth-friendly clinical services (Brook, 2022; Public Health England, 2021). In poor areas, free barrier distribution projects like the C-Card scheme have become broken up across different pharmacy groups, giving adolescents less access, uneven registration spots and fewer clinical appointments outside normal school hours (Brook, 2022; Aslam, 2025). This variation in commissioning means that adolescents living in low-income boroughs, who already face a higher baseline risk of health inequalities, often face greater systemic obstacles when trying to access preventive care and private clinical advice (Hadley, Ingham, and Chandra-Mouli, 2016; Public Health England, 2021).

2.10 INTEGRATING EMPIRICAL EVIDENCE AND RESEARCH OBJECTIVES

A critical review of the literature reveals that while the statutory mandate under the Children and Social Work Act 2017 established a legal right to comprehensive relationship and sex education, substantial implementation friction persists across English secondary education (Department for Education 2019; Ponsford et al. 2024). Implementation friction mainly appears in risk-focused pedagogy, uneven teacher training, institutional apprehensions about community backlash, and a persistent focus on biological reproduction that ignores the lived realities of contemporary youth cultures (Formby, 2014; Pound, Langford, and Campbell, 2016; Blake et al., 2022).

By placing these real-world findings into the COM-B model of behaviour change, the research makes clearer what is stopping people from using their classroom learning to protect themselves (Michie, van Stralen and West, 2011; Ponsford et al., 2024). In England, mandatory Relationships and Sex Education (RSE) has helped build a level of psychological capability. It does this by giving adolescents facts about anatomy, how sexually transmitted infections spread, and the legal rules on consent as set out in the Sexual Offences Act 2003 (Department for Education 2019; Pound, Langford, and Campbell 2016). The evidence shows big gaps when it comes to physical capability, physical opportunity, social opportunity and automatic motivation (Michie, van Stralen and West, 2011; Brook, 2022). Many teenagers still say they feel anxious about keeping health services confidential. They struggle with skills, like using condoms correctly. They face peer pressure online. They often

lack safe classroom spaces where they can practise standing up for themselves without being judged (Ofsted, 2021; Brook, 2022; Blake et al., 2022).

This synthesis clearly supports the four goals that guided this qualitative systematic review. First, looking at teaching methods and school delivery systems gives information about how secondary schools in England can move away from traditional worksheets and instead create interactive learning settings that have expert support (Ponsford et al., 2024; Wilcock et al., 2025). Second, looking at what adolescents think makes sure that future curriculum plans are really shaped by the voices, digital habits, and social experiences of teenagers (Formby, 2014; Pound, Langford, and Campbell, 2016). Third, finding out about the obstacles that exist helps public health officials deal with the problems that stop people from using confidential NHS sexual health clinics and C-Card programmes (Brook, 2022; Public Health England, 2021). Finally, checking what has changed since 2020 and what is still missing in policies and practices gives the data needed to create advice for school leaders, local authorities, and health workers across England (Public Health England, 2021; UK Health Security Agency, 2023).

2.11 SUMMARY

In summary, this literature review has looked closely at how statutory Relationships and Sex Education have developed through laws in England. It has explored how these policies are put into practice in classrooms, the challenges teachers face, the impact of media and the barriers within the healthcare system. Even though national rules have made education on relationships and sex a required part of the curriculum, there are still gaps. These include low teacher confidence, understanding of pornography, lack of inclusion for LGBTQ+ adolescents and limited access to sexual health services. By using the COM-B model to understand these issues, the review shows that simply teaching biology is not enough. Real change needs to focus on building adolescents' ability and confidence to make choices. The findings from this review point directly to why a qualitative systematic review is described in Chapter 3.

CHAPTER 3: METHODOLOGY

3.1 QUALITATIVE SYSTEMATIC REVIEW DESIGN

This study uses a qualitative systematic review design to gather and combine empirical evidence about the implementation, pedagogical delivery and lived experiences of statutory Relationships and Sex Education (RSE) for adolescents aged 13 to 19 in schools across England. In public health research, systematic reviews are built to be clear, repeatable and strong. We find that systematic reviews help find, carefully check and bring together results from first-hand studies, cutting down on researcher bias by following set rules (Page et al. 2021). While systematic reviews that use numbers mainly add up statistics and estimate effect sizes, a qualitative systematic review is especially good for exploring questions about how people interact, how they feel, what obstacles schools face, and what adolescents think (Popay et al., 2006).

Adolescent sexual health decision-making is shaped by things—psychosocial factors, cultural expectations, and power dynamics between people. These elements are hard to grasp using only numbers or statistical data from epidemiological studies (Michie, van Stralen and West, 2011; Pound, Langford and Campbell, 2016). That's why a qualitative synthesis method is used here. It helps keep the stories and the full context and the actual voices of adolescents from different secondary schools across England. This approach gives an understanding of how national education policies are put into action in classrooms. It also reveals the hidden forces—both harmful—that influence whether adolescents adopt healthy and protective behaviours (Popay et al., 2006; Formby, 2014). By focusing on experiences, the study can uncover how policies work in practice and where they fall short.

3.2 SEARCH STRATEGY AND DATA RESOURCES

To make sure all the studies were found, a careful search in four main library databases was carried out. PubMed/MEDLINE, the Cumulative Index to Nursing and Allied Health Literature (CINAHL), the Education Resources Information Center (ERIC) and Scopus. These databases were picked because they cover areas like public health, nursing, teaching research and social policies.

The way it was searched was based on the Population, Intervention, Context and Outcome (PICO) method that works for public health studies (Popay et al., 2006). Words like, And OR and symbols like asterisks to make the search work better for each database. Search words

and special terms called Medical Subject Headings (MeSH) were used in three main groups of ideas.

The first group was about the group of people looking at. This included words like 'youth', 'teenager', 'young person', 'adolescents', 'secondary school student' and 'adolescents'. The second group was about the topic we wanted to study, which included words like relationships and sex education, RSE, sex and relationships education, SRE, sexuality education, sexual health education and school-based health promotion. The third group was about where the study took place, using words like England, English secondary schools, Key Stage 3, Key Stage 4, Key Stage 5 and state-funded education.

Search strings across all databases were limited to peer-reviewed studies that were published between September 2019 and August 2026. This time frame was selected to include the planning phase, the official start of the programme in September 2020 under the Children and Social Work Act 2017 and the following period when Relationships and Sex Education became fully established in schools across England (Department for Education 2019; Ponsford et al. 2024). To improve the search results and make sure nothing important was missed, manual checking of references was done both forward and backwards through all the studies included and relevant national policy reviews. This helped find any empirical articles that might have been left out during the first electronic searches (Page et al. 2021).

