



***STATUTORY RELATIONSHIPS AND SEX EDUCATION (RSE) IN SECONDARY
SCHOOLS: A QUALITATIVE SYSTEMATIC REVIEW OF ADOLESCENT
EXPERIENCES AND IMPLEMENTATION DYNAMICS***

by

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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: 01, October, 2026

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Statement on Authenticity and AI

AI Declaration:

I declare that I have not used any Generative Artificial Intelligence (AI) tools to compose, analyse or interpret the content of this dissertation. The researcher has carried out analysis of the research and literature selection, thematic analysis and the construction of academic arguments.

Ethics Acknowledgement:

The dissertation is entirely secondary qualitative research and no interviews or questionnaires, focus groups, observations or direct involvement with humans has been conducted. Thus, no primary personal data from participants were gathered. The study was based on literature search and publicly available sources as per defined research methodology and inclusion criteria.

Abstract

This study aims to critically analyse statutory Relationships and Sex Education (RSE) in secondary schools (13-19) in England and the way it is experienced by adolescent learners. It discusses methods of teaching, adolescents' experiences, inclusion, consent and communication, availability of sexual health services and problem areas between policy and practice.

The research uses a qualitative systematic review, with an interpretivist philosophy. PubMed/MEDLINE, ERIC and ProQuest were systematically searched for literature published between 2019 and 2026. Eligible studies were conducted with adolescents aged 13-19 in secondary schools in English secondary schools. Thematic synthesis was used to extract data, and quality was judged using the CASP Qualitative Studies Checklist. Interpretation was based on Bronfenbrenner's Ecological Systems Theory and COM-B.

Six themes were identified throughout the evidence, which were connected to one another. Statutory RSE focused on relationships, consent, sexual health, contraception, Online safety and boundaries, with varying depth, pedagogy, teacher confidence and resources. This was delivered at varying depths, pedagogy, teacher confidence and resources. Relevant, practical and timely learning was generally appreciated by the adolescents. Issues of inclusivity and representation, and gaps in the curriculum continued to be raised. Social and emotional contexts shaped consent and communication, and educational support and the implementation at the school level generated ongoing discrepancies between the statutory experiences and the lived experiences of the adolescents.

Schools should focus on enhancing teachers' CPD, especially in the area of consent, sensitive discussions and inclusive RSE. Participative learning is scenario-oriented and should build communication and decision-making skills. The content of the curriculum should be relevant, timely and inclusive, with sufficient resources and curriculum time.

Table of Contents

CHAPTER 1: INTRODUCTION	12
1.1 Background and Context	12
1.2 Stages of Adolescent Development.....	13
1.3 Epidemiology of STIs among Adolescents Aged 13–19	14
1.4 Rationale and Problem Statement.....	15
1.5 Scope and Parameters of the Study	16
1.6 Research Aim and Objectives.....	17
1.7 Chapter Summary.....	17
CHAPTER 2: LITERATURE REVIEW	18
2.1 Conceptualising Relationships and Sex Education (RSE)	18
2.2 Statutory RSE Policy and English Context	19
2.3 Adolescent Development and Sexual Health Learning.....	20
2.4 Adolescents' Experiences and Perceptions regarding Relationships and Sex Education (RSE).....	22
2.5 Adolescents' Perceptions of the Importance, Inclusivity and Usefulness of RSE	23
2.6 Social, Emotional and Educational Factors influencing adolescents	24
2.7 Implementation Dynamics	25
2.8 Theoretical Framework	26
2.8.1 Bronfenbrenner's Ecological Systems Theory.....	26
2.8.2 Behaviour Change Wheel and COM-B Model.....	28
2.9 Critical Synthesis and Research Gap	29
2.10 Chapter Summary.....	30
CHAPTER 3: RESEARCH METHODOLOGY	31
3.1 Research Philosophy and Approach.....	31
3.2 Research Design	32

3.3 Research Strategy	33
3.3.2 Boolean Operators and Search Terms	35
3.4 Data Collection	35
3.5 Research Framework	37
3.6 Inclusion and Exclusion Criteria.....	39
3.7 Data Analysis and Critical Appraisal.....	40
3.8 Ethical Consideration.....	41
3.9 Chapter Summary.....	42
CHAPTER 4: FINDINGS.....	43
4.1 PRISMA Flow Diagram.....	43
4.2 Quality Appraisal.....	44
4.2.1 CASP Table	44
4.2.2 Overview of Selected Studies	45
4.3 Thematic Analysis.....	47
4.3.1 Theme 1: Statutory RSE Delivery and Teaching Approaches.....	47
4.3.2 Theme 2: Adolescents' Perceptions of RSE Relevance and Usefulness .	48
4.3.3 Theme 3: Inclusivity, Diversity and Representation in RSE	50
4.3.4 Theme 4: Social and Emotional Influences on Consent and Communication	51
4.3.5 Theme 5: Educational Support and Access to Sexual Health Resources	52
4.3.6 Theme 6: Policy–Practice Gaps and Implementation Challenges.....	53
4.4 Summary	54
CHAPTER 5: DISCUSSION	55
5.1 Theme 1: Statutory RSE Delivery and Teaching Approaches in English secondary schools.....	55
5.2 Theme 2: Adolescents' Perceptions of RSE Relevance and Usefulness in English secondary schools	56
5.3 Theme 3: Inclusivity, Diversity and Representation in RSE	57

5.4 Theme 4: Social and Emotional Influences on Consent and Communication	59
5.5 Theme 5: Educational Support and Access to Sexual Health Resources	60
5.6 Theme 6: Policy–Practice Gaps and Implementation Challenges	62
5.7 Theme Chart / Diagram	65
5.8 Summary	66
CHAPTER 6: CONCLUSION	67
6.1 Conclusion	67
6.2 Strengths and Limitations	68
6.3 Recommendations	69
6.4 Future Research	70
6.5 Chapter Summary	71
REFERENCES	72
APPENDICES	82
Appendix 1: PRISMA Table	82
Appendix 2: CASP's Questions	83
Appendix 3: Coding Table	84
Appendix 4: PICO Framework	86
Appendix 5: Boolean Operators and Search Terms	87
Appendix 6: Search Strategy	88

List of figures

Figure 1.1: Under-18 conception rates, 2011 and 2021	14
Figure 2.1: Relationship and Sexuality Education	21
Figure 2.2: Bronfenbrenner's Ecological Systems Theory.....	27
Figure 2.3: Behaviour Change Wheel and COM-B Model.....	28
Figure 4.1: PRISMA Flow diagram.....	43
Figure 5.1: Social and Emotional Influences	59
Figure 5.2: Effective RSE & Sexual Health Access	61
Figure 5.3 :Policy Practice Gap	63
Figure 5.4.: Thematic Synthesis and conceptual integration of review of findings ...	65

List of tables

Table 3.1: Data Extraction Framework	37
Table 3.2: Inclusion and Exclusion Criteria	40
Table 4.1: CASP Table.....	44
Table 4.2: Key sources of finding	47
Table 4.3: Adolescents' Perceptions of RSE	49
Table 4.4: Inclusivity, Diversity and Representation in RSE.....	50
Table 4.5: Social and Emotional Influences	51
Table 4.6: Educational Support and Sexual Health Resources	52

List of Abbreviations (alphabetic order)

BBVs	Blood-Borne Viruses
BCW	Behaviour Change Wheel
CASP	Critical Appraisal Skills Programme
COM-B	Capability, Opportunity, Motivation – Behaviour
COVID-19	Coronavirus Disease 2019
CPD	Continuing Professional Development
DfE	Department for Education
ERIC	Education Resources Information Center
ESRC	Economic and Social Research Council
EST	Ecological Systems Theory
GDHR	Growing and Developing Healthy Relationships
HIV	Human Immunodeficiency Virus
ICT	Information and Communication Technology
KS	Key Stage (e.g., Key Stages 3, 4 and 5)
LGBT+ / LGBTQ+	Lesbian, Gay, Bisexual, Transgender, and Queer
MEDLINE	Medical Literature Analysis and Retrieval System Online
NCSP	National Chlamydia Screening Programme
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
PAR	Participatory Action Research
PATH	Planning Alternative Tomorrows with Hope
PICO / PICO(T)	Population, Intervention, Comparison, Outcome (Time)
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
PSHE	Personal, Social, Health and Economic (Education)
PsycINFO	Psychological Information Database
RCT	Randomised Controlled Trial
RSE	Relationships and Sex Education
RSHE	Relationships, Sex and Health Education

SEND	Special Educational Needs and Disabilities
SRE	Sex and Relationship Education
STIs	Sexually Transmitted Infections
UKHSA	United Kingdom Health Security Agency
UNESCO	United Nations Educational, Scientific and Cultural Organization
WHO	World Health Organization

CHAPTER 1: INTRODUCTION

This chapter presents the public health background and policy context to Relationships and Sex Education (RSE) in English secondary schools. The study concentrates on adolescents (aged between 13-19) and explores how statutory RSE is delivered and lived through and whether classroom teaching promotes sexual health literacy, sexual communication, consent and protective behaviours. In England, since September 2020, this is now a statutory requirement in secondary schools as part of the Children and Social Work Act (2017) and statutory guidance from the Department for Education (DfE) (2019). The policy calls for age-appropriate education in relationships, sexual health, consent, contraception, and online safety and respectful relationships. But not every statutory requirement will lead to all schools delivering consistently and effectively (Ponsford *et al.*, 2025).

1.1 Background and Context

Adolescent sexual and reproductive health is considered a public health issue since the behaviours they develop during adolescence have the potential to affect health, relationships and wellbeing in adulthood (World Health Organization, 2021; Goldfarb and Lieberman, 2021). Adolescence is a transition of life in which biological, psychological and social changes occur. Adolescence is defined as a broad span of life from years 10 to 24, and involves the ongoing process of developing autonomy, identity and social relationships (Sawyer *et al.* 2018). In this time, adolescents' cognitive and social skills become more complex, and they gain in independence from their parents and are more affected by peers and external social factors (Bandura, 1986; Sawyer *et al.*, 2018).

Widespread digital communication has also impacted the social environment. Relationships, bodies, consent and sexual behaviour can be affected by social media, mobile phones and sexual content on the internet. There is evidence that adolescents can be exposed to sexualised material and sexualised cultures online, which means they require sex education to address offline and online relationships (Setty and Dobson, 2024). Therefore, the role of RSE goes beyond the transmission of biological information, and it also helps adolescents to interpret information, communicate

boundaries, identify unhealthy relationships and make decisions (Pound, Langford and Campbell, 2016; Goldfarb and Lieberman, 2021).

This role was reinforced in 2020 by the statutory provisions put in place. The following guidance from DfE is included: Respectful relationships, intimate and sexual relationships, consent and the law, contraception, STIs, fertility and reproduction, online safety and protection from abuse (Department for Education, 2019). Teacher training resources also list sexual consent, fertility, STIs, contraception and sexual health advice and relationships as key areas (Department for Education, 2019). However, the implementation is subject to the resources available in the school, teachers' confidence and priorities for the curriculum (Ponsford *et al.*, 2025).

1.2 Stages of Adolescent Development

Developmental stages are significant because young people are not all in the same stage and therefore have different educational, emotional or social needs. Developmental theory focuses on the interaction between social environments and individual development, which influences behaviour (Bronfenbrenner, 1979; Sawyer *et al.*, 2018). Content and methods for RSE should thus be developmentally appropriate. The following three stages will offer a framework for learning about the changing needs of education.

Early adolescence, typically between the ages of 10 and 13, is a period when the body starts to experience puberty and changes and an increased awareness of body, identity and interpersonal boundaries. RSE at this level can build good knowledge, emotional literacy, respect and bodily autonomy, prior to the more complex sexual and relationship decisions that adolescents will face (Sex Education Forum, 2019; Goldfarb and Lieberman, 2021). Peer influence, romantic relationships and exposure to digital sexual cultures are associated with mid-adolescence (14-16 years). By this stage, education should reinforce the concepts of consent, contraception, STI prevention, online safety and resisting coercive peer norms (Department for Education, 2019; Setty and Dobson, 2024). Late adolescence (17-19 years) is a time of greater independence and responsibility for health management. Thus, RSE must help adolescents gain access to sexual health services without fear or stigma, information about contraception and HIV testing, and knowledge to use in decision-making and relationships (Goldfarb and Lieberman, 2021).

The fact that the stages are pertinent to the current research is because developmental maturity can affect the comprehension, interaction, and adoption of RSE. By reviewing evidence at ages 13-19, the review can take into account the different developmental and social needs throughout this period and assess the responsiveness of statutory provision.

1.3 Epidemiology of STIs among Adolescents Aged 13–19

Adolescent sexual health education is important in the context of the epidemiology. In England, teenage rates have decreased significantly over time but there are inequalities. The conception rate in England and Wales for women aged under 18 years has decreased from 30.9 per 1,000 in 2011 to 13.2 per 1,000 in 2021 (see *below in Figure 1.1*), but this is not seen across all areas with the North East at 19.8 per 1,000 and London at 9.5 per 1,000 (Office for National Statistics, 2023). The differences suggest that there are geographical and socioeconomic inequalities that do not disappear at national level with improvements.