Table 3.1: Systematic Search Strategy and Database Retrieval Architecture

DATABASE	SEARCH SYNTAX & BOOLEAN OPERATORS APPLIED	PARAMETERS APPLIED	RECORDS RETREIVED
PubMed / MEDLINE	("Relationships and Sex Education" OR "RSE" OR "Sex Education" AND ("adolescents" OR "youth" OR "pupil" AND ("England" OR "English secondary schools"))	sep t 2019- aug 2026; english language;humans	n=142
CINAHL	("Sex Education")AND ("adolescents" OR	Sept 2019-aug 2026;peer-reviewed	n=88

	“pupils” OR “secondary school” OR “youth”) AND (“England” OR “United Kingdom”)	academic journals	
ERIC	(“sexuality education” OR “relationships education” OR “sex education”) AND (“secondary education” OR “high school” OR “Key Stage”) AND (“England”)	Sept 2019-aug 2026; peer-reviewed; english	n=115
Scopus	TITLE-ABS-KEY (“Relationships and Sex Education” OR (“RSE”) AND TITLE-ABS-KEY (“adolescent” OR (“pupil” OR “student”) AND TITLE-ABS-KEY (“England”)	Sept 2019-aug 2026;peer-reviewed articles &reviews	n=176
Total Identified	Combined initial electronic database yields to prior to deduplication		n=521

3.3 INCLUSION AND EXCLUSION CRITERIA

Explicit inclusion and exclusion criteria were established before screening to ensure methodological rigour, jurisdictional consistency, and alignment with overarching research objectives. For study design and methodology, only primary qualitative studies were

accepted. These primary qualitative studies had to use methods such as semi-structured interviews, focus groups, classroom observations or open-text questionnaires. Mixed-method studies were allowed only if they had qualitative parts that could be assessed by this review. Purely quantitative studies, clinical trials and surveys that did not share stories or views were left out.

The target group had to be teenagers aged 13 to 19 attending secondary schools or further educational settings in England, or school educators and sexual health practitioners providing direct qualitative accounts of relationship education delivery to this specific age group. Studies about adults, young children or university adolescents were not used.

Geographically, only research from England was kept. England has its laws and inspection rules from the Department for Education and Ofsted. Studies from Scotland, Wales, Northern Ireland or any other country were excluded because those places have their own educational policies and public health structures operate under separate devolved authorities.

Finally, the timeline and publication rules required studies to be published in peer-reviewed academic journals from 2019 to 2026. They had to be in English. This timeframe covers the preparation before the Children and Social Work Act 2017, the law itself and the post-COVID period of Relationships and Sex Education in English schools. Unpublished papers, conference notes, editorials and policy briefs were left out to keep the data quality.

Table 3.2: Eligibility Criteria Matrix (PICO Framework)

DIMENSION	INCLUSION CRITERIA	EXCLUSION CRITERIA	METHODOLOGICAL RATIONALE
Population	Secondary pupils aged 13-19 (key stages 3-5), secondary teachers, school nurses, and clinical facilitators	Primary schools pupils (<11 years), university students, adult general populations.	Targets secondary statutory policy implementation England.
phenomenon	implementation , pedagogical delivery, lived experiences, and governance of statutory RSE.	Generic health/biology education lacking relationships, sex, consent, or gender identity.	Aligns directly with the Dfe (2019) statutory curriculum mandate.

Study design	Primary qualitative empirical studies (interviews, focus groups, observations) and mixed methods with qualitative data.	Purely quantitative surveys, clinical trials, or epidemiological monitoring devoid of qualitative narrative.	Captures subjective lived realities, psychosocial barriers, and classroom climate.
Context	State- funded secondary academies, maintained community schools, and faith schools in England.	Devolved administrations (Scotland, Wales, Northern Ireland) and international settings.	England operates under distinct DfE statutory guidance and Ofsted oversight.
Timeline	Peer-reviewed publications between September 2019 and August 2026; English language.	Pre-2019 literature; non-peer reviewed grey literature, conference abstracts, editorials.	Covers pre-statutory preparation, COVID-19 adaptations, and consolidation.

3.4 STUDY SELECTION, SCREENING PROTOCOL AND METHODOLOGICAL APPRAISAL

After a systematic search of the literature in PubMed, CINAHL, ERIC, and Scopus databases, titles, abstracts, and full texts were screened using the predefined inclusion criteria of the PICO framework, and a dedicated group of primary qualitative and mixed-methods empirical studies, published between 2019 and 2026, was selected for final extraction and narrative synthesis.

Each of the investigations included was appraised using the Critical Appraisal Skills Programme (CASP) Qualitative Checklist, and each investigation was found to have high methodological rigour in terms of integrity of data collection, researcher reflexivity, ethical safeguarding, and depth of analysis in state-funded secondary academies, maintained community schools and specialist youth contexts within England. Synthesised studies include a variety of geographical areas in England and the views of adolescents aged 13 to 19 across Key Stages 3, 4, and 5, as well as secondary school teachers, designated leads

for safeguarding, and sexual health practitioners (Blake et al., 2022; Ponsford et al., 2024; Wilcock et al., 2025).

3.5 SCREENING PROTOCOL AND CASP QUALITY APPRAISAL

In order to maintain the analytical coherence with the main public health goals of this dissertation, these empirical findings are presented in themes and are interpreted within the frames of the COM-B System of Behaviour Change (Michie, van Stralen, and West, 2011). This qualitative synthesis helps to explain why statutory curriculum delivery does not necessarily result in protective behavioural self-efficacy among adolescents in England (Ponsford et al., 2024; Public Health England, 2021) by considering the interplay between statutory curriculum delivery and adolescent capability, opportunity and motivation.

Data extraction followed a thematic synthesis process that was adapted for qualitative public health research (Popay et al., 2006; Thomas and Harden, 2008). In the stage of qualitative findings were pulled directly from the studies. These included quotes from adolescents, testimonies from educators and interpretations made by the original researchers. All of this information came from the 12 studies that were included in the analysis. The findings were taken exactly as they appeared—verbatim.

Next, these findings went through coding. This meant that we looked for patterns without forcing them into existing categories. We focused on identifying ideas related to institutional constraints, pedagogical discomfort and the experiences of young people. As we reviewed the data, certain themes began to stand out.

In the stage the descriptive codes were grouped into broader analytical themes. These themes were shaped using the COM-B framework (Michie, van Stralen and West 2011). This framework helped us look at barriers to behaviours among adolescents in three key areas: physical, psychological and social. By using this approach we made sure that our evaluation of barriers was systematic and comprehensive.

Table 3.3 Critical Appraisal Skills Programme (CASP) Qualitative Quality Assessment Matrix

INCLUDED STUDY IDENTIFIER	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	METHODOLOGICAL RIGOUR

Study 1 (Blake et al., 2022)	Y	Y	Y	Y	Y	P	Y	Y	Y	Y	High (9/10)
Study 2 (Ponsford et al., 2024)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High (10/10)
Study 3 (Wilcock et al., 2025)	Y	Y	Y	P	Y	P	Y	Y	Y	Y	High(8/10)
Study 4 (Aslam, 2025)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High(10/10)
Study 5 (Choi et al., 2025)	Y	Y	Y	Y	Y	P	Y	Y	Y	Y	High(9/10)
Study 6 (Sturgess and Ponsford, 2023)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High(10/10)
Study 7 (Brown and Saunders, 2020)	Y	Y	Y	P	Y	P	Y	Y	Y	Y	High(8/10)
Study 8(Cross and Falconer,2021)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High(10/10)
Study 9 (Burns and Leeming, 2021)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High(10/10)
Study 10 (Kelly, 2022)	Y	Y	Y	Y	Y	P	Y	Y	Y	Y	High(9/10)
Study 11 (Taylor and Thomas,2021)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High(10/10)
Study 12	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	High(10/10)

(Stewart, 2024)											
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(Q1 Aims/ Q2 methodology/ Q3 design/ Q4 Recruitment/ Q5 Data collection/ Q6 Reflexitivity/ Q7 Ethical issues/ Q8 data analysis/ Q9 statement of findings/ Q10 value of research (Y= YES/MET; P= PARTIALLY MET; N= NOT MET)

3.6 DATA EXTRACTION AND THEMATIC SYNTHESIS

FRAMEWORK

Secondary Synthesis Constraints: This study is a review of secondary literature. It depends completely on data that was collected, interpreted and shared by the authors. The primary literature may show publication bias. Researchers often focus on problems within institutions or failures in teaching. They tend to overlook settings that work well and operate smoothly without any issues.

Qualitative Sample Generalisability: The combined sample includes more than 280 individuals from 12 different studies. Still, qualitative research is not about statistical representation. It focuses on understanding and meaning within specific school environments. It does not aim to represent all 3,500+ schools in England. The findings are not meant to be generalised across the population.

Variability in Primary Methodologies: The 12 studies included in the synthesis used qualitative methods. These include structured interviews, focus groups and case studies across multiple sites. The way themes were reported varied between studies. All papers passed quality checks using the Critical Appraisal Skills Programme (CASP) checklist. However, differences in the depth and richness of the data may have affected how themes were balanced in the final analysis

Geographical Imbalances: While the overall collection of studies did include schools from various parts of England—such as Greater London, the North West, the Midlands and the South East—rural and coastal schools were not well represented in the qualitative research. The experiences of schools in rural areas remain an important topic that needs more attention in future studies.

3.7 ETHICAL CONSIDERATIONS, TRUSTWORTHINESS, AND SECONDARY DATA GOVERNANCE

Because this study brings together published research that has already been reviewed by peers, no main ethical approval was needed. To make sure everything was done right it was made sure that all 12 original studies had proper ethical approval, upheld participant anonymity and followed the rules for keeping children safe, especially for teens between 13 and 19 years old. This is based on the guidelines called Keeping Children Safe in Education (KCSIE) from 2023.

To make sure the study was done well, a method developed by Lincoln and Guba in 1985 was utilised.

Credibility: This was made sure by using a search method that follows PRISMA rules. We also checked the quality of the studies using a checklist called the CASP qualitative checklist.

Transferability: This was achieved by explaining the kinds of schools and places where the original studies took place. We included details about the institutions. Where they were located in England.

Dependability and Confirmability: This was supported by keeping a record of the words we used to search for studies, the choices we made when looking at the studies and the way we analysed the information in three steps.

CHAPTER 4: RESULTS AND DISCUSSION

4.1 OVERVIEW OF INCLUDED PRIMARY STUDIES AND METHODOLOGICAL PROFILE

In this chapter, the qualitative thematic synthesis of empirical evidence that was retrieved in the process of conducting a systematic review is explored, specifically in relation to the implementation, pedagogical delivery, and lived experiences of statutory Relationships and Sex Education (RSE) in secondary schools in England.

The pedagogical delivery models and educator discomfort, digital sexual cultures and pornography literacy, real-world consent negotiation and gendered power dynamics, and LGBTQ+ inclusivity. These thematic domains were found to be recurring in the data extracted from this empirical evidence base, and they were interrelated. They reflect the lived experience of pedagogical practice in English classrooms, the intimate dynamics of

negotiating consent, the systemic difficulties of teaching and delivering LGBTQ+ curricula and the overall institutional climate within schools as gatekeepers for protection and support for adolescents in relation to sexuality and gender identity (Ofsted, 2021; Brook, 2022; Choi et al., 2025).

4.2 PEDAGOGICAL DELIVERY MODELS, TEACHER DISCOMFORT, AND THE SPECIALIST FACILITATION MANDATE

One of the key conclusions drawn from the qualitative evidence that was synthesised was the ongoing pedagogical conflicts inherent in the internal classroom delivery of RSE in English secondary schools (Pound et al., 2016; Ponsford et al., 2024). Wherever relationship lessons are taught by form tutors or other subject teachers, a consistent concern is expressed by the adolescents themselves of the lack of mutual embarrassment, pedagogically awkward delivery, and the overuse of didactic worksheets for instructions (Westwood and Mullan, 2007; Blake et al., 2022).

Form tutors act as evaluators and the authority in the institutional hierarchy of the school, making it very uncomfortable for adolescents to discuss delicate or emotionally sensitive issues with them when they are present, even though it is a topic they are not directly engaged in, as in the case of bodily changes, sexual desires, masturbation, or emotional intimacy (Formby, 2014; Ponsford et al., 2024). This was also found in the qualitative interviews with teachers, with many of the non-specialist teachers reporting feeling poorly resourced, undertrained, and lacking in confidence if expected to teach statutory RSE modules, particularly when there is no specific post-2020 statutory guidance (Ponsford et al., 2024; Aslam, 2025).

Qualitative narratives reveal that the adolescents intentionally self-censor questions raised and withhold their own curiosities within the internal examination sessions so that they do not risk a breach of peer confidentiality or negative moral judgement from their teachers assessing the main academic subjects (Formby, 2014; Blake et al., 2022). Internal teachers are regularly seen to be visibly nervous, rushing through sensitive slides or failing to have any discussion in class about sexual health issues, which leaves adolescents with an unspoken sense of shame or stigma around the topics of sexual health (Pound, Langford, and Campbell, 2016; Sex Education Forum, 2019). However, the available evidence demonstrates that inviting external specialists, youth workers, and committed sexual health

practitioners into English secondary classrooms has pedagogical potential for change (Wilcock et al., 2025; Choi et al., 2025).

Overall, adolescents in various qualitative studies report feeling very excited, comfortable, and trusting of external facilitators, who are perceived as neutral, clinically competent, and non-judgemental in creating a safe, confidential classroom environment free from academic oversight and disciplinary repercussions (Wilcock et al., 2025; Pound, Langford, and Campbell, 2016). Adolescents attribute the most up-to-date and accurate clinical knowledge to external experts, current clinical terminology, and interactive methodologies that are dynamic, not didactic, moralistic, or judgemental (Blake et al., 2022; Aslam, 2025).

Qualitative data, however, show that there are significant differences in the structure of commissioning external expertise in England (Public Health England, 2021; Ponsford et al., 2024). There are secondary schools located in wealthy local authorities or that have strong endowments in the form of multi-academy trusts (MATs), which regularly invite external youth charities and clinical nurse specialists to provide specific, small-group workshops at Key Stages 3, 4, and 5 (Blake et al., 2022; Wilcock et al., 2025). Whereas schools in economically disadvantaged areas or those in severe budget shortfalls are required to use only self-supported human resources, thus reinforcing the geographical differences in school quality and, in turn, the substandard pedagogical experiences for disadvantaged adolescent cohorts (Public Health England, 2021; Aslam, 2025).

4.3 DIGITAL SEXUAL CULTURES, PORNOGRAPHY LITERACY, AND ONLINE PRESSURES

The qualitative evidence base is so strong and overwhelming that for modern-day English adolescents, the digital environment is their key environment for engaging with relational, romantic and sexual dynamics (Ofsted, 2021; Blake et al., 2022). In both synthesised focus groups and individual interviews, adolescents report that they live in an 'online culture', characterised by having a smartphone all the time, the use of direct messaging apps and quick access to commercial online pornography (Ofsted, 2021; Ponsford et al., 2024). A significant qualitative finding is that the RSE curriculum in secondary schools often shows a considerable digital lag, focusing on relationships based on offline context and relationship structures which are not relevant to the complex online experiences of adolescents today (Blake et al., 2022; Sex Education Forum, 2019).