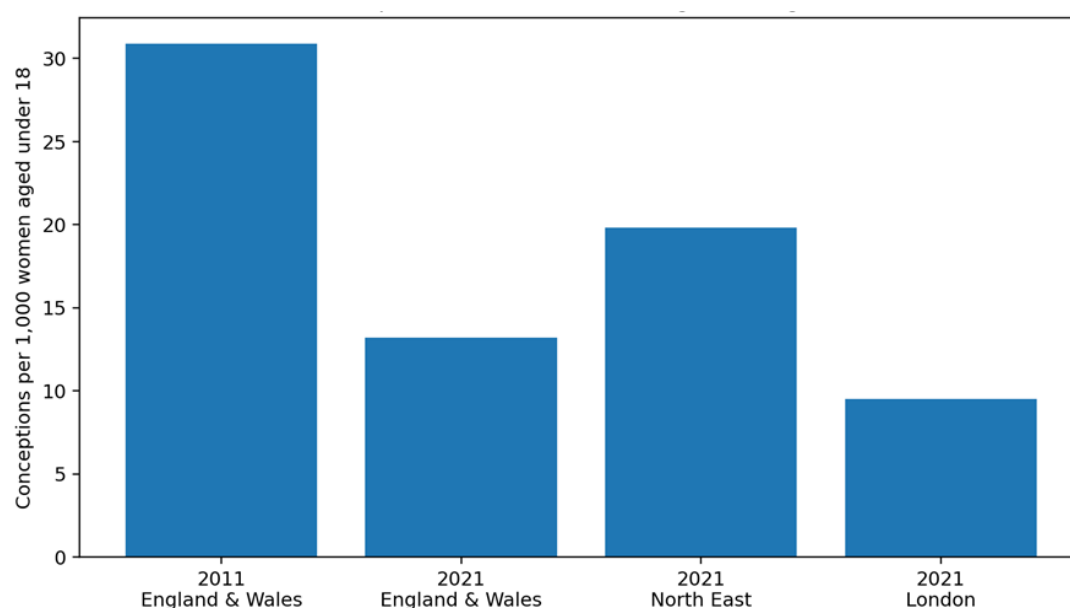


Figure 1.1: Under-18 conception rates, 2011 and 2021

Source: Office for National Statistics (2023)

Younger groups are very vulnerable to STIs. In England, UKHSA diagnosed 82,592 gonorrhoea cases in 2022, up 50.3% from 2021, and 8,692 infectious syphilis cases were diagnosed in 2022 (UK Health Security Agency, 2023). The UKHSA identified 15-24-year-olds as a group who were being most affected by STIs. In 2022, 690,531

tests were conducted and 68,882 chlamydia diagnoses were recorded among young women aged 15-24 years who had their tests as part of the National Chlamydia Screening Programme (NCSP), and the positivity rate rose from 8.1% to 10.0% (UK Health Security Agency, 2023). While the figures must be taken in context with the impact of COVID-19 on testing and service provision, these figures show that there are ongoing sexual health needs to be addressed among adolescents and young people.

RSE is not just about giving out information. Consent; healthy relationships; contraception; STI prevention; online risks and recognition of abuse are statutory areas of teaching and learning that can be used to provide knowledge and skills to support safer decision making (Department for Education, 2019; Michie, van Stralen and West, 2011). The value of it is whether or not teenagers can apply what they learn in the classroom to protective behaviours in real-life situations.

1.4 Rationale and Problem Statement

The main issue is that there may be a discrepancy between statutory requirements and what adolescents experience in terms of RSE. Qualitative studies have previously identified that sex education in schools can be experienced as biological, risk-focused or not significant to young people's real-life relationships and concerns (Pound, Langford and Campbell, 2016). Issues around teacher confidence, training, time for curriculum and provision of sensitive topics have also been identified (Ponsford *et al.*, 2025). Adolescents may also be exposed to formal curriculum material without the equivalent opportunity to learn communication, negotiation and decision-making skills.

This implementation issue gained importance because of the introduction of the statutory curriculum in September 2020 at a time of great disruption of schooling due to COVID-19. Implementation was impacted by school closures and modified teaching methods, whilst readiness and staff training and curriculum development varied across schools (Ponsford *et al.*, 2025). Adolescents also have shown a preference for RSE that is relevant, inclusive and responsive to their lived experiences, rather than focussed solely on biological and risk-prevention messages (Pound, Langford and Campbell, 2016; Setty, 2021).

Another issue is that epidemiological measures can identify patterns of diagnoses of STIs and conceptions but are not sufficiently predictive of how the adolescents interpret RSE, why they may fail to engage with specific RSE approaches, or how peer pressure, embarrassment, trust and social context will affect behaviour. Therefore, qualitative evidence is crucial as it can provide the findings of experiences and meanings that are not registered in routine surveillance data (Popay *et al.*, 2006). These experiences can be synthesised and barriers and facilitators to implementation identified by conducting a qualitative systematic review.

1.5 Scope and Parameters of the Study

This review is specifically on secondary education in England and applies to the age group of 13-19 (Key Stages 3, 4 and 5). Literature from 2019 through 2026 will provide evidence prior to statutory implementation and during first implementation, as well as evidence after that regarding the consolidation of the 2020 framework. The review excludes education and policy in Scotland, Wales and Northern Ireland as this is different to that found in England. The scope allows for the study of the English statutory framework of RSE in a prescribed, statutory and educational framework.

1.6 Research Aim and Objectives

The purpose or aim of this qualitative systematic review is to critically consider and analyse the implementation and adolescent experiences of statutory Relationships and Sex Education for secondary education (ages 13 - 19) in England.

The objectives:

1. Review of approaches to teaching, content and delivery to statutory RSE in English secondary schools
 2. Examine adolescents' perspectives of the importance, inclusivity and usefulness of RSE
 3. Recognize social, emotional, and educational factors that can impact communication, negotiation for consent, and access to sexual health support
 4. Recognise the gaps between statutory policy and practice after implementing the 2020 framework.
1. The objectives serve as the foundation to investigate RSE as an educational and public health intervention.

Research Questions:

How are statutory Relationships and Sex Education (RSE) experienced and implemented among adolescents aged 13–19 in English secondary schools?

1.7 Chapter Summary

This chapter has set out the public health and educational framework of statutory Relationships and Sex Education (RSE) in English secondary schools. It explored issues of adolescent development, sexual health, inequalities and the implementation of statutory sexual relationships education since 2020. Students' concerns identified by the chapter were: relevance, inclusiveness, teacher preparedness and differences between teachers' policies and practices. It put in place the rationale, scope, aim, objectives and overall research question for the study which serves as the basis for the qualitative systematic review.

CHAPTER 2: LITERATURE REVIEW

The chapter reviews the literature on statutory Relationships and Sex Education (RSE) in English secondary schools critically, focusing on the experiences of adolescents and factors influencing implementation. It looks at the conceptual evolution of RSE, statutory requirements, developmental needs of adolescents, inclusivity, classroom experiences, and the implementation dynamics at the school level. A review is then used to clarify the impact of individual, social and organisational contexts on RSE experiences and outcomes in the light of Bronfenbrenner's Ecological Systems Theory and the Behaviour Change Wheel. Lastly, existing evidence is summarised to determine the gaps, identify limitations, and establish the research gap addressed by this qualitative systematic review.

2.1 Conceptualising Relationships and Sex Education (RSE)

According to Daly and Heah (2023), RSE has grown beyond the provision and transmission of biological and risk prevention information towards a wider education in relationships, sexual health, consent, communication, respect and personal decision-making. Goldfarb and Lieberman (2021), based on 218 systematic reviews, argued the need for comprehensive sex education, which seeks to improve young people's overall sexual and relational health. Farrell and Kellaheer (2024) emphasised that young people would prefer learning about sex that is relevant to their daily lives. Thus, RSE is viewed as an educational and public health intervention, as its usefulness is not limited to knowledge acquisition, but also to whether the adolescent can use knowledge in relationships and protective behaviours.

Gov.UK (2025) reported that from September 2020, this wider understanding was included in the statutory requirements in England. The Department for Education (DfE) guidance includes respectful relationships, intimate and sexual relationships, contraception, consent and the law, sexually transmitted infections (STIs), online safety and protection from abuse, and fertility and reproduction as key areas of learning, according to Setty and Dobson (2023). This is an indication of a move towards addressing the physical and social aspects of adolescent sexual health. However, inclusion in the classroom does not automatically equate with quality learning experiences. Ponsford et al. (2025) suggest that implementation is still

determined by resources available, teacher confidence, and training and curriculum priorities.

Therefore, RSE cannot be limited to content of the curriculum. Relevancy and inclusivity, class engagement, and adolescents' ability to set boundaries, understand consent and make decisions all play a major role in its effectiveness (Goldfarb and Lieberman, 2021). This gap between RSE as a formal mandate and as an implemented reality serves as a basis for discussing the views of adolescents and the dynamics of implementation in this review.

2.2 Statutory RSE Policy and English Context

The statutory status of RSE in England represents a radical change from previous inconsistent provision of RSE in schools to a nationally agreed framework, according to Wareham (2022). The definition of compulsory Relationships Education and RSE was introduced in the Children and Social Work Act 2017, to be implemented in secondary schools from September 2020 (Ponsford *et al.* 2025). Relationships, consent, sexual health, contraception, sexually transmitted infections and online safety and protection from abuse are all part of the framework, making RSE more comprehensive than traditional biological sex education. However, a foray into statutory requirements does not mean a standardised delivery. Ronksley-Pavia (2024) stated that the Department for Education provides schools with flexibility over the sequence, pedagogy and curriculum planning based upon individual pupil needs and specific contexts for the school.

Schools need to have an RSE policy; it can be implemented through teachers and external providers and needs to be discussed with parents (Cumper *et al.* 2024). This flexibility can assist with contextual responsiveness but can also result in variance in what adolescents are really getting. Consequently, a central policy-practice tension exists between national consistency and school-level autonomy. Shibuya *et al.* (2023) found that implementation is influenced by teacher confidence, training, resources, and the amount of time available for curriculum and competing school priorities. Whilst statutory guidance sets out the expected content, this does not guarantee that teaching is relevant, inclusive, or positively experienced by adolescents.

This division is also significant as the new statutory guidance to be implemented in September 2026 still places a greater focus on statutory requirements and school flexibility (Fox, 2026). Indeed, it is important to consider RSE, not just in terms of what policy prescribes, but also in terms of how schools engage with the policy and interpret it into the daily learning environment of adolescents.

2.3 Adolescent Development and Sexual Health Learning

Adolescence is a period of change, both in biology, psychological and social development, and the timing and design of RSE is important. Sawyer *et al.* (2018) define adolescence as being from around 10 to 24 years of age, when autonomy, identity and social relations gradually emerge. Thus, the age group of adolescents (13-19) must not be considered as one group. Body awareness, respectful relationships, and boundaries might be more important with younger adolescents, while older adolescents might need more advanced learning about consent, contraception, sexual health and access to services, as found by Kågesten and van Reeuwijk (2021). There is a body of literature indicating that sexual-health learning is more complex than knowledge transfer. Bandura's social learning theory places emphasis on the social environments and observed behaviours (Rumjaun and Narod, 2025), while Bronfenbrenner's ecological theory emphasises the interaction between the individual and their environments (Amali *et al.* 2023).