Specifically, the findings of the synthesis point to a major gap in secondary school education in England when it comes to pornography literacy (Ofsted, 2021; Pound, Langford and

Campbell, 2016). Without critical discussions that break down and analyse the commercial aspects of internet pornography, adolescent boys often internalise online pornographic content as a credible and authoritative instructional model for sexual performance, body aesthetics and physical domination (Ofsted, 2021; Goldfarb and Lieberman, 2021). Young women in several studies say that they see a lot of male peers using pornography and that this has direct consequences for them in the real world if they're expected to consider using provocative, degrading or violent acts in sexual encounters, such as choking, rough play and pretend violence, which are more commonly seen online than discussed in a classroom RSE course (Ofsted, 2021; Formby, 2014).

Moreover, the qualitative results highlight the significant social and psychological impacts of non-consensual image sharing, digital coercion, and cyber-harassment in secondary school cohorts in England (Ofsted, 2021; Blake et al., 2022). Young women, particularly, express widespread concerns about the need to share and send nude photographs through encrypted messaging apps and how this can damage an adolescent's social standing within school, even permanently (Ofsted, 2021; Ponsford et al., 2024). The statutory guidance from the Department for Education (2019) states that all schools should teach online safety and grooming. However, adolescents say that classroom coverage is “a little bit too much of an abstract warning on online strangers and none at all on the coercive and peer-driven pressures that play out in their own immediate friendship circles and romantic relationships” (Blake et al., 2022; Ofsted, 2021).

Secondary RSE is consistently required by youth from the studies reviewed to include the open examination of pornography, social media perfection, and online ethics in a media literacy workshop, which is interactive and honest (Ofsted, 2021; Pound, Langford, and Campbell, 2016). When teachers fall short in their engagement with these sexually sensitive topics, either because they are morally uncomfortable or feel concerned about institutional consequences, adolescents are left to face highly commercialised and aggressive digital sexual scripts on their own, further aggravating their gendered vulnerabilities and impeding healthy relationships (Goldfarb and Lieberman, 2021; Ponsford et al., 2024).

4.4 COMPLEXITIES OF CONSENT, NEGOTIATION NUANCE & GENDERED POWER IMBALANCES

One of the identified gaps across the qualitative findings synthesised was the fundamental mismatch between how sexual consent is discussed in English secondary schools and how adolescents experience sexual consent in “the real world” of intimate relationships (Department for Education, 2019; Ponsford et al., 2024). Primary research shows that

consent is taught in schools in the overwhelmingly legalistic context of the Sexual Offences Act 2003, focusing on explicit verbal and consent limits and formal legal consequences (Department for Education, 2019; Blake et al., 2022). Young people recognise the need for legalistic education but repeatedly claim that legalistic teaching is inadequate for their experience of dealing with the ambiguous, non-verbal and emotionally charged situations they face in practice (Pound, Langford and Campbell, 2016; Ponsford et al., 2024).

Secondary school adolescents' qualitative reports of actual consent negotiations suggest that situational power dynamics, intoxication, fear of interpersonal rejection, and expectations of peers are significant constraints on consent negotiations (Pound, Langford and Campbell, 2016; Formby, 2014). Across various studies, female respondents report high levels of social and emotional pressure to say "yes" when they mean "no" to males wanting sexual advances, with saying a clear verbal "no" also being socially or physically challenging in a private environment (Ofsted, 2021; Blake et al., 2022). The qualitative findings illustrate that consent is not a one-off, static verbal exchange. However, it is more of a continuous negotiation process, where it can be revoked or negotiated at any time during a sexual encounter (Blake et al., 2022; Ponsford et al., 2024).

Furthermore, the synthesis shows that secondary RSE often fails to address the scripts for negotiating condom use and barrier protection (Pound, Langford and Campbell, 2016; Goldfarb and Lieberman, 2021) that are needed for practical communication. Pupils are taught the biological theory of barrier contraception; however, few are given very much behavioural rehearsal in assertive insistence that a condom be used if the partner refuses or resists (Michie, van Stralen and West, 2011; Brook, 2022). Adolescents have reported experiences in which male partners subtly coerce females emotionally or complain, prompting the girls to agree reluctantly to do what they want to avoid conflict or to keep the peace (Ofsted, 2021; Formby, 2014).

The empirical results presented here show that statutory RSE needs to move beyond the legal definition of RSE and integrate pedagogical role-play scenarios that are interactive (Blake et al., 2022; Ponsford et al., 2024). Verbal boundary assertions, understanding non-verbal cues, and negotiating intimate relationships that are equitable are key components of communicative self-efficacy in which adolescents place high importance and which they learn through practice in a safe, guided environment that is free of alcohol influences (Pound, Langford, and Campbell, 2016; Goldfarb and Lieberman, 2021).

4.5 INTRUSIVITY, HETERONORMATIVITY & MARGINALISED IDENTITY

POINTS OF DISAGREEMENT AND DIVERGENCE IN THE DATA

The synthesised evidence showed that community tensions played out in very different ways, depending on the demographics of the school, the governance of the school, and the communication between the school and the community:

School Context and Catchment Differences: In secular community schools with more homogeneous catchments (Studies 1 and 3), the number of requests for parental withdrawal was very low (usually less than 1% of the population), and parents were not likely to attend the optional consultation evenings. By comparison, the other schools with high percentages of parents in diverse, religious groups (faith academies and community schools—Studies 4 and 10) experienced parents who were highly critical of their schools, organised opposition to LGBTQ+ content, and withdrawal rates of 10-15%.

Defensive versus Transparent Leadership Strategies: The literature identified two different leadership styles for parental engagement: Minimal lesson details in advance were shared by schools in the Defensive Approach (Studies 4 and 8), because they were afraid of the amount of transparency leading to controversy. This had the opposite effect and led to rumours and distrust among parents.

Open-Door Collaborative Approach (Studies 10 and 12): Parents were invited to the school hall, where they could see each slide, worksheet, and textbook face-to-face. This transparency helped eliminate misinformation, put parents at ease, and greatly reduced the number of formal withdrawals made.

The results of parental consultation techniques, levels of parental resistance, and changes in curricula reported in the studies included in this review are summarised in Table 4.4.

Table 4.4: Summary of Parental Consultation Approaches and Institutional Impacts

Institutional Engagement Model	Typical School Catchment Profile	Observed Parental Reaction	Curriculum & Pedagogical Outcome	Impact on student safeguarding & protection
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Defensive/ Closed Approach (studies 4&8)	Suburban community schools & faith academies with vocal groups	High suspicion, misinformation across WhatsApp groups, organised opposition.	Sanitised lesson slides; removal of year 8/9 gender and digital materials.	High Safeguarding Risk: High withdrawal rates (10-15%); excluded pupils look for relationship scripts online and not always from reliable sources.
Open-door collaborative model (studies 10&12)	Diverse urban community academies and maintained schools.	Increased transparency; anxieties dismantled upon seeing physical materials	Full delivery of statutory topics; curriculum maintained without dilution.	Optimal Safeguarding Protection: Formal withdrawals are under 1%, pupils continue with safe health lessons led by teachers.
Low engagement model (studies 1&3)	Secular community schools with homogenous demographics.	Apathy; minimal parental attendance at consultation evenings.	Standardised delivery; heavy reliance on pre-packaged commercial slide decks.	The Nominal withdrawal rate (NR) is <1%, and youth's vulnerability to online coercion is a result of the lack of addressing digital harms mediated by peers.

Direct Quotations from the Primary Evidence

An RSE coordinator in Study 4 described the challenge of managing organised misinformation during parental consultations:

“We hosted an evening consultation meeting, and parents arrived furious because of false messages circulating in local WhatsApp groups. People genuinely believed that we were teaching primary school children explicit sexual techniques. We spent months putting out fires and defending our integrity instead of refining our classroom pedagogy. In the end, senior management watered down our Year 8 and 9 materials just to keep the peace.” (RSE Coordinator, cited in Study 4)

A headteacher in Study 10 explained why the legal right to withdraw creates an administrative dilemma:

"The law says parents can only withdraw their child from the "sex" component, not the 'relationships' or 'health' components. However, where do you draw that line in a real classroom? If you are discussing sexual consent or healthy dating boundaries, that touches both areas simultaneously. Rather than enter into a legal fight with an angry parent, we simply allow full withdrawal. It means the very adolescents who need this guidance most end up sitting in the library doing silent study." (Headteacher, cited in Study 10)

A different, positive experience was elaborated by a school leader in Study 12, who emphasised the value of open communication:

"We invited our most vocal and critical parents into the school hall, put out tea and coffee, and laid every single lesson plan, worksheet and book out on the tables. We showed them that our goal was simply to protect their children from grooming, exploitation, and abuse. Once they saw the actual materials with their own eyes, their hostility melted away. Openness took away all their fear." (Senior Leader, cited in Study 12)

One significant result emerged from Study 10 that was related to withdrawn adolescents. The writer noted that, when children were taken out of statutory lessons, they continued to learn about sex and relationships. However, now, from peers and unsupervised online environments, they could be subject to misinformation and digital harms without the guidance of a teacher.

4.6: SUMMARY

Qualitative evidence from the 12 studies analysed and synthesised indicates that statutory RSE has been able to embed itself as a statutory requirement in secondary schools in England. The evidence, however, shows that there are four systemic operational issues that must be addressed for the policy to be effective in delivering its education and protection benefits:

- **Timetabling Pressures:** High-stakes measures of school accountability continue to marginalise RSE on the school timetable. Short form-tutor periods and collapsed drop-down days save time; however, they result in rushed teaching, fatigue of adolescents and low retention of knowledge as compared to weekly lesson teaching periods.
- **Staffing and Training Gaps:** Non-specialist classroom teachers are heavily relied upon in schools and receive little or no specific professional development. This unpreparedness leads to professional anxiety, teachers using defensive or scripted ways of teaching and teachers not engaging in open class discussions.

- The Curriculum-Reality Divide: Conventional lesson plans that focus on biology and danger don't deal with the reality of today's teenage life. Pupils are not supported with a clear programme of work regarding digital harms, online pornography, influencer culture, emotional relationship abuse and inclusive LGBTQ+ health.
- Institutional Risk-Aversion: Schools need to find the balance between what they have to do in terms of statutory requirements and parents' rights to remove children. Schools often have to be careful about what they teach because they don't want to face controversy and conflict in their communities.

These four synthesised qualitative themes are the empirical basis for critically examining the findings in Chapter 5 against broader literature, national guidelines, and policy recommendations.

CHAPTER 5: DISCUSSION

5.1 INTRODUCTION

This chapter contextualises and interprets the synthesised findings presented in Chapter 4 and examines how statutory Relationships and Sex Education (RSE) is enacted, provided and lived in secondary schools in England. The discussion applies qualitative systematic review methodology, ensuring the conceptualisation of the synthesised empirical data is triangulated with more sociological, pedagogical and public health literature, statutory frameworks from the Department for Education (DfE) and Ofsted review benchmarks.

The main aim is to question the implications of these findings for what they say about the reality of RSE policy implementation, to determine if the empirical results fit with the theoretical predictions, to consider implications for a broader structure, and to critically define the methodological shortcomings of the review.

5.2 INTERPRETING SYNTHESISED FINDINGS

When implementing the statutory requirements, what do the results tell us about the reality?

The findings from the 12 synthesised studies confirmed that the introduction of the statutory mandate (Department for Education [DfE], 2019; statutory implementation 2020) did not provide any guarantee of operational parity, of pedagogical depth or of emotional safety in the delivery of RSE.

The empirical evidence shows clear evidence of an implementation gap. Secondary adolescents do not often have RSE experiences as an empowering and holistic health entitlement (UNESCO, 2018; World Health Organization [WHO], 2010). However, rather, a fragmented and protective curriculum. English school leaders are actively discouraged from dedicating protected, sequential timetable hours to subjects outside of the examination system, in particular by the English Baccalaureate (EBacc) and Progress 8 metrics (Ball, 2003; Hutchings, 2015). Consequently, schools are using more compressed registration periods or "drop-down" days. However, these models do not help adolescents remember knowledge in the long term or form good bonds between student and teacher, nor do they provide safe avenues for revealing personal information (Pound et al., 2017; Sex Education Forum [SEF], 2020).

Moreover, the information shows a high level of professionalism at the classroom delivery level. Close to no continuous professional development (CPD) and initial teacher training (ITT) opportunities means that non-specialist form tutors feel more professionally vulnerable.

Teachers become risk averse when they teach by reading the slides verbatim, playing prerecorded video lectures, and discouraging free discussion in response to the concerns of parents, disciplinary authorities and social media attention.

This sort of professional anxiety perpetuates a huge gap in the curriculum. Young people are immersed in an ambient digital culture, where unsupervised smartphone consumption, algorithmic misogyny, influencer cultures and pornography dominate their lives, rather than being taught these aspects of sexual reproduction, anatomy and legal consequences of sexual activity (Ringrose et al., 2013; Sundaram & Sauntson, 2016). As a result, statutory RSE as it currently is is pedagogically inadequate to equip adolescents with the skills to deal with the concepts of digital consent, coercive control and emotional relational health.

5.2.2 DID THE RESULTS MEET EXPECTATIONS

The empirical results confirmed the majority of expectations that had been developed in the history of RSE. However, it also revealed new intensifications connected to digital culture and socio-political polarisation:

Confirmation of historical ‘timetabling marginalisation’: It was expected that RSE would face challenges from academic accountability measures. A vast amount of research has been done on non-examined subjects in the UK state sector in recent decades (e.g., Monk, 2001; Whitty et al., 1994), and they have consistently been deprioritised when accountability comes into play via league tables. The results supported the findings of Ball (2003) that statutory status will not change audit cultures.

Increasing teacher vulnerability: Teachers experienced greater anxiety than recorded in history about the heightened rate of change in language, especially in the areas of gender identity, sexual orientation and sexual harassment. Before the statutory guidance, the main barriers that teachers reported experiencing were due to personal embarrassment, biological knowledge or dealing with laughter in class (Forrest et al., 2002; Walker et al., 2006). As shown in the current synthesis, teachers discomfort has now turned into a fear of being sanctioned by their profession, being sued by parents, and being openly embarrassed.

Although previous studies have also reported problems with the biological repetition that occurred among youths (Alldred & David, 2007; Hilton, 2007), the results presented here show a much larger disconnection. Digitalisation of the relational landscape for adolescents, with the proliferation of digital smartphones, social media and the internet, has changed the relational landscape for adolescents at a rate not matched by institution-based curricula (Ofsted, 2021). While it is typical in curriculum research to expect schools to stay out of this, the almost complete absence of the topics of online pornography literacy, algorithmic

misogyny and smartphone surveillance in the studies reported across the included studies are safeguarding failures.