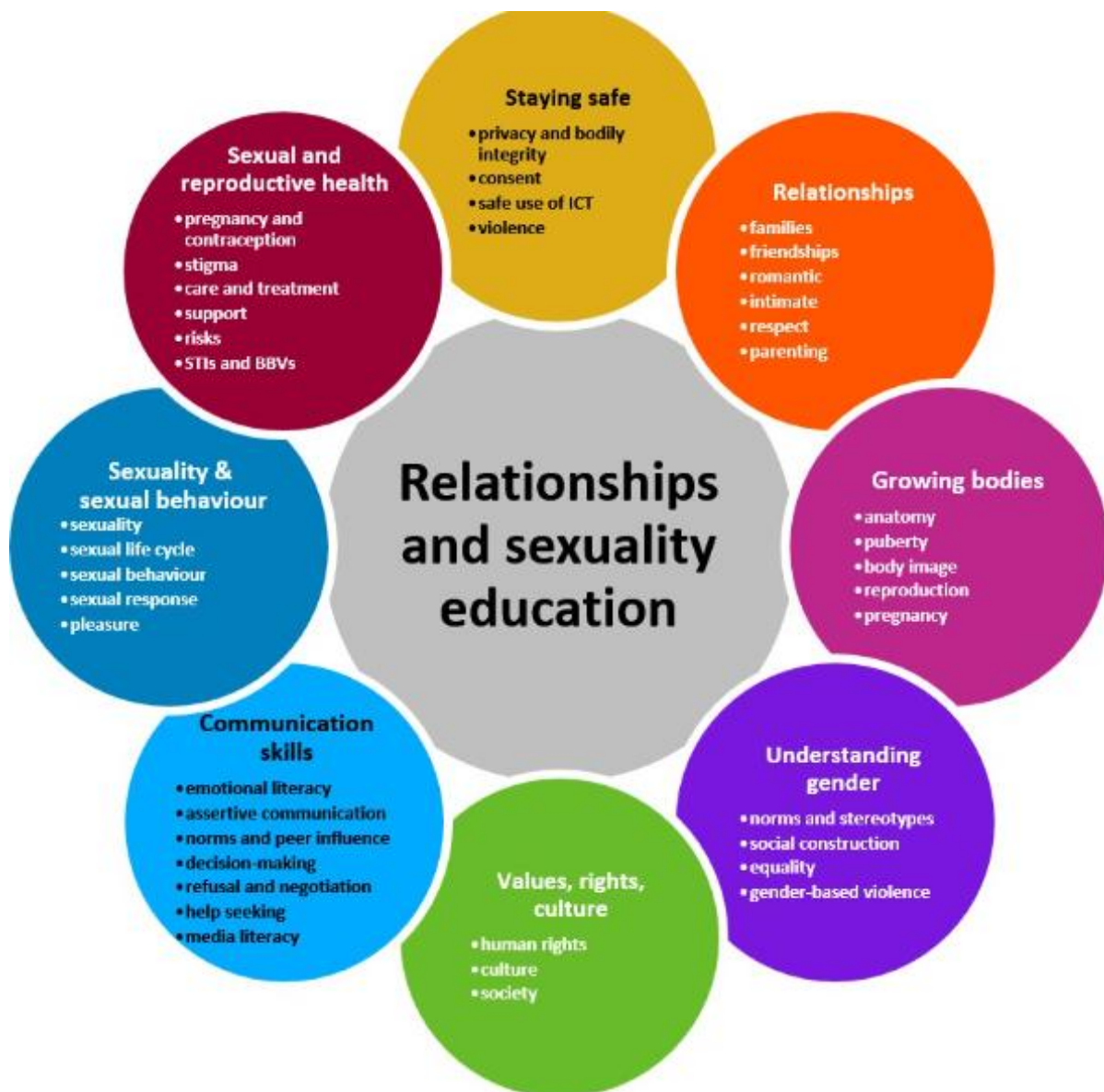


Figure 2.1: Relationship and Sexuality Education

(Adapted from GDHR, 2024)

This is especially important because the influence of peers, family, school culture, and digital environments can affect how adolescents understand sexual health information.

Figure 2.1 demonstrated the significance and internal meaning of RSE for adolescents. There is also evidence that effective RSE should develop practical capabilities rather than simply communicate risks (Round, 2026; Atkinson *et al.* 2023). The current guidance for English includes work on healthy and safe relationships, confidence, respect, consent and skills in dealing with complex relationship situations as part of the work taught in secondary RSE (Daly and Heah, 2023). Current literature, however, has its limits, as the needs of the developing child are not always researched

in conjunction with classroom experiences. This means that the gap between the developmental expectations and actual learning experiences is significant for adolescents. The aim of this review is to fill this gap by collating qualitative evidence on adolescents aged 13-19 and exploring how the context of their development, social and educational lives influence their experiences of statutory RSE.

2.4 Adolescents' Experiences and Perceptions regarding Relationships and Sex Education (RSE)

There is a large amount of research, which has explored young people's attitudes towards sex and relationship education in school, but a number of the findings relate to SRE before it became statutory in England. A qualitative synthesis performed by Pound *et al.* (2016) resulted in 69 publications, including 48 studies from multiple countries, after the quality appraisal of the 55 publications. The review showed the value of qualitative research in identifying experiential issues that might not be captured in a survey, such as embarrassment, vulnerability, classroom relationships, and perceptions of relevance. However, its international scope and pre-2020 evidence base limit its direct applicability to the current statutory English context. Byers *et al.* (2025) found that adolescents appreciate RSE that is not only relevant to the prevention of risks but also to their everyday life.

Moore *et al.* (2025) reported that the school-based SRE often happened as negative, gendered, and disconnected from reality for young people. Also, participants indicated discomfort in the delivery of sensitive material by the teachers due to embarrassment, poorly defined boundaries and inadequacies in teachers' training. These findings are consistent with Atkinson *et al.* (2023), who found that adolescents have been found to have a preference for RSE that is relevant, inclusive and responsive to lived experiences rather than dominated by biological information. Relevance also concerns whether RSE provides adolescents with practical skills for navigating relationships. The focus of statutory provision has grown to include consent, communication, negotiating, boundaries and awareness and identification of unhealthy relationships (Abel *et al.* 2025). The current English guidance explicitly expects participative and interactive teaching that enables pupils to discuss and critically evaluate complex relationship scenarios.

However, a persistent issue is the ability of classroom knowledge to transfer to confidence and protective actions in the real world outside of school (Yeganeh *et al.* 2025). This is significant because sexual health surveillance would be able to show the results of sexual health interventions (e.g., STI diagnosis) but not necessarily the processes through which adolescents understand or interpret information, or why they engage or disengage with particular forms of RSE (Metz *et al.* 2024). Adolescents' lives have become even more complex in the digital world. Young people now receive information about relationships, sexuality, and consent through social media, mobile technologies and sexualised content they see online, among other places. Department for Education (2024) reported that the implementation research for the Department for Education included 2,510 teachers and RSE coordinators and school leaders; a qualitative study of 14 schools, 14 RSE coordinators, 37 teachers and 39 pupils.

It looked in particular at implementation of the curriculum, teachers' confidence, professional development, resources and pupil perspectives. This is a methodological asset due to the inclusion of both large-scale evidence and a qualitative account of the school level. In summary, past studies have shown that the factors that affect adolescents' perceptions are relevance, classroom safety, teacher relationships, inclusivity, and the usefulness of broader social contexts. However, prior to statutory RSE, a lot of influential qualitative evidence was produced, while post-2020 evidence is still emerging and often examines implementation from the perspective of schools and teachers (Moore *et al.* 2025; Round, 2026). The present qualitative review thus fills a gap in exploring adolescent experiences and implementation dynamics and allows for both comparison and contrast between statutory expectations and lived experience of young people.

2.5 Adolescents' Perceptions of the Importance, Inclusivity and Usefulness of RSE

Adolescents understand that RSE is an important way to access information about relationships, sexual health, consent and personal safety. However, Yeganeh *et al.* (2025) indicated that statutory status does not necessarily translate into experiences that young people consider sufficiently useful or relevant. A recent survey of 931 students aged 16- 18 across England in 2024 revealed that just 34.7% of students considered the sex education they received in school as good or very good, while

students reported gaps in topics including fertility, abortion, menopause and other reproductive-health issues (Maslowski *et al.* 2024). Youth seem to value RSE when it deals with scenarios, they are likely to face in their lives. The content of secondary schools was found to have an impact on perceived usefulness because the government evidence indicated that some topics were taught too late and too superficially for secondary school age (Sex Education Forum, 2019).

RSE should not only cover factual information about the human body, but should also address aspects of decision-making, communication, consent, boundaries, healthy relationships and online sexual behaviour. Another element of adolescents' perceptions is inclusivity. In their findings, Maslowski *et al.* (2024) highlighted students' critique of the heteronormative nature of current provision and expressed a desire for more LGBTQ+ relationships, disability and diverse reproductive-health needs. This suggests that when there is a lack of examples and discussions about students' varying identities and circumstances, they might think that RSE is not as beneficial to them (Wareham, 2022). The evidence thus indicates that in terms of judging RSE, there is no strong evidence that adolescents consider the presence of statutory topics as sufficient. They evaluate its relevance, inclusiveness, depth, timeliness and usefulness (Wareham, 2022).

This is a significant policy-practice gap, although statutory guidance establishes curriculum expectations, adolescents' experiences remain variable. The present qualitative review aims to fill that gap and will bring together adolescent perspectives and the factors that influence the implementation of statutory RSE in practice.

2.6 Social, Emotional and Educational Factors influencing adolescents

Knowledge is not enough to allow adolescents to communicate about sex, to negotiate consent, or to seek sexual health support; social, emotional, and educational factors all play a role. Carpenter *et al.* (2023) indicate that RSE can help youth develop their confidence and decision-making skills, but that benefits are contingent on the social contexts in which adolescents actually experience relationships. Adolescent communication norms and understandings of consent can be influenced by peer influence, gender norms, and family and digital contexts (AJutor *et al.* 2025). Social

media and online sexualised content have expanded the contexts in which young people encounter expectations about relationships and sexual behaviour. There is also recent qualitative evidence from English secondary schools, which identifies gender attitudes, inclusion, peer perspectives and school engagement as possible mechanisms that impact on sexual-health outcomes (Ponsford et al.2025).

Embarrassment, anxiety, trust, confidence, and fear of judgement can affect adolescents' willingness to discuss their sexual boundaries openly or seek support, according to Waling *et al.* (2023). A preliminary qualitative synthesis identified that young people might feel vulnerable or embarrassed, while receiving sex education, especially when teacher-student boundaries are not clearly defined or when classroom environments are not psychologically safe (Metz *et al.* 2024). This means that, apart from factual knowledge, there is a need to build confidence, emotional literacy and communication skills for effective RSE. Consent, contraception, and sexual health are sensitive topics that can be taught meaningfully through teacher confidence, teacher training, curriculum time, and school resources, as found by Byerset *al.* (2025). Whole-school approaches can also help develop access to support by making students aware of their needs, entitlements and services available to them.

In general, communication and consent are considered skills that are socially embedded in the environment, being shaped by peers and emotions, along with educational experiences and trusted support. This reinforces the importance of a qualitative review that is capable of examining adolescents' experiences and meanings, rather than relying only on epidemiological outcomes.

2.7 Implementation Dynamics

The process of implementing statutory RSE in English secondary schools is influenced by the interplay of policy demands, school autonomy, teachers' competence, curriculum materials, and adolescents' needs, according to Ponsford et al. (2025). RSE has been statutory since September 2020, but this does not guarantee consistency and meaningful delivery. This makes implementation a critical dimension of understanding adolescents' actual experiences. One of the key implementation factors is teacher preparedness. Connolly (2026) explored aspects of readiness, curriculum development, CPD, resources and teacher confidence. The findings are

significant because teachers will need to manage discussions with confidence and appropriately when discussing sensitive topics, such as consent and sexual behaviour, as well as sexual abuse. Connolly (2026) also highlighted low teacher experience and competing curriculum time and institutional prioritisation as challenges to implementation.

The implementation also differs depending on the interpretation and organisation of statutory expectations in schools, as found by Setty and Dobson (2023). The statutory framework allows flexibility for schools to sequence their content and how they teach it based on the developmental and contextual needs of the pupils. This autonomy can facilitate locally relevant RSE but can also result in variation between schools. Thus, flexibility represents both an implementation opportunity and a potential source of inconsistency. There is emerging evidence that implementation may be more than just classroom teaching (Yeganeh *et al.* 2025). The outcomes of RSE may be enhanced through whole-school approaches with student involvement, school-health approaches and parent engagement.

A qualitative study was conducted in 22 secondary schools in England, with 266 students and 52 teacher interviews, which identified mechanisms such as normalising sexual-health discussions, improving service access, challenging gender stereotypes and strengthening inclusion (Ponsford *et al.* 2026). Overall, implementation must not be regarded as adherence to the policy. It is a process that is dynamic, involving teachers, school cultures, resources and participation of the students. It is thus evident from the literature that there is a significant gap to address: while policy sets out what is to be delivered, implementation of policy in schools is related to how consistently, with confidence and responsiveness, the policy is followed by adolescents. This supports the present review's focus on the relationship between statutory expectations and lived experience.

2.8 Theoretical Framework

2.8.1 Bronfenbrenner's Ecological Systems Theory

It is important to consider Bronfenbrenner's Ecological Systems Theory (EST), which was invented in 1979, as it is significant to understand that adolescents' experiences of RSE are inseparable from the environments in which they grow up (Rahman, 2025).

The theory conceptualises development as being embedded in a series of interconnected systems, from immediate relationships to larger institutional and societal environments. For this review, the microsystem describes direct influences (e.g., teachers, peers and family), and the mesosystem describes interactions between microsystems (e.g., how family influences teachers) (Perera, 2023), as depicted in **figure 2.2**. The ecosystem may include elements, such as school policies, teacher training and health-service arrangements, while the macrosystem may include cultural expectations, social norms and statutory RSE policy (Perera, 2023).

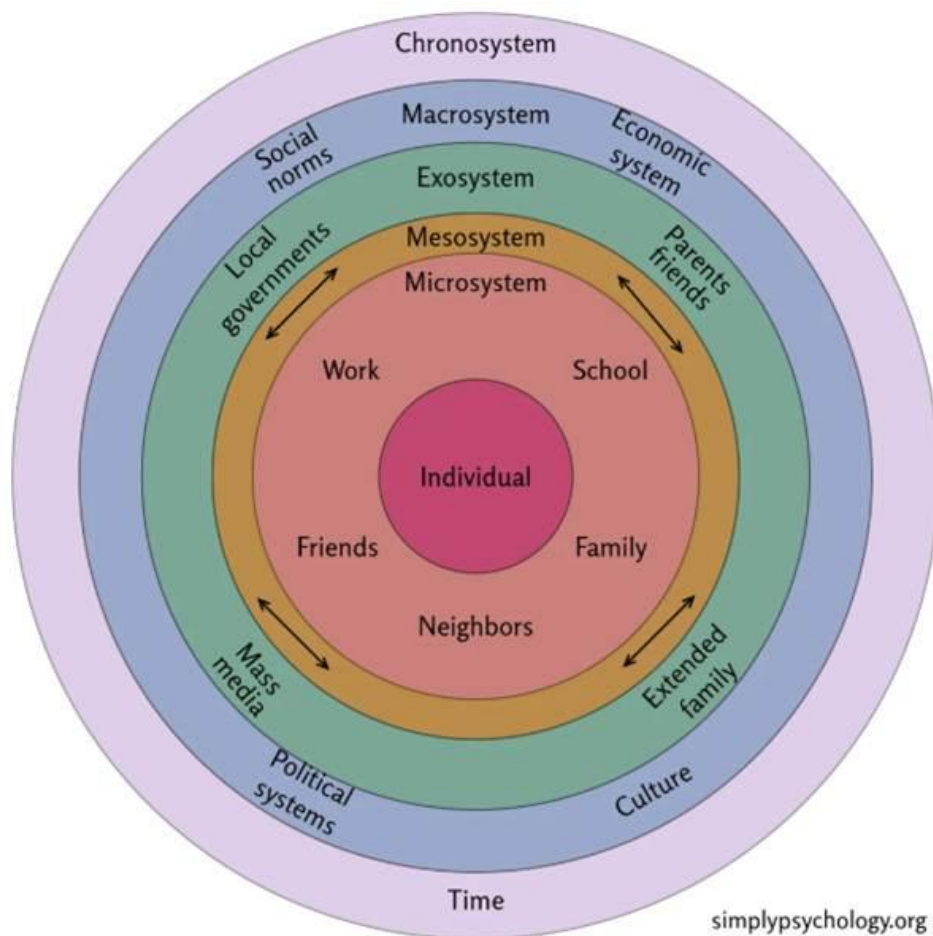


Figure 2.2: Bronfenbrenner's Ecological Systems Theory

(Adapted from Bronfenbrenner, 1979; visual representation adapted from Guy-Evans, 2025)

It offers a solid base for understanding why young people might be exposed to the same statutory curriculum but not see it in the same way. The theory's major strength is therefore its capacity to connect individual experiences with structural influences (Rahman, 2025). EST, however, can be argued as too general and contextual; it can,

e.g., cover verbal communication of consent or access to sexual health services (Sullivan, 2025). Thus, a complementary behavioural theory is required.

2.8.2 Behaviour Change Wheel and COM-B Model

This behavioural component is tackled by the Behaviour Change Wheel (BCW) created by Michie, van Stralen and West and the COM-B framework in 2011: Capability, Opportunity and Motivation (Timmermans *et al.* 2024). The key areas of behaviours are been also highlighted in **figure 2.3**. Capability covers knowledge and skills; opportunity refers to external factors that facilitate or hinder behaviour; and motivation refers to emotional and reflective processes that motivate behaviour (Timmermans *et al.* 2024). Young people can have knowledge of consent (capability) but not necessarily the ability to negotiate boundaries where peers or unequal partnership relationships limit opportunity.

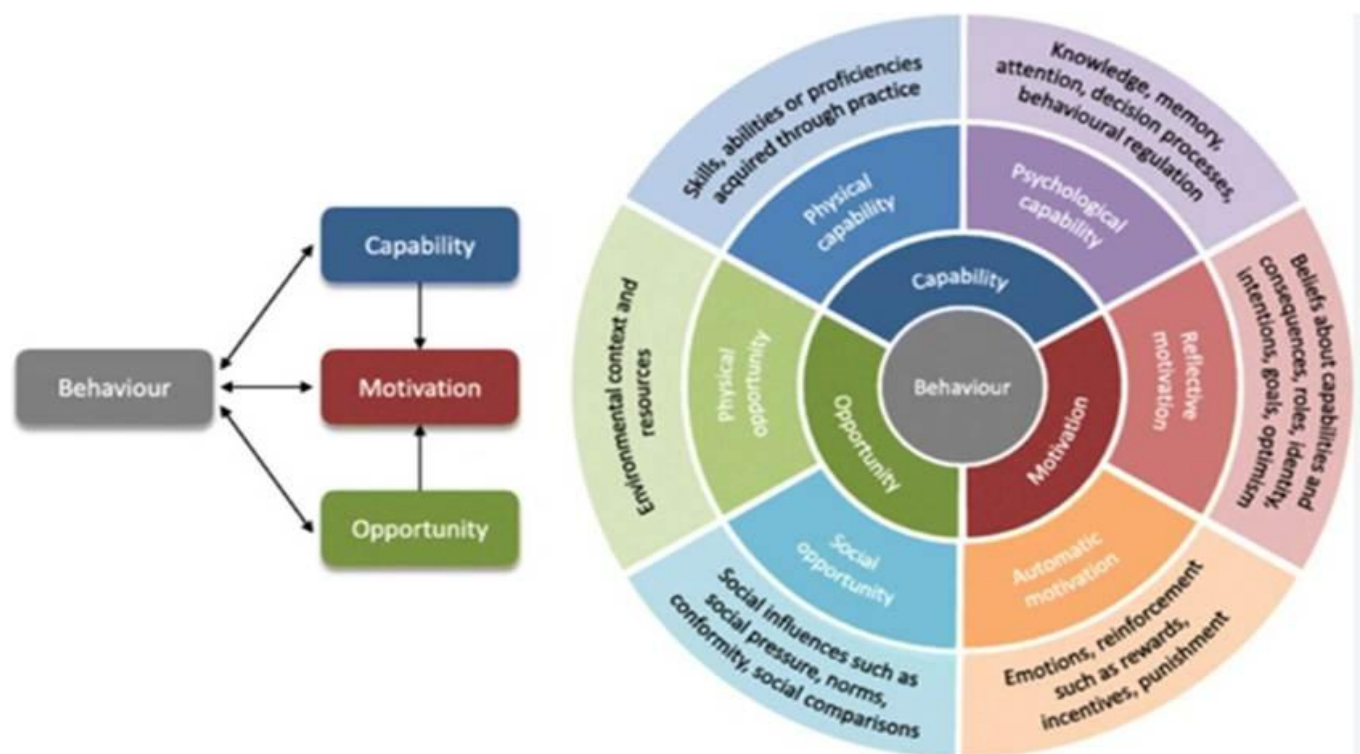


Figure 2.3: Behaviour Change Wheel and COM-B Model

(Adapted from Michie, van Stralen and West, 2011; visual arrangement from Magkafa *et al.*, 2025)

Likewise, embarrassment, fear, or societal factors can impact motivation. The BCW breaks from the assumption that giving information will automatically lead to safer

behaviours (Chater *et al.* 2024). One of its strengths is its strong linkage and alignment of identified behavioural barriers with possible interventions, including provision of education, training, and enablement (Mather *et al.* 2022). Its behavioural approach, however, may overlook the developmental, relational and cultural complexity of adolescents' experiences.

Together, EST and COM-B offer a more powerful lens. EST identifies where influences come from (Sullivan, 2025), while COM-B helps explain how those influences shape behaviour (Chater *et al.* 2023). Their integration thus enables analysis of the broader implementation context and adolescents' personal communication, consent, and sexual-health support experiences. This theoretical linkage supports the policy-practice gap, directly in relation to RQ2 and RQ3, while allowing the review to critically examine the policy-practice gap.

2.9 Critical Synthesis and Research Gap

Over the years, the literature has shown that RSE has evolved from a predominantly biological and risk-prevention focus to a more comprehensive approach that includes subjects related to relationships, consent, communication, boundaries, inclusivity and sexual health (Goldfarb and Lieberman, 2021; Daly and Heah, 2023). However, there are some gaps that are not addressed in a critical synthesis. One of the drawbacks is that influential evidence on qualitative research is prior to the statutory introduction of RSE in England. While Pound *et al.* (2016) synthesised 69 publications and 48 studies that gave useful evidence of the nature of embarrassment, relevance and classroom relationships, it was international and before the year 2020. Therefore, it has limited direct applicability to the current statutory context in England. While evidence is now building, it is still rather limited for post-2020, and often, the emphasis is on schools, teachers, and implementation, but not on adolescents lived experiences (Moore *et al.* 2025; Round, 2026).

Experiences are not consistent when they are driven by statutory requirements. There is a tension between national expectations and local autonomy for curriculum sequencing and pedagogy in schools (Setty and Dobson, 2023). Implementation research conducted by DfE also revealed that there are differences in readiness, teacher confidence, professional development and resources when it comes to provision. Few studies, however, have focused on the adolescent perspective of the

differences in implementation. This is important as pupils use the criteria of relevance, inclusivity, depth, timing and usefulness to assess RSE and not just whether statutory topics are covered (Wareham, 2022). While adolescents may have the concept of consent, they can also feel peer pressure, embarrassment, unequal relationships or limited access to trusted support (Carpenter *et al.* 2023; Waling *et al.* 2023).

In addition, there is evidence that highlights issues with heteronormativity and lack of focus on the sexual health needs of LGBTQ+ relationships (Maslowski *et al.* 2024). This review thus fills the gap in the literature by systematically synthesising qualitative evidence for adolescents in the age range 13-19 years in English secondary schools, whilst incorporating adolescents' perceptions with implementation dynamics.

2.10 Chapter Summary

In this chapter, literature was critically reviewed on the statutory RSE in English secondary schools with emphasis on the experiences of adolescents and implementation. Evidence showed that there are ongoing challenges between what is expected and lived reality, especially in terms of relevance, inclusivity, teacher preparedness, behavioural application and consistency of delivery. There was some limited qualitative evidence of the post-2020 needs of adolescents, and an integrated perspective was found to be necessary. This methodology is informed by the Ecological Systems Theory of Bronfenbrenner as well as the COM-B model.

CHAPTER 3: RESEARCH METHODOLOGY

3.1 Research Philosophy and Approach

Interpretivism Philosophy

The interpretivist philosophy is used in this study as the research aims to explain and understand how experience and perception of statutory RSE are being represented in the current qualitative evidence (Junji and Yingxin, 2022). In Interpretivism, people's meanings, experiences and interactions create social reality, rather than there being a single objective reality (Acharya, 2025). This would be especially suitable for RSE as adolescents might see the same curriculum in a different way depending on their relationships, emotions, peer groups and the wider social context and school culture. The literature reviewed in Chapter 2 revealed that subjective factors including embarrassment, trust, relevance, inclusivity and confidence are part of adolescents' experience that can only be understood through a combination of numerical indicators and subjective indicators (Acharya, 2025).

Interpretivism also allowed the researcher to explore and contrast the meaning reported within the various studies in a secondary qualitative review rather than trying to formulate one universal experience (Junjie and Yingxin, 2022). However, the interpretation introduces subjectivity by the researchers. Hence, systematic searching, clear selection criteria, and structured thematic analysis are essential to enhance the credibility and minimise selective interpretation. Qualitative evidence synthesis can appropriately involve interpretive analysis of findings from existing studies.

Inductive Approach

An inductive approach is taken as themes are derived from patterns arising within the selected literature rather than tested using predetermined themes (Bingham and Witkowsky, 2021). This aligns with qualitative evidence synthesis, which can, in turn, transform from study findings to descriptive and eventually analytical themes. The approach is especially appropriate in this study, as literature sources have revealed various factors that affect RSE, such as teacher confidence, inclusiveness, peer influence, emotional safety, and curriculum relevance and access to support (Proudfoot, 2023).

Rather than assuming that these factors fully explain adolescents' experiences, the review allowed additional patterns to emerge from the evidence.

This offered increased flexibility in meeting the research questions and finding links between policy expectations and lived experiences of adolescents. Importantly, using an inductive approach does not mean that the theoretical frameworks are ignored (Bingham and Witkowski, 2021). Initial coding is based on the reviewed evidence with a focus on the themes, and is used later as an interpretive lens for Bronfenbrenner's Ecological Systems Theory and COM-B. This combination maintains openness to unexpected findings while retaining theoretical coherence.

3.2 Research Design

This research was conducted with a secondary qualitative design with a qualitative systematic review. The design was chosen to conceptualise the existing qualitative evidence regarding the experiences of adolescents and factors that can affect the implementation of statutory Relationships and Sex Education (RSE) in secondary schools in England. The study did not collect any new empirical data but rather analysed previous results obtained by qualitative methods.

This is because the qualitative systematic review methodology was suitable as the research focused on the experiences, perceptions, meanings and implementation process (Cheong *et al.*, 2023). The study aims to get a sense of the importance, inclusivity and usefulness that adolescents have of RSE, how it is taught, and how social, emotional and educational settings can impact communication, consent, and access to sexual-health support. The following questions require evidence of nature, not evidence of number. The aim of the research, outlined in Chapter 1, is concerned with a critical examination of the implementation and experiences of statutory RSE with 13–19-year-olds in England, and this is the rationale.

The inspection was domestic in scope as the statutory framework for RSE varies between the England and was restricted to England. Adolescents aged 13-19 years were the age range of focus as this age represents the secondary school population used in this study. The review period was 2019-26, which enabled evidence relating to the introduction and implementation of statutory RSE from September 2020 to be considered.

The design subsequently offered a logical and structured way to integrate the existing qualitative evidence and ensured a strong link between the research questions, the criteria for eligibility, the data extraction and the data synthesis.