5.2.3 ALTERNATIVE EXPLANATIONS FOR THE FINDINGS

Although it is widely believed that delivery failures are due to structural underfunding, audit pressures and policy ambivalence, other explanations must be taken into account:

A Pastoral Trust Hypothesis: It may be suggested that the use of form tutors by senior leadership is not only to save money or to regulate a schedule; however, it is a pedagogical model designed to ensure that sensitive learning is built around a pre-existing pastoral environment. In Study 8 some teachers spoke about their own feeling that form tutors know their adolescents families well and know their family weaknesses, and that this means that they can offer a safer pastoral setting than other visitors to the school. However, the student data in Studies 2, 6 and 9 strongly contradict this other explanation. There was a strong consensus among the young that familiarity was the cause of social embarrassment, fear of gossip and boundary concerns – and that pastoral continuity was not a substitute for subject specialism.

The "Age-Appropriateness" Defence: those who withheld such items as internet pornography, LGBTQ+ identities, and sexual pleasure on the grounds of their being 'age-appropriate' (as per the statutory guidance from the Department for Education (DfE), 2019). In this understanding, school censorship is not an act of defensive risk aversion. However, it is rather a sensible and practical act of ethical caution. However, this protection argument is not compelling in comparison to public health norms and youth voices. Discussing online harms does not prevent adolescents from seeing them in the digital world, it just leaves them to deal with complicated online environments without critical guidance (Horvath et al., 2013).

5.3 THEORETICAL AND EMPIRICAL IMPLICATIONS

5.3.1 CONSISTENCY WITH THE PREVIOUS LITERATURE

The results of this review are congruent with broader national and international literature on sex and health education and show that there is a direct link between the statutory requirements and the known systemic weaknesses being repeated:

Ofsted (2021) Findings: The thematic findings are very similar to Ofsted's (2021), Review into Sexual Abuse in Schools and Colleges. Ofsted found that sexual harassment and the sharing of intimate images, both of which were not consensual, were common parts of adolescent life, and that school-based RSE programmes were sanitised, removed from

youth digital culture and disconnected. The empirical synthesis supports the conclusion that this institutional gap remains.

The Sex Education Forum (SEF) conducts a longitudinal youth survey, with more than 40% of adolescents (in 2020; 2022) rating their RSE as poor or inadequate, highlighting areas of concern, such as the lack of awareness or understanding of consent, LGBTQ+ health and healthy relationships. The qualitative findings of this review can be used to describe how these statistics can be achieved: teachers avoid slides because of fear, lessons are rushed into 20-minute form time, and materials are mailed to parents to avoid conflict.

The research findings from cross-national assessments of sexuality education (Pound et al., 2016; UNESCO, 2018; Vanwesenbeeck et al., 2016) show that in programmes delivered by untrained teachers and, or based on a biological model, public health objectives are not met. On the other hand, when programmes apply the gender-transformative and rights-based perspective, they are linked to a decrease in sexual violence, better contraceptive effectiveness and better relationships (Haberland, 2015). As the current review shows, the current teaching practice of English in secondary schools continues to be largely focused on limited and risk-avoidance approaches.

Table 5.1: Synthesis of Current Findings Against Historical Literature and Statutory Benchmarks

THEMATIC DIMENSION	PRE-2020 BASELINE (Pound et al., 2016; Formby, 2014)	CURRENT REVIEW FINDINGS (Post-2020 statutory era)	STATUTORY BENCHMARK (DFE 2019; Ofsted 2021)	EXPLANATORY COM-B THEORETICAL DIMENSION
Curriculum status & timetabling	non-statutory ; biology dominated	Compulsory status achieved, but marginalised via drop-down days and form slots	Planned, sequential, dedicated curriculum time across all key stages.	Physical Opportunity Deficit: Little opportunity for rehearsing skills due to limited time.
Classroom facilitation & pedagogy	Form tutors embarrassed by biology; heavy reliance on worksheets.	Anxiety escalated to fear of professional sanctions and parental complaints	Confident, well-trained educators facilitating open and balanced discussion.	No mandatory ITT/CPD leads to defensive teaching (Staff).

Digital sexual cultures	Emergence of smartphones; basic concerns over text messaging.	Pervasive online pornography, non-consensual image sharing, misogyny	Practical navigation of online pressures and harms	Motivation & Opportunity Lag: Classrooms don't match up on-line peer pressure.
LGBTQ+ Inclusivity & Diversity	Nearly total invisibility; widespread heteronormativity and bullying	Statutory requirement present, but heavily sanitised due to fear of backlash	Fully integrated, respectful representation across all secondary modules.	Institutional risk aversion: Minority stress is exacerbated by institutional risk aversion.
Consent & intimacy	Biological reproduction focused; absence of pleasure or feelings	Legalistic consent taught (Act 2003); lack of practical boundary rehearsal	Practical negotiation, recognition of coercion and continuous active consent	Physical Capability Void: Pupils do not have scripts for real encounters.

5.3.2 THEORETICAL GROUNDING: INTEGRATING BRONFENBRENNER AND FOUCAULT

The consolidated findings can be explained through two complementary theoretical frameworks: Bronfenbrenner's Ecological Systems Theory (1979; 2005) and Foucault's Theory of Biopower and Surveillance (1976; 1980).

BRONFENBRENNERS'S ECOLOGICAL SYSTEMS THEORY

Bronfenbrenner's socio-ecological approach gives us a way to look at how adolescents experience the classroom, which is the microsystem. This classroom experience is shaped by the connection between school and home, the mesosystem. It is also affected by the community's expectations, rules and oversight systems which make up the exosystem. At a larger level national laws and cultural discussions form the macrosystem.

Microsystem Breakdown: inside the classroom the teaching and learning relationship between teacher and student is breaking down. Teachers who are not specialists feel worried and are on the defensive. Therefore, adolescents become more curious. Also feel unsafe. They hesitate to share their struggles or show their feelings.

Mesosystem Conflict: Conflict between school and home is high. Parent communities receive misinformation, and it leads to resistance and, in turn, to changes and sanitisation of classroom materials.

Exosystem Pressures: These pressures are those that impact the school environment without the involvement of the adolescents and are decided by the school governors/Multi-Academy Trust (MAT) boards and Ofsted inspection criteria. School league tables do not include any specific metrics for SRE, so leadership removes resources for RSE in favour of EBacc subjects.

Macrosystem Polarisation: At the largest cultural level, the confidence of teachers is directly affected by public and political polarisation around issues of gender identity, sex education and family values. The statutory guidance (DfE, 2019) is written in the context of such macrosystem compromises and includes the parent's right to withdraw. However, without an operational definition of age-appropriateness, this level of ambiguity is introduced into schools.

FOUCAULDIAN BIOPOWER AND DISCURSIVE DISCIPLINING

The findings connect with the theoretical framework of Michel Foucault (1976; 1980) on sexuality regulation in institutional settings, biopower, and disciplinary surveillance. The secondary schools are institutions of discipline responsible for the statutes of adolescent bodies. The results of the study show that statutory Relationships and Sex Education (RSE) is an apparatus of regulation:

Medicalisation and Sanitisation of the Body: Through the restriction of relationship education to issues of reproductive biology, sexually transmitted infections (STIs), and demonstrations of using condoms, the curriculum regulates adolescent sexuality, making it a medical threat that needs to be controlled (Allen, 2005; Foucault, 1976). Notions of sexual pleasure, intimacy, and relationship satisfaction are deliberately omitted, since they do not fit the goals of regulation of the institution.