3.3 Research Strategy

To find qualitative evidence relevant to the research questions, a systematic literature search, screening and selection process was undertaken. The search strategy was developed from the predefined eligibility criteria and focused on the concepts of Relationships and Sex Education (RSE), adolescents, secondary schools, England, adolescent experiences and implementation. Boolean operators (OR, AND) were used to join related synonyms and alternative terms within each concept, while tying together the main concepts. The search strategy aimed to gather evidence related to adolescents' experiences and perceptions of RSE and factors that impact its delivery and implementation in secondary school contexts.

PubMed/MEDLINE, ERIC and ProQuest were the databases that were used for the literature search. These databases were chosen for their coverage of health, nursing, and education/multidisciplinary research related to RSE and adolescent sexual-health education. The search was restricted to the publications written in English language from 2019 to 2026 as specified in the eligibility criteria. Database-specific combinations of the concepts and associated search terms identified were used to carry out the searches. The full search strategies containing search strings for each database, and the number of results that were found in each database, is given in Appendix 4.

Search terms used in the search strategy included the words relationship and sex education / RSE, adolescents / young people, secondary school, England, experiences / perceptions, and implementation. Boolean operators were used to structure the searches. For instance, words that were synonyms for RSE and words that were synonyms for adolescents were linked with OR; the main concepts were linked with AND. As supported by the individual database, truncation and phrase searching were employed to find relevant variations of search terms. The search terms used in each database are provided in Appendix 4 to improve transparency and repeatability.

The records retrieved from the database searches were then combined and duplicates eliminated. The other records were then checked for the predetermined eligibility criteria. The first step in the title and abstract screening was to determine potentially relevant studies. The records were then advanced to full text assessment if they were deemed to be potentially eligible. At the full-text stage, studies were evaluated based on the population, geographical setting, educational setting, RSE focus, publication period, language and evidence-type criteria. To record a clear evidence, trail for the study-selection process, reasons for exclusion at the full-text stage were recorded.

A preliminary search of the database found 155 records. 127 records were left after eliminating 28 that were duplicates. After title and abstract screening, 72 records were excluded and 55 reports were sought for retrieval. These included 6 reports that could not be retrieved, resulting in 49 full-text reports being eligible for assessment. A total of 38 reports were excluded at the full-text stage due to either the population was not aged 13-19 years (n=12), the setting was not English secondary schools (n=8), the RSE focus was not correct (n=9), the methodology or evidence type was not correct (n=6), or the report was published outside the specified period or not in English (n=3). Consequently, 11 studies met all the eligibility criteria and were included in the qualitative systematic review. The study selection process is described in the PRISMA flow diagram (Chapter 4), and details of the screening and eligibility are given in *Appendix 1*.

The process of searching for and selecting evidence was designed to meet the four research questions, so that the final evidence base reflected the views of adolescents towards RSE, the relevance and inclusivity of RSE, social and educational influences on communication and consent, and the factors influencing implementation. The selection was thus made based on the evidence being relevant to the review questions and the predefined criteria and not necessarily based on the word “RSE” only. Policy and statutory documents were treated as other contextual evidence, if present, and were not subjected to a qualitative synthesis as empirical studies.

This systematic approach provided a transparent link between the research questions, database searching, eligibility criteria, screening process and final evidence base. The use of the same criteria for screening made it easier to prevent selective study selection, and to ensure the consistency and reproducibility of the review.

3.3.2 Boolean Operators and Search Terms

Boolean operators were employed to structure the searches in the database and to increase the relevance of the literature (**Appendix 5**). Synonyms and alternative terms within each concept were combined using OR and the main concepts necessary to the review were combined using AND. Keywords used encompassed variations of Relationships and Sex Education (RSE), adolescents and young people, secondary schools, England, experiences and perceptions and implementation. If supported by individual databases, truncation and phrase searching were also attempted to find appropriate variations of the search terms. Database-specific search strings were created to account for differences in indexing and search capabilities. The detailed search strategies are included in **Appendix 6**.

3.4 Data Collection

This was a secondary qualitative study; data collection entailed identifying and extracting findings from the literature that were available, not direct contact with participants. None of the interviews, questionnaires, focus group or observation was conducted, nor was any primary data generated.

After the search and screening process, studies eligible for inclusion were selected and relevant information extracted from the studies (Cheong et al., 2023). The data extraction was done for characteristics of each study such as research context, participants, methodological approaches, and findings related to research questions. Specific attention will be paid to evidence on adolescent experiences of classroom RSE and perceptions of its relevance and usefulness, as well as inclusivity, communication and consent, and access to information and support about sexual health.

Where reported, information about implementation was also extracted. This encompassed evidence relating to teacher readiness, professional learning, provision, curriculum time, school priorities and school level interpretation of statutory requirements. The reasons for this are pertinent as literature has suggested that statutory RSE offers schools flexibility in terms of curriculum planning and delivery and thus can lead to variations in the experience of adolescents.

The qualitative results obtained were categorized based on their pertinence to the research questions and on the common themes throughout the literature.

Data extraction category	Information extracted	Purpose in the review
Bibliographic information	Author(s), publication year and study title	To identify and organise the included evidence
Study location and setting	England, secondary-school context and relevant educational setting	To confirm relevance to the geographical and educational scope
Participant characteristics	Age range, number of participants and participant group	To establish relevance to adolescents aged 13–19 and identify the perspectives represented
Research methodology	Qualitative design, data collection approach and analytical approach reported by the original study	To understand how the original evidence was generated
RSE focus	Curriculum content, teaching approaches, relationships, consent, sexual health, contraception, online safety and related topics	To identify the aspects of RSE examined across studies
Adolescent experiences	Experiences, attitudes, perceptions, concerns and views regarding RSE	To address adolescents' lived experiences of statutory RSE
Importance and usefulness	Perceived relevance, usefulness and practical value of RSE	To address Research Question 2
Inclusivity	Representation of different identities, relationships, social circumstances and needs	To examine adolescents' perceptions of inclusive RSE

Social and emotional factors	Peer influence, embarrassment, confidence, trust, communication, relationships and emotional responses	To address Research Question 3
Educational factors	Teacher confidence, teaching approaches, classroom environment, curriculum time and learning experiences	To examine factors affecting RSE delivery and adolescent engagement
Implementation factors	School resources, teacher training, school priorities, curriculum planning and interpretation of statutory guidance	To examine the relationship between policy and implementation
Key qualitative findings	Main themes, participant perspectives and relevant findings reported by each study	To provide the evidence base for thematic synthesis
Limitations identified by authors	Methodological, sampling, contextual or other limitations	To support critical interpretation of the evidence

Table 3.1: Data Extraction Framework
(Adapted from Cheong *et al.*, 2023)

3.5 Research Framework

The present qualitative systematic review aims at structuring the review question, the search strategy, the eligibility criteria, the evidence extraction and the synthesis of the evidence by adopting the PICO framework (Population, Intervention/Exposure, Comparison and Outcome). PICO can be used as a question formulation structure and may be more of a tool for the education and qualitative aspects of the review than a quantitative or causal assessment (Wedeward and DeBerg, 2026). The framework has ensured that the evidence is aligned to the study objective: To explore adolescents experiences of statutory Relationships and Sex Education (RSE) in English secondary schools.

Population (P)

The sample includes young people who are aged 13-19 and are in full-time secondary school in England. This is consistent with the age range mentioned in the review, and the study's focus on the experiences of adolescents when it comes to statutory RSE. The population element is the main boundary for searching and screening, and filters out evidence that is only about younger children or adults or only about university students or only about populations outside England. It also ensures that the results of this dissertation remain pertinent in the developmental and educational/policy context explored.

Intervention/Exposure (I)

The intervention/ exposure is statutory Relationships and Sex Education in secondary English Schools. This includes curriculum content and classroom delivery covering the following areas: relationships, consent, sexual health, contraception, safe use of technology, healthy relationships, boundaries and protecting from abuse. The intervention/exposure element also covers the way in which RSE is taught such as teaching methods, in-class activity, discussion, scenario-based activity, and teacher led delivery as reported. This element is therefore related to the content and delivery of statutory RSE.

Comparison (C)

The comparison component does not require that all of the qualitative studies included have an explicit comparator. Rather, it highlights differences in evidence reported in the evidence base. These could be variations in the way things are taught, in the depth or timing of the curriculum, or between statutory policy requirements and what actually takes place in school. Comparisons can also be conducted between various implementation conditions if such data have been reported in studies. It can detect variation and policy–practice gaps without setting up an experimental comparison, which might not be available in qualitative evidence.

Outcome (O)

The results include qualitative results that are related to adolescents' experiences and perceptions of RSE. These encompass aspects of perceived relevance, importance, usefulness and inclusivity; communication, consent and boundary negotiation experiences; understanding of sexual-health information; and barriers and enablers for implementation. Outcomes also include differences reported between policy expectations and lived classroom experiences of adolescents.

The PICO structure has a general methodological linking between the research questions and the following phases of the review. Population is studying who, Intervention/Exposure is the type of RSE that is being studied, Comparison is variation reported, and Outcome is experiences/implementation findings that are to be synthesized. This structure allows for transparent conducting of search, screening, data extraction and thematic synthesis without deviating from the design of the qualitative systematic review.

3.6 Inclusion and Exclusion Criteria

Eligibility criteria were set before screening to ensure that the secondary evidence is directly relevant to the research questions and is relevant to the English statutory RSE context. The criteria also promote transparency and minimise the possibility of selective study selection, as in systematic review practice. This framework provided a means for the review to be focused, repeatable, and consistent with the study objectives, while allowing comparison of adolescent experiences and implementation conditions.

Criteria	Inclusion	Exclusion
Population	Adolescents aged 13-19years.	Children below 13 or adults above 19 where adolescent findings cannot be separated.
Setting	English secondary schools and school-linked RSE provision.	Primary schools, universities, non-school settings, or studies outside England.
Topic	Statutory Relationships and Sex Education (RSE), including relationships, consent, sexual health, inclusivity and implementation.	Studies unrelated to RSE or focused solely on unrelated health/risk behaviours.

Evidence type	Qualitative studies and mixed-method research containing relevant qualitative findings; credible policy and government evidence for contextual analysis.	Studies with no relevant qualitative findings, editorials, opinion pieces, commentaries and conference abstracts.
Publication period	2019-2026, capturing the transition towards statutory RSE and subsequent implementation.	Publications outside the selected period.
Language	English-language publications.	Non-English publications where reliable translation was unavailable.
Quality/Relevance	Studies providing sufficient methodological information and directly addressing the research questions.	Studies with insufficient methodological detail or inadequate relevance to the research questions.

Table 3.2: Inclusion and Exclusion Criteria

3.7 Data Analysis and Critical Appraisal

Since this is secondary qualitative research, analysis has been done by systematically synthesising the findings of the studies already carried out (Moser and Korstjens, 2023). A process of thematic synthesis developed has been employed because it is specifically designed to synthesise findings from a number of qualitative studies yet also allows for a clear link to be drawn from the original evidence to the higher-level interpretation.

Data Analysis

The analysis was carried out in three interrelated stages. First, the findings of the studies included were extracted and line-by-line coded, so that concepts were identified inductively, without any predetermined categories. Secondly, codes were clustered into descriptive themes (Squires, 2023). Third, descriptions of these themes were compared, connected and interpreted to create analytical themes that give a

deeper explanation of adolescents' experiences. The final stage enabled the reviewer to move beyond individual study findings and generate broader interpretive explanations.

The synthesis was done in relation to adolescents' perceptions, inclusivity, usefulness, communication and consent, social and emotional influences, and implementation dynamics and will be specific. Contradictions were also retained without being discarded and used to answer analysis questions about differences between studies, settings and the experiences of adolescents (Engeström *et al.* 2024). Themes that emerged from these were then analysed using Bronfenbrenner's Ecological Systems Theory and the COM-B model, which linked individual experiences and influences with broader social, educational and institutional influences.

Critical Appraisal

Qualitative studies included were evaluated for methodological quality by the Critical Appraisal Skills Programme (CASP) Qualitative Studies Checklist (Humayoun *et al.* 2024). This checklist included ten questions that look at clarity of research purpose, suitability of methodology, recruitment, data collection, researcher–participant relationships, ethical issues, analytical rigour, findings and overall value. Importantly, studies were not simplified to a numeric quality score, as CASP itself advises against scoring. Rather, strengths, methodological weaknesses and possible sources of bias were documented and taken into account when interpreting the synthesis.

3.8 Ethical Consideration

Ethical concerns in this study were not related to the study's primary participants but were related to the sensitive subjects in the secondary data which included issues related to adolescent sexuality, relationships, consent, sexual health, and personal experiences of education. The study was thus conducted in accordance with the principles of responsible use of secondary evidence, accurate representation, confidentiality and academic integrity.

For this dissertation, no adolescents were recruited to participate and no new personal or identifiable information was gathered, and no teachers. The study was based on the results of the previously reported studies in published literature. Therefore, there

was no direct application of participants' consent or primary data confidentiality considerations to the data collection process used for this review.

However, the ethical procedures of the original studies were relevant to the quality and credibility of the evidence in this instance. Especially because qualitative RSE research can sometimes include sensitive experiences of embarrassment and vulnerability, anxiety and discomfort. In previous chapter, literature has been reviewed that demonstrates how critical a psychologically safe environment and boundaries are when talking about sexual-health issues with adolescents.

Suitable referencing and quotation of all secondary sources ensured academic honesty. Findings were presented as they were reported by the original investigators and no findings were omitted simply because they did not conform to findings in other studies. The review sought to offer a clear and transparent synthesis of the qualitative evidence available, while acknowledging variations in study conditions and methods.

Since secondary qualitative evidence is used in the study, the ethical responsibility also lies in not identifying nor sensationalizing participant experiences that are described in the literature that were or would have been considered sensitive. The findings are thus analysed the appropriate level to address the research questions and are interpreted in the context of the context in which the original evidence was created.

3.9 Chapter Summary

The methodology used in reviewing the qualitative data on statutory RSE in English secondary schools was presented in this chapter. The study followed a philosophy of interpretivism, and employed an inductive approach, with secondary qualitative evidence sources published within a period of 2019 to 2026. A systematic search of the literature was carried out in PubMed/MEDLINE, ERIC and ProQuest databases and subsequently, predefined eligibility criteria, data extraction and thematic synthesis were performed. PICO designed the review process and CASP assisted in critical appraisal, ethical principles in the responsible use of secondary evidence.

CHAPTER 4: FINDINGS

The findings of the qualitative systematic review are presented in six themes, corresponding to the research questions and emerging as common themes through the review process, across adolescents' experiences and the implementation of RSE in England.

4.1 PRISMA Flow Diagram

The PRISMA process describes how studies are selected for the review at the identification, screening and eligibility stages, which has depicted in **figure 4.1**. The detailed exclusion criteria table can be found in **Appendix 1**.

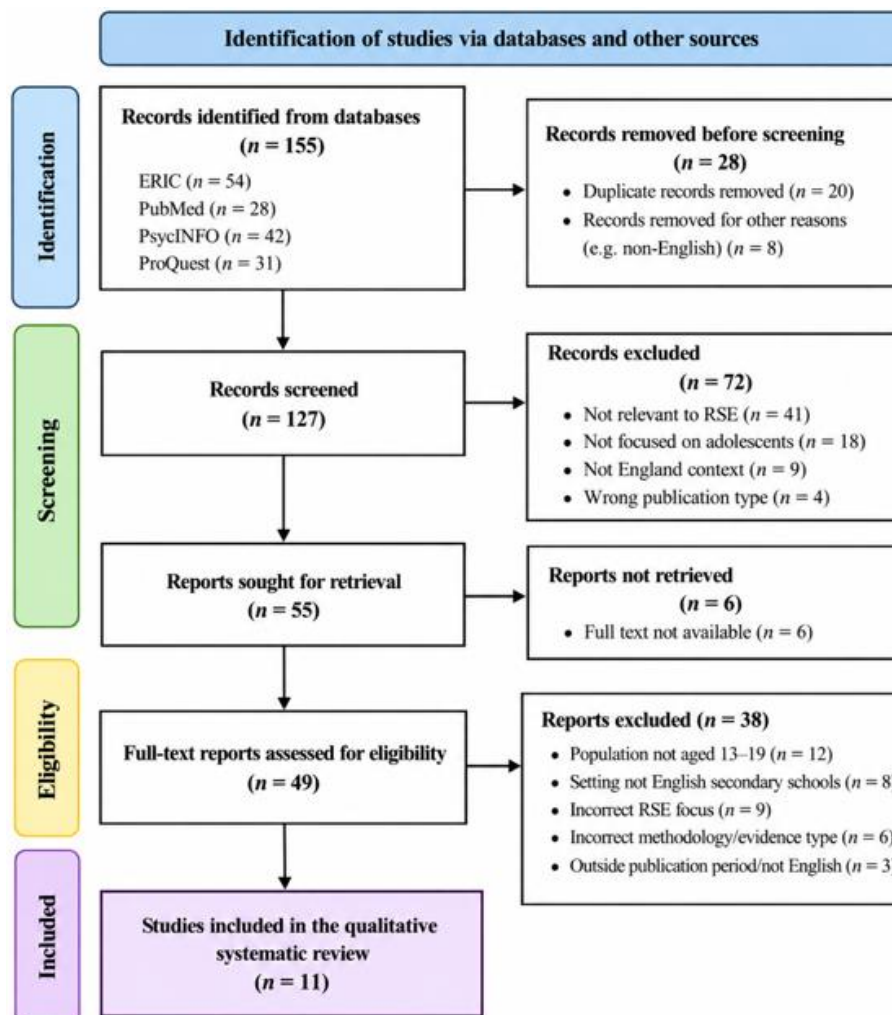


Figure 4.1: PRISMA Flow diagram

(Adapted from Page *et al.*, 2021)

4.2 Quality Appraisal

4.2.1 CASP Table

All 10 questions for the Critical Appraisal Skills Programme (CASP) **are included in Appendix 2**. It offers a systematic and structured approach to assessing the trustworthiness, validity and relevance of the research evidence at the local level.

Table 4.1: CASP Table

Article	1	2	3	4	5	6	7	8	9	10
Daly and Heah, 2023	✓	✓	✓	✓	✓	?	✓	✓	✓	✓
Atkinson <i>et al.</i> , 2023	✓	✓	✓	?	✓	✓	?	✓	✓	✓
RSE, 2025	✓	✓	✓	✓	✓	?	✓	✓	✓	✓
Round, 2024	✓	✓	✓	?	✓	?	✓	✓	✓	✓
Carpenter <i>et al.</i> , 2023	✓	?	✓	✓	✓	✓	✓	✓	✓	✓
Melendez-Torres <i>et al.</i> 2024	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Smith <i>et al.</i> 2022	✓	?	✓	✓	✓	?	✓	✓	✓	✓
Setty (2022)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Horan <i>et al.</i> (2024)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bragg <i>et al.</i> (2022)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
LeVoir <i>et al.</i> (2025)	✓	✓	✓	?	✓	✓	✓	✓	✓	✓

✓: Yes;

?: Unclear;

X: No

4.2.2 Overview of Selected Studies

Authors and Year	Research Aim	Research Design	Data Collection and Sample	Research Findings
Daly and Heah (2023)	Examine educators' views on children's rights in RSE.	Qualitative	Educators' views and experiences.	RSE supports children's rights, but parental involvement may restrict access.
Atkinson <i>et al.</i> (2023)	Explore alternative and inclusive possibilities for RSE.	Collaborative reflective study	Co-productive inquiry with children; multi-context research experiences.	Supports affirmative, playful and co-produced RSE.
RSE (2025)	Set statutory expectations for RSE and health education.	Policy/guidance review	Government guidance; no participant sample.	RSE should be relevant, age-appropriate, participative and practical.
Round (2024)	To explore resistance to RSE continuing professional development.	Qualitative case study	Focus groups in one south-coast English secondary school.	Personal and professional resistance reduced CPD effectiveness; a culture-of-conversation approach was proposed.

Carpenter <i>et al.</i> (2023)	To develop an RSE support group for staff in a special school.	Participatory action research/case study	Ethnographic and participatory work involving staff, parents and pupils.	PATH supported collaborative planning and created a safer space for staff to address RSE issues.
Melendez-Torres <i>et al.</i> (2024)	Examine RSE coverage and knowledge among diverse early adolescents.	Cross-sectional quantitative	Students aged 12-13 from 50 English schools.	Gender/sexual-minority and disadvantaged students reported poorer RSE coverage; knowledge was generally low.
Smith <i>et al.</i> (2022)	Examine LGBTQ+ and gender-diverse inclusion among people with intellectual disability.	Systematic review	9 studies included from 69 identified through database and hand searches.	Evidence showed marginalisation and limited research on transgender people with intellectual disability.
Setty (2022)	To explore boys' understanding and experiences of consent education.	Qualitative	Observations, focus groups and teacher discussions in 3 English schools.	Boys understood consent messages but lacked confidence in emotional and social skills needed for real situations.

Horan <i>et al.</i> (2024)	To examine the impact of COVID-19 on RSE teaching.	Qualitative	Semi-structured online interviews with 16 secondary-school teachers.	Online delivery disrupted teaching, pupil–teacher relationships and extracurricular RSE activities.
Bragg <i>et al.</i> (2022)	To examine the way whole-school RSHE approaches were enacted in different contexts.	Qualitative	Evidence from two RSHE pilot studies in English secondary schools.	Implementation varied according to teacher identity, policy pressures, support staff and staff–student relationships.
LeVoir <i>et al.</i> (2025)	To examine young people’s experiences, preferences and barriers regarding sexual-health services.	Survey	Online survey of 306 people aged 13-24.	Findings identified barriers to accessing services and the need for youth-responsive sexual-health provision.

Table 4.2: Key sources of finding

4.3 Thematic Analysis

4.3.1 Theme 1: Statutory RSE Delivery and Teaching Approaches

Curriculum Content and Coverage

Daly and Heah (2023) found that statutory RSE is primarily taught as a broad programme, rather than as a programme which focuses on biological and reproductive education. The evidence reviewed identified consistent media coverage of healthy relationships, consent, sexual health, contraception, sexually transmitted infections, online safety, communication and personal boundaries and abuse (Daly and Heah,

2023). The depth and balance of these content areas, however, were not consistent across school contexts. There was some evidence of greater focussing on factual content and risk prevention versus relationship skills, communication and realistic situations.

Teaching Approaches

Teaching practice was found to be very different in each school. Atkinson *et al.* (2023) found that RSE was taught in the classroom, using discussion sessions, scenario work, group activities and teacher-led activities. Participative approaches allowed adolescents to talk about relationships, consent and complex situations, whereas heavily teacher-directed approaches were more often linked to the delivery of information. Interactive methods were seen to be particularly appropriate when the subject asked students to think about real-life scenarios as opposed to just recalling information (Atkinson *et al.* 2023).

Variation in Delivery

A further pattern concerned inconsistency in implementation. There were some differences in the curriculum time, teacher confidence, resources, staff preparation and importance of RSE in each school in England (Daly and Heah, 2023). Some external providers were also employed. Consequently, although schools operated within the same statutory framework, the actual classroom experience was not uniform.

4.3.2 Theme 2: Adolescents' Perceptions of RSE Relevance and Usefulness

<i>Key Finding</i>	<i>Summary</i>
Importance	Adolescents recognise RSE as important for relationships, sexual health, consent and personal safety.
Relevance	Students value realistic, everyday relationship and sexual-health situations.
Practical Usefulness	Consent, communication, boundaries and decision-making are considered particularly valuable.

Curriculum Gaps	Some topics are perceived as too late, superficial or insufficiently relevant.
Overall Perception	Usefulness depends on relevance, timing, depth and applicability, not simply statutory status.

Table 4.3: Adolescents' Perceptions of RSE

RSE (2025) found that in general, adolescents had a sense that RSE was a valuable source of information regarding relationships, sexual health, consent and personal safety. However, statutory provision alone did not ensure that students regarded the education as sufficiently useful. Perceptions were strongly influenced by whether the content reflected issues that adolescents considered relevant to their everyday lives. Adolescents seemed to appreciate RSE when lessons focused on real-life scenarios in which they might find themselves in relationships and social interactions (RSE, 2025). Round (2024) found that for some pupils, the learning of RSE was isolated from their experiences, particularly where sensitive subjects were addressed through limited or overly factual teaching.

Timing and depth of curriculum content also correlated with the usefulness of RSE (RSE, 2022). Important topics were introduced too late or superficially covered, and some adolescents reported that this reduces the perceived value of the important topic. The evidence identified continuing gaps in areas related to reproductive and sexual health, indicating that just having a topic in the curriculum is not enough to ensure students are provided with adequate information. Carpenter *et al.* (2023) discovered that adolescents valued RSE when it provided practical knowledge that could support decision-making beyond the classroom. The relevance, timeliness, depth and usefulness of RSE proved to be more important in shaping teenagers' perceptions than its statutory nature.

4.3.3 Theme 3: Inclusivity, Diversity and Representation in RSE

Key Finding	Summary
Representation	Adolescents reported a need for RSE to reflect diverse identities and relationships.
LGBTQ+ Inclusion	Students identified limited representation of LGBTQ+ relationships in some provision.
Disability	Disability and diverse reproductive-health needs were identified as areas requiring greater attention.
Diverse Experiences	Students valued examples reflecting different circumstances and relationship experiences.
Variation	The extent of inclusive content differed across school contexts.

Table 4.4: Inclusivity, Diversity and Representation in RSE

Atkinson *et al.* (2023) found that inclusivity and representation were common themes of adolescents' experiences of RSE. The studies reviewed indicated that some RSE provision was still primarily heteronormative and lacked representation of LGBTQ+ relationships and diverse reproductive health needs. Students also recognised a need for examples and discussions to engage with and include personal and relationship circumstances that were diverse in terms of identity. A wider survey included 931 students aged 16-18, with 34.7% rating the sex education they received as good or very good (Melendez-Torres *et al.* 2024). Adolescents, in the evidence, indicated that representation influenced the relevance of RSE in their lives. LGBTQ+ relationships, disability and family and relationship differences were identified as areas where there was a need for increased inclusion, found by Smith *et al.* (2022). Some studies also noted that the students perceived that the provision was gendered or not representative enough.