Panoptic Surveillance and Self-Regulation of Teachers: The concept of panopticism of Foucault can be applied to the behaviour of classroom teachers. Expecting permanent observation by adolescents with smartphones, concerned parents, and school administration, teachers perform self-regulation of the discourse through silencing any spontaneity and performing script writing.

5.3.3 WHY THESE RESULTS MATTER: PUBLIC HEALTH AND SAFEGUARDING REALITIES

This empirical evidence brings public health and social and legal consequences for adolescents in England:

Child Protection and Safeguarding Vulnerabilities: When sexual education is not educated well, it becomes a child protection and safeguarding issue (Keeping Children Safe in Education [KCSIE] 2023; Ofsted, 2021). If schools skip talks about violence, coercive control and digital exploitation, adolescents find it hard to spot early warning signs of grooming, domestic abuse or unhealthy relationship patterns.

Mental Health and Adolescent Well-being: The ongoing marginalisation of LGBTQ+ relationships shown in Study 9 directly adds to the minority stress felt by queer youth (Meyer, 2003; Formby, 2011). When schools leave out relationships and identities from the main curriculum, they strengthen a classroom culture that only sees straight relationships and ignores the real lives of sexual minority adolescents.

The Expansion of Algorithmic Extremism: When schools are hesitant to talk about internet pornography, online influencers and digital misogyny, they leave a gap that is quickly filled by online content (Sundaram & Sauntson 2016). If schools do not teach media literacy, adolescents pick up harmful relationship rules about consent, entitlement and gender hierarchy from commercial online sources (Horvath et al. 2013).

5.3.4. PRACTICAL IMPLICATIONS FOR POLICY, LEADERSHIP, AND TEACHER TRAINING

The integrated evidence points to four policy and pedagogical interventions:

National Curriculum Timetable Parity: Policymakers must set a minimum number of hours for statutory RSE in each school timetable. The Department for Education and Ofsted should clearly discourage the use of form-tutor morning slots. Collapsed drop-down days as the main way to deliver RSE.

Mandatory Initial Teacher Training (ITT) and Dedicated CPD: To reduce teacher anxiety and defensive teaching styles, RSE modules must be formally added to initial teacher training courses. Local education authorities and multi-academy trusts should fund subject-specific training so that teachers feel confident with terminology, modern consent and how to handle sensitive questions.

Modernisation of Statutory Curriculum Guidance: The DfE should provide practical guidance on topics such as online pornography literacy, digital harassment and gender-based

violence. The phrase "age-appropriate" must be defined with clarity so that it cannot be used to justify skipping discussions about digital relationships.

Collaborative Parental Transparency Frameworks: Successful schools show that moving away from defensive closed approaches to parental engagement works. By holding open-door workshops where parents can see the physical teaching materials, schools can demystify the curriculum, counter misinformation and lower student withdrawal rates.

5.4 METHODOLOGICAL LIMITATIONS OF THE REVIEW

Academic rigour requires explaining empirical and theoretical conclusions alongside their methodological limitations. Understanding boundaries such as sample constraints, response bias, and cross-sectional designs provides clearer context for the results and shapes future research.

5.4.1 UNEXAMINED VARIABLES AND CONTEXTUAL GAPS

The integrated qualitative evidence base also contained certain contextual gaps that warrant caution:

The Impact of the COVID-19 Pandemic: The statutory guidance was officially introduced in September 2020 in the middle of the disruption caused by the COVID-19 pandemic. During this time a number of studies looked at how schools handled learning, managed adolescents bubbles and tried to catch up on lost curriculum time. These changes may have made timetable marginalisation worse for a period. They also added to teacher stress, leading to kinds of challenges that are different from what schools usually face.

Socio-Economic Deprivation Indices: The studies included in this review seldom took into account. Reported on multiple deprivation indices (IMD) for the areas where the schools were located. There is still no evidence about whether schools in areas with high levels of deprivation struggle more with funding for relationship and sex education (RSE) and have less pastoral support capacity or find it harder to connect with their communities compared to schools in wealthier neighbourhoods.

5.5 SUMMARY

This discussion has placed the synthesised results into a broader context by linking them to existing pedagogical research, legal frameworks and sociological theories. The analysis shows that while statutory Relationships and Sex Education (RSE) now has recognition, its full implementation remains limited. This gap is mainly due to the pressure of high-stakes

exams, the rise of teaching methods and the continuing disconnect between official curricula and the digital realities that adolescents experience every day.

Using Bronfenbrenner's model and Foucault's idea of biopower, this chapter has shown how national policy compromises, institutional fear of risk and insufficient teacher preparation combine to create curricula that are systematically bowdlerised and focused on biological aspects. These curricula do not adequately support the safety and wellbeing of adolescents. The findings highlight that for RSE to truly fulfil its health and safeguarding goals, schools need structural changes. These include protected timetable time for RSE training for teachers and curricula that speak directly to the digital lives of adolescents.

The final chapter, Chapter 6: Conclusion, consolidates the findings of this study. Delineating the conclusions and offering proper recommendations for educational policy and future research.

CHAPTER 6: CONCLUSION

6.1 ANSWERING THE MAIN RESEARCH QUESTION

This is a qualitative systematic review to critically explore the current implementation of compulsory Relationships and Sex Education (RSE) and the experiences of secondary school-aged (13-19 years) adolescents in England's secondary school context post-legislation in the Children and Social Work Act 2017. The goal of this research was to answer a basic public health question regarding the extent to which systematic strategies to deliver the statutory curriculum are correlated with meaningful communication self-efficacy, health literacy and protective behaviour capability in adolescents in the real world between 2019 and 2026.

This dissertation's central thesis is that the statutory requirement was successful in securing RSE with a compulsory status in state-funded secondary schools in England, but there remains a significant implementation gap which stunts the ability of RSE to achieve its public health and safeguarding goals. The compulsory status has not led to pedagogical depth, operational equality, and emotional safety in English classrooms. Rather, statutory delivery is divided into disjointed parts, caused by systematic timetable marginalisation, institutional risk aversion, a long-term deficit in the workforce trainings, and a longstanding curriculum-reality gap.

The compiled evidence, analysed using the COM-B System of Behaviour Change (Michie, van Stralen and West, 2011), shows that secondary school RSE primarily has a psychological capability effect, mainly by providing a simple and basic factual literacy related to reproductive anatomy, sexually transmitted infection (STI) transmission vectors and

statutory legal boundaries outlined in the Sexual Offences Act 2003. But the curriculum is systematically inadequate in developing automatic motivation, physical opportunity, social opportunity and physical capability. Adolescents often leave secondary school without the interpersonal skills to assertively engage with sexual partners in condom use skills, having little access to confidential adolescent-friendly clinical service providers and little psychological support for partner negotiation, peer pressure, and situational discomfort with condom use during intimate encounters.

Moreover, the qualitative synthesis reveals that the internal school delivery models, which rely mainly on the generalist form tutors and non-specialist form classroom teachers, continue to foster a professional atmosphere of mutual embarrassment, didactic teaching and professional apprehension. Lacking specialist initial teacher training (ITT) and long-term continued professional development (CPD), teachers take defensive pedagogical positions, using canned worksheets, video presentations and compliance to the surface to prevent being entangled in institutional debates or parental dispute. As a result, classroom conversations often gloss over or ignore the critical realities of today, such as having commercial online pornography literacy, non-consensual image sharing, algorithmic misogyny, and inclusive LGBTQ+ relationship dynamics. The main research question is answered, as the statutory RSE policy in England is found to work well for legislative codification, but it generally doesn't work pedagogically, as it leaves adolescents socially and emotionally unprepared to function in the intricacies of digital and relational adolescence.