4.3.4 Theme 4: Social and Emotional Influences on Consent and Communication

Key Finding	Summary
Social and emotional skills	Consent education should develop communication, confidence, and emotional literacy, not only factual knowledge.
School environment	School culture, teacher support, resources and staff commitment influence the quality of RSE.
Teacher–student relationships	Positive relationships and rapport support open and effective communication about sensitive topics.
Inclusive education	RSE should be inclusive, relevant and non-judgemental, reflecting diverse student experiences.
Family and community	Limited communication with parents and communities can affect young people’s learning and understanding.
Overall	Effective consent education requires supportive relationships, emotional skills, inclusive teaching and open discussion.

Table 4.5: Social and Emotional Influences

The studies chosen suggest that effective relationships and sex education (RSE) cannot be just about passing on information; it must also provide for emotional, social and interpersonal experiences of young people. Setty (2022) determined that while teenage boys knew that they needed to ask for consent, they may not always have felt confident in the way well they could communicate consent in the context of peer sexual cultures.

There are also wider influences around school which impact on young people's approach to RSE. However, statutory requirements were not enough to ensure

consistent and meaningful provision. Horan *et al.* (2024) demonstrated that the COVID-19 disruption had an impact on RSE delivery and meant that opportunities for developing rapport between pupils and teachers were limited where teachers perceived this as being crucial for effective RSE.

Bragg *et al.* (2022) also found that RSE takes place within wider school cultures. They concluded that teacher autonomy, priorities for education, and staff–student relations and partnerships can facilitate or hinder whole-school approaches. Concerns raised by teachers for implementation, inclusiveness and engagement with parents or communities were also noted and were identified as important for appropriate teacher professional support and teacher training.

4.3.5 Theme 5: Educational Support and Access to Sexual Health Resources

Key Finding	Summary
Educational coverage	RSE coverage is uneven, with important topics and sexual-health knowledge often insufficiently addressed.
Access to services	Young people experienced reduced access to sexual-health services, particularly during and after COVID-19 disruptions.
Inclusive support	Resources need to respond to diverse learners, including LGBTQ+ students and students with SEND.
Whole-school support	Combining RSE with student involvement, parent information and links to sexual-health services can strengthen support, although implementation fidelity remains important.
Professional support	Teachers and staff need structured guidance, training and collaborative support to deliver effective and inclusive RSE.

Table 4.6: Educational Support and Sexual Health Resources

Theme 5 shows that young people's access to sexual-health knowledge and services is not equal and there is a lack of curriculum coverage, limited awareness and practical

support. According to Melendez-Torres *et al.* (2024), 12–13-year-old students were more likely to be taught fundamental topics, including puberty and protection, and less likely to receive instruction on more sensitive issues and services related to sexual health.

Availability of proper sexual health services is also crucial. LeVoir *et al.* (2025), who conducted a national survey of young people (aged 13 to 24 years) in Britain, looked at young people's experiences, likes, and dislikes sexual health services and the barriers they faced when accessing them. Customisation of services to meet the needs and preferences of young people was highlighted. Other types of educational and resource support are whole-school approaches. The Positive Choices intervention included a combination of RSE, student participation, needs assessment, student-led campaigns, sexual-health service reviews, and parent information. The intervention was not significantly effective in reducing non-competent sexual debut; however, weak implementation fidelity could account for the results, as activities in other schools were similar. Carpenter *et al.* (2023) have shown the way a participatory and person-centred approach with staff, parents and pupils can help pupils with special educational needs and disabilities.

4.3.6 Theme 6: Policy–Practice Gaps and Implementation Challenges

There appears to be a gap between the statutory requirements for RSE and its implementation in English schools, according to the literature. Teacher confidence and professional development also impact implementation. However, Round (2026) has identified that traditional CPD models are not effective when there is a clash between teachers' beliefs and school cultures and RSE goals. The proposed model of “Culture of Conversation” emphasises the need for reflective and supportive professional working environments.

Likewise, Fox and Riley (2026) found differences in teacher resources, teacher training, teacher confidence and teacher leadership or parental support when teaching LGBTQ+ inclusive RSE. There is also evidence that the government remains aware of the need for implementation and equality in recent times. The DfE's new guidance for RSHE does consider protected characteristics including disability, race, religion, sex and sexual orientation.

4.4 Summary

The results of the qualitative systematic review are presented in six themes in Chapter 4. It shows RSE delivery, adolescent perceptions of relevance, an inclusive, consensual, communicative approach, access to sexual health resources, and policy–practice gaps. RSE is overall good but not applied regularly, and has some difficulties regarding curriculum, teacher training, being inclusive, resources, students' participation, and the relevance of the content to their lived experiences.

CHAPTER 5: DISCUSSION

This section is analytical and interpretative; it compares with the literature that has been undertaken, applies the theoretical frameworks, considers implications for practice in the schools and identifies areas of limitation to the understanding of adolescents' experiences of RSE in English secondary schools.

5.1 Theme 1: Statutory RSE Delivery and Teaching Approaches in English secondary schools

The results suggest that statutory RSE is being taught in a wider curriculum than is taught as a traditional biological sex education curriculum, reaching out towards relationships, consent, sexual health, online safety and personal boundaries. This is consistent with Daly and Heah (2023), who identified the widening scope of RSE. However, the findings also suggest that curriculum breadth does not necessarily indicate curriculum depth. The greater focus on factual and risk-prevention information found in the findings is also in contrast to the broader expectation of building relationship skills and practical decision-making (Kerpen, 2024). This implies that statutory requirements can be seen as a list of topics rather than a holistic learning process. Therefore, the presence of a topic within the curriculum cannot, by itself, demonstrate that adolescents have developed the ability to apply that knowledge.

There is also a difference in degree between participative and teacher-directed methods. The results confirm those of Atkinson *et al.* (2023), who found that classroom discussions, scenarios and group activities were some of the common methods, and Samdal *et al.* (2023) argued that participation is important. However, the survey findings from Ponsford *et al.* (2025) highlighted that implementation is not equal, as teacher-led factual delivery is still common. This is relevant because RSE deals with sensitive and socially constructed issues which may involve adolescents in questioning, sharing thoughts, negotiation and considering realistic scenarios, instead of just listening. This variation reveals some of the influence of the school microsystem on adolescents' experience of the same statutory policy, from a Bronfenbrenner's perspective. While national policy sets a framework, teacher-student relationships, classroom practice and school culture can impact how that experience is realised (Amali *et al.* 2023).

The differences in curriculum time, teacher confidence, resources and staff preparation noted by Fox and Riley (2026) also illustrated how organisational conditions affect the statutory implementation. This also aligned with the COM-B model of factors required for behaviour to occur capability must provide training and knowledge, opportunity must provide sufficient time and resources, and motivation must prioritise the behaviour in school. Thus, inconsistent delivery may reflect not simply differences in teacher choice, but differences in the conditions available for implementation. Overall, the results corroborate much of the previous research, with an important observation: statutory RSE has gained more ground in terms of breadth of the curriculum, but consistency of delivery and translation of knowledge into practical learning remain problematic. However, since this review is based on secondary qualitative evidence, it cannot conclude the actual effectiveness of individual teaching methods, nor can it conclude a cause-and-effect relationship.

5.2 Theme 2: Adolescents' Perceptions of RSE Relevance and Usefulness in English secondary schools

The results showed that the general attitude of adolescents is positive toward RSE, but this does not rely on the legal status of RSE, but on the relevance, practicability and relation of RSE to everyday life. This aligns with the literature review that identified a change from a focus on biological and risk-prevention education to a focus on relationships, consent, communication and decision-making (Daly and Heah, 2023; Goldfarb and Lieberman, 2021). Thus, the result was mainly consistent with expectations of previous studies. However, the evidence also demonstrates that the expansion of statutory content has not necessarily resulted in adolescents experiencing RSE as meaningful or sufficiently useful. The focus on real-life scenarios is greatly appreciated, supported by what Farrell and Kellaher (2024) discovered: youth like education that is relevant to their lives.

Likewise, Atkinson *et al.* (2023) found some preferences for relevant and responsive RSE information and not just biological information. The present findings therefore reinforce an established concern that content coverage alone is insufficient. This study added to this literature, however, by emphasising the need for timing and depth. The evidence that some topics were introduced too late for students or introduced only superficially is like Wareham (2022), who would argue that curriculum relevance is not

only about what is taught, but *how deeply* it is addressed. This difference between information and self-assurance in putting it to use in real situations is very relevant. Carpenter *et al.* (2023) also found that a focus on practical decision-making was important, while Yeganeh *et al.* (2025) raised the question of whether classroom learning would automatically transfer to confidence and protective behaviours.

This implies that RSE may be of negligible or little practical use when adolescents learn knowledge without communication and decision-making skills. The findings may also be analysed using Bronfenbrenner's Ecological Systems Theory (EST). Adolescents' perceptions are shaped not only by curriculum content but by their classroom relationships, teachers, peers and wider social environments. This aligns with the argument of the literature review that the same curriculum is delivered differently in different contexts (Bronfenbrenner, 1979; Amali *et al.* 2023). COM-B provides a complementary interpretation. RSE can strengthen *capability* through knowledge, but confidence to apply that knowledge also depends upon *opportunity* and *motivation*. Therefore, the results support the theoretical position that information does not directly lead to behavioral capability (Chater *et al.* 2024). Practically, schools should therefore assess if pupils feel RSE is relevant, realistic and timely. A more interactive approach, along with discussion and decision-making opportunities, may enhance the practical use.

5.3 Theme 3: Inclusivity, Diversity and Representation in RSE

The results showed that, in addition to the statutory topics being taught, inclusivity is a crucial factor influencing adolescents' perceptions of RSE. The evidence highlighted areas of concern around the lack of representation of LGBTQ+ relationships and diversity related to reproductive health (Byers *et al.* 2025). The findings align with the literature review, which included Maslowski *et al.* (2024), who have pointed out the heteronormative nature of RSE and the need for adolescents to receive more diverse representations. Similarly, Wareham (2022) stated that young people evaluate RSE on its inclusiveness, relevance and usefulness, rather than just the statutory elements. The findings therefore largely confirm previous expectations, rather than presenting an entirely new pattern.

However, they add an important dimension by demonstrating that representation operates as part of adolescents' assessment of whether RSE is personally relevant.

This builds on findings from Atkinson *et al.* (2023), who identified that adolescents wanted more than just a biological focus on RSE; they wanted to see it being responsive to their lived experiences. This is also aligned with the evidence provided by Moore *et al.* (2025), which revealed that RSE was sometimes not positive and was perceived as being gendered and far removed from young people's realities. The consistency across these studies strengthens the finding that curriculum comprehensiveness cannot be equated automatically with inclusivity.

The second issue is related to the policy-practice relationship. The statutory framework sets out broad expectations, and schools have flexibility in the sequence and delivery of the curriculum (Wareham, 2022). Therefore, the presence of statutory RSE does not guarantee access to the classroom for diverse identities and circumstances. This confirms the findings of Setty and Dobson (2023), which highlighted variation due to interpretation and autonomy at the school level. This finding thus provides evidence for the potential gap between the formal curricular expectations and lived educational experiences of adolescents, as part of a broader research problem. The Ecological Systems Theory (EST) of Bronfenbrenner offered a helpful theoretical explanation. The microsystem influences representation through teacher-student relationships and classroom interactions, and the exosystem and macrosystem influence representation through school policies and general cultural expectations.

This is in line with theoretical propositions on how adolescent development is shaped not only by curriculum content but by interconnected environments (Amali *et al.* 2023; Rahman, 2025). COM-B also proposed that inclusive RSE has the potential to impact capability, opportunity and motivation. Representation can be a way for adolescents to develop their capacity (by offering them relevant knowledge), and an inclusive classroom setting can provide more opportunity for talking about relationships and sexual health (Parker and Bickmore, 2021). Nevertheless, COM-B has limitations because it may not fully capture the developmental, relational and cultural complexity of identity and representation (Willmott *et al.* 2021). Therefore, schools should consider RSE as a whole, rather than just measuring it against the extent of curriculum coverage, including in terms of representation, student feedback and relevance to a wide range of experiences (Renold *et al.* 2023).

5.4 Theme 4: Social and Emotional Influences on Consent and Communication

The results of Theme 4 illustrate the way social, emotional, and relational factors affect adolescents' understanding and communication of consent and the way this is not solely dependent on factual knowledge. This supports the already discussed Literature Review that the effective RSE should move beyond information about biological and risk prevention to information about communication, emotional literacy, confidence, boundaries and respectful relationships (Daly and Heah, 2023; Goldfarb and Lieberman, 2021). Setty (2022) found that although the general understanding of the importance of consent was high in the teenage boys, they did not feel confident in the socio-affective skills needed when communicating consent in real life. The present results thus suggest a difference between the knowledge of the consent means and the ability to communicate and negotiate consent in complex social contexts. Social and Emotional Influences is presented in a concise manner to understand the concept easily in figure 5.1.