6.2 REFLECTION ON THE RESEARCH

6.2.1 EFFECTIVENESS OF THE METHODOLOGICAL APPROACH

The synthesis approach proposed by Popay et al. (2006), when combined with the PRISMA (Page et al., 2021) standards, was a powerful tool in answering the review questions in the framework of a qualitative systematic review. Surveillance databases and epidemiological monitoring obtained from laboratory-confirmed sexually transmitted infections among adolescents reported by the UK Health Security Agency (UKHSA) and conceptions statistics from the Office for National Statistics (ONS) serve as the indicators of the epidemiological profile of the population. These quantitative factors fail to capture the psychological mechanisms, emotions, and negotiations underlying the behaviour of adolescents in their everyday lives.

The use of a qualitative synthesis made it possible to capture the lived experience of adolescents, school educators, and professionals from the sphere of medicine in England. The critical appraisal of empirical evidence according to CASP criteria made sure that only

primary research studies conducted in a way that guaranteed the integrity of the data collected and ethical protection of participants, along with reflexivity on the part of researchers, would be included in the synthesis. It made it possible to unveil the lived reality that stands behind the numbers from national surveys and explain why high factual knowledge in class does not lead to protected sexual behaviour.

6.2.2 UNEXPECTED INSIGHTS AND EMERGENT DYNAMICS

The systematic synthesis highlights a number of unforeseen findings which go well beyond the first assumptions made in historical context:

The Escalation of Teacher Anxiety into Fear: While earlier studies suggested that teachers felt embarrassed about biological terms and student laughter—something that could be easily managed—recent research, after 2020, shows a deeper professional vulnerability. Teachers now live with a fear of being watched. Smartphones record lessons; parents spread information through digital messages, and these actions can harm a teacher's career. This constant pressure has changed teaching into a form of compliance. Teachers now act more to avoid trouble than to teach.

Confutation of the 'Pastoral Familiarity' Approach: One of the common assumptions shared by school leadership was that a general form tutor was the best choice to provide RSE lessons since there is already a certain level of pastoral familiarity with the children. In fact, the synthesised findings refute this statement clearly: adolescents tend to consider pastoral familiarity to be an overwhelming obstacle, causing severe embarrassment, anxiety about peer rumours, academic judgement, and the desire to have a specialised external facilitator.

Essential Safeguarding Gap Emerging from Parental Withdrawals: Even though the right to withdraw from lessons of RSE was introduced as a safeguarding tool via the Children and Social Work Act 2017, it appears that withdrawn adolescents are experiencing an increased safeguarding danger. Being deprived of any guidance, these young people resort to uncontrolled digital platforms and peer groups, where they get access to a distorted version of sexual health scripts.

6.3 RECOMMENDATIONS

6.3.1 RECOMMENDATIONS FOR PRACTICE AND POLICY

In order to tackle the inconsistency between statutory policy formulation and implementation in the classroom environment, the following evidence-based suggestions are made to those who have influence over national policy and local authority commissions.

Suggestion for National Policy and Curriculum Regulators

The DfE and Ofsted could allocate protected, sequential timetable time for secondary RSE teaching and discourage the use of short, morning registrations or drop-down days which hinder knowledge retention and child protection.

Statutory guidance for secondary curriculum provided by the DfE could be modified to ensure that "age-appropriate" is clearly defined, meaning that this term cannot be used as an excuse for censorship of discussions about digital consent, online pornography and the LGBTQ+ community.

Evaluation criteria in national inspection frameworks implemented by Ofsted could include specific indicators of successful pedagogic delivery and overall school climate rather than only policy compliance and curriculum mapping.

Suggestion for Workforce Training and School Leadership

The Initial Teacher Training (ITT) providers could add mandatory specialist RSE pedagogic modules to ensure that all newly qualified teachers are equipped with the skills to handle sensitive disclosures and facilitate non-judgemental discussions.

Multi-academy trusts and local authorities could allocate funding to enable CPD for existing staff members and allow them to cope with changes in youth culture, gender identity theory and digital harassment.

Schools are encouraged to adopt open models of parental engagement such as curriculum preview evenings, as they have been shown to be efficient in tackling misinformation and reduce official withdrawals.

Suggestion for Integrated Public Health Commissioning

The Integrated Care System (ICS) and public health directorates of local authorities are encouraged to revive the referral pathway between secondary schools and NHS sexual health services and provide sustained funding for clinical nurse specialists and youth facilitators.

Free-barrier distribution methods like the C-Card programme should be expanded in educational environments to overcome the barriers of access for adolescents from poor socioeconomic backgrounds.

6.3.2 RECOMMENDATIONS FOR FUTURE RESEARCH

Future empirical work based on the findings from this qualitative systematic review should therefore consider some key aspects:

Longitudinal Qualitative Cohort Study: Future research needs to track cohorts of adolescents through Key Stage 3, 4 and 5 to study the impact of the cumulative effect of statutory Relationships and Sex Education (RSE) on their decisions related to sexual behaviour and contraception.

Rural and Coastal Settings Research: Considering that most of the current qualitative research is concentrated in the Greater London area, Midlands, and northern urban locations, specific fieldwork is required to identify the distinctive logistical, transportation, and confidentiality obstacles that adolescents face in remote rural and coastal locations of England.

IMD Decile Consideration: The next phase of empirical research should be conducted considering the deciles of the Index of Multiple Deprivation (IMD) to investigate the impact of municipal financial limitations, academy trust funding, and community deprivation on the process of delivery of RSE in schools and specialist commissioning.

In-Depth Qualitative Research with Withdrawn Cohort: Ethically protected qualitative research is required to study the life journeys of adolescents who have been withdrawn from the statutory RSE as well as their other sources of information on sexual health.

6.4 EMPHASISING THE CONTRIBUTION TO PUBLIC HEALTH KNOWLEDGE

This dissertation adds insight to public health scholarship and educational policy analysis. It offers a summary of qualitative studies after 2020 that look at statutory RSE in England. Earlier work mainly studied the time before 2020 when statutory RSE did not exist, for example, the studies by Formby (2014) and by Pound, Langford and Campbell (2016). By contrast, this dissertation gives a review of the statutory period. It shows how the COVID-19 pandemic changed how statutory RSE is taught, how digital sexual pressures influence learners and how the debate about schooling has become more intense.

Using the COM-B System of Behaviour Change with qualitative data shows that universal educational mandates do not automatically lower adverse sexual health outcomes or raise youth self-efficacy. The synthesis also shows that classroom health promotion alone cannot work when it is a lesson that passes information.

Therefore, this research is important because adolescent sexual and reproductive health is a public health priority that affects physical health, emotional well-being and fairness for everyone in England. When secondary schools avoid talking about consent, online pornography, sexual orientation and how to set limits, students quickly learn from ads on the

internet and unverified peer ideas. By pointing out the teaching and institutional limits that stop classroom work, this dissertation gives school leaders, health officials and lawmakers the evidence needed to change mandatory RSE into a real, empowering and safe experience for every adolescent. And the foremost important aspect to consider is that they are the future. therefore , it is vital to help and guide them for the betterment of them as well as the society.