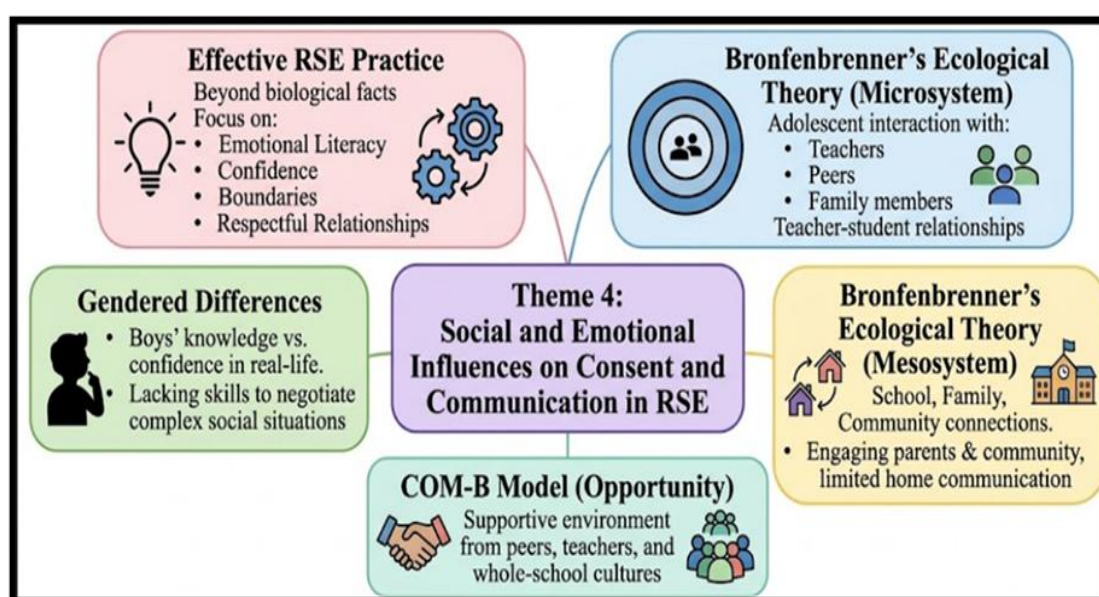


Figure 5.1: Social and Emotional Influences

(Adapted from Rahman, 2025)

The findings can be explained using Bronfenbrenner's Ecological Systems theory. On the microsystem level, the attitudes of the teacher, peers, and family members have an immediate impact on the attitudes of adolescents toward relationships and consent

(Rahman, 2025). The results suggest that supportive teacher-student relationships and psychologically safe classrooms may help to create space for open discussion about sensitive subjects. This is in line with Horan *et al.* (2024) who identified rapport between pupils and teachers as a significant aspect of effective RSE and Bragg *et al.* (2022) who identified student relationships and wider school culture as having an impact on the implementation of RSE.

The mesosystem is also relevant because the relationship between the school, the family and the community can affect the way that adolescents may perceive information about RSE. Cumper *et al.* (2024) identified the importance of engaging parents and communities in the process, and Maslowski *et al.* (2024) found that a significant portion of the youth indicated low levels of communication with their parents regarding reproductive-health issues.

A complementary explanation is offered by the COM-B model. Adolescents need Capability (in the form of knowledge, communication and emotional skills), Opportunity (in the form of supportive peers, teachers and school environments), and Motivation (in the form of communicating boundaries and consent, even when they are feeling embarrassed, anxious or judged) (Timmermans *et al.*, 2024). Setty (2022) found this differentiation to be particularly evident, as knowledge was not enough to instil confidence in adolescents when it came to communicating with others. Therefore, theme 4 indicates that a successful RSE relies on an environment in which adolescents can have opportunities to practise communication skills and to build emotional confidence.

5.5 Theme 5: Educational Support and Access to Sexual Health Resources

Theme 5 shows that statutory RSE is effective to a certain extent when adolescents get a good level of educational coverage and have access to suitable sexual health resources and services. The findings are consistent with the Literature Review findings that there remained a gap between that was being taught and expected in the curriculum and the knowledge and awareness of adolescents. Melendez-Torres *et al.* (2024) identified that younger adolescents were more likely to be covered in basic information like puberty and protection, and more advanced topics like sexual

relationships and sexual-health services were not always discussed. This is in line with Maslowski *et al.* (2024) who found that 16–18-year-olds lacked comprehensive reproductive-health knowledge and called for more comprehensive, relevant, non-judgemental reproductive-health education. Effective RSE & Sexual Health Access is presented in a brief way in figure 5.2 that helps to understand the overall process in a simple flowchart.

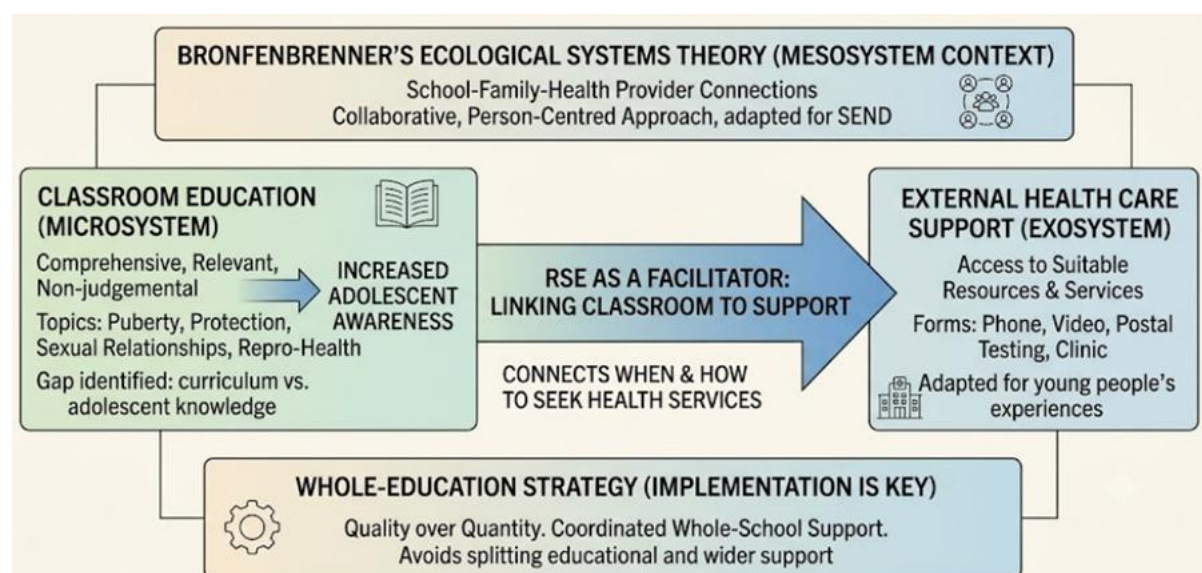


Figure 5.2: Effective RSE & Sexual Health Access

(Adapted from Maslowski *et al.* 2024)

The findings also suggest that there should not be a split between educational provision and provision of wider support. LeVoir *et al.* (2022) illustrated the impact of COVID-19 on youth access to sexual-health services, as many services reported decreased engagement and increased concerns about unmet need among their clients. The provision of telephone support, video consultations, and postal testing was put in place as alternatives to ensure access. LeVoir *et al.* (2025) also emphasizes the need to consider young people's experience, preferences, and barriers when developing sexual-health services. Thus, RSE has the potential to serve as a facilitator to link classroom education with external health care support by raising awareness about health services offered and the way and when health services may be sought.

Bronfenbrenner's Ecological Systems Theory also suggests the way these findings are understood, due to the relationship between various educational and health-supportive systems and environments (Perera, 2023). School is a microsystem and

health service, and school-level organisational arrangements exist in an exosystem influence. The mesosystem is also the context for relationships between schools, families, and health care providers. Similarly, Carpenter *et al.* (2023) showed that a collaborative and person-centered approach to support is important for students with SEND and the way provision needs to be adapted to meet the needs of individual students.

Ponsford *et al.* (2026) reported that the Positive Choices whole-school intervention was not found to be significantly effective at decreasing non-competent sexual debut, in part because of weak implementation fidelity and activities in the control schools. This is a warning that more provision does not necessarily lead to behaviour change. Theme 5 indicates that effective RSE needs to be delivered through the lens of a whole-education strategy, inclusive resources and services, access to services and coordinated whole-school support; and that the quality of implementation is key in ensuring that the services and resources are effective in delivering meaningful outcomes.

5.6 Theme 6: Policy–Practice Gaps and Implementation Challenges

The statutory status of RSE is not a guarantee of consistent, inclusive and high-quality implementation of RSE, as Theme 6 highlights. This finding corroborates the Literature Review on the persistent tensions between national policy expectations and autonomy at school level. While statutory RSE is a policy that ensures young people have a right to education, Setty and Dobson (2023) suggest that statutory RSE can carry over adult-centred, heteronormative and risk-focused assumptions. A summarised policy-practice gap is shown in figure 5.3 that presents all the gaps and challenges along with its associated plans to mitigate them.

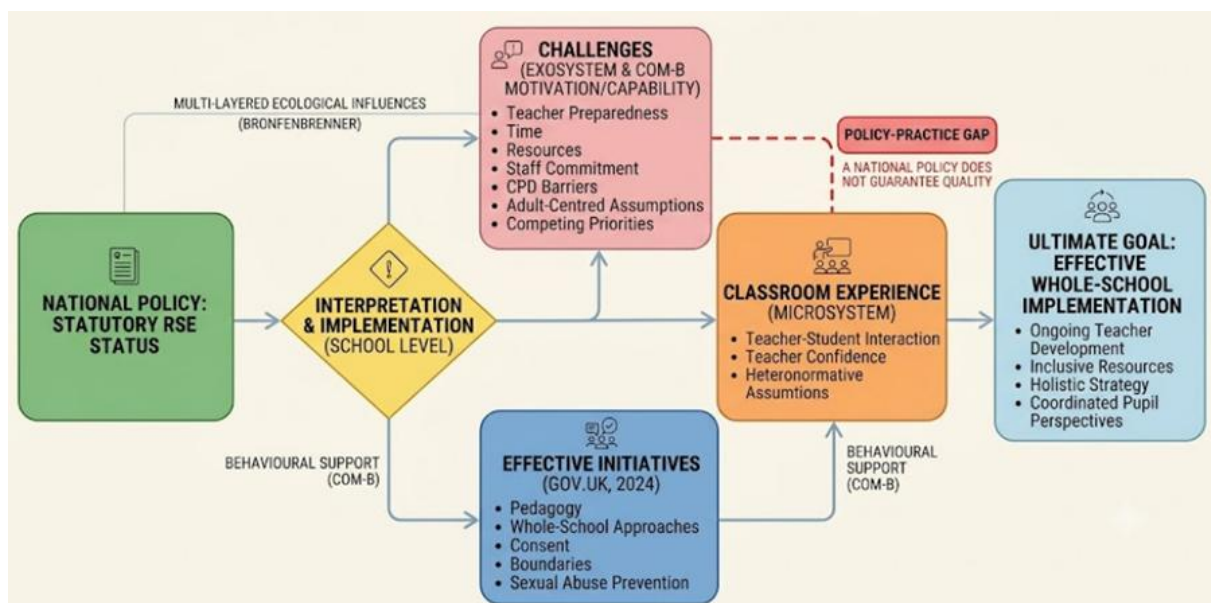


Figure 5.3: Policy-practice gap

(Adapted from Ponsford *et al.* 2025)

Another explanation of the policy–practice disparity is teacher preparedness. Ponsford *et al.* (2025) identified teacher skills, expertise of the specialist, resources, staff commitment and competing learning priorities as factors influencing implementation in school contexts in 25 secondary schools in England. This finding is in line with that of Round (2026) that found personal and professional barriers to RSE continuing professional development. Fox and Riley (2026) found the same level of variation among teachers regarding their confidence, resources and support of institutional and parental in the delivery of LGBTQ+ inclusive RSE.

The Ecological Systems Theory of Bronfenbrenner is a helpful framework for this complexity. The teacher–student interaction at the microsystem level affects classroom experiences. The school policies, decisions made by leadership, teacher training and resource allocation at the ecosystem level influence that teachers can do. Statutory policy, cultural norms and wider beliefs about sexuality impact on the interpretation of RSE at the macrosystem level. The theory provides an explanation for this experience of a national policy at the level of the adolescent, based on their school and social context.

The COM-B model introduces a behavioural approach. Teachers need the following elements of Capability: knowledge, pedagogical skills, and pedagogical confidence,

Opportunity: time, resources, leadership support, appropriate CPD, and motivation, willingness to engage with potentially sensitive and contested subject matter (Magkafa *et al.*, 2025). This approach can also be used with adolescents who have opportunities and motivation to apply RSE knowledge. This is a clear sign that it is not only policy adherence that is required for implementation.

The government's implementation research evidence adds to this reading as it focuses on the readiness, curriculum development, professional development, resources, teacher confidence and pupil perspectives of English schools in England (GOV.UK, 2024). Likewise, the rapid evidence assessment for 2024 highlighted pedagogy, whole-school approaches, consent, boundaries and sexual abuse prevention as key areas where relationships of education are effective in England (GOV.UK, 2024a). Overall, Theme 6 suggests that this policy–practice gap will only be bridged through ongoing teacher development, as well as through whole-school, rather than statutory, implementation and resources that are inclusive.

5.7 Theme Chart / Diagram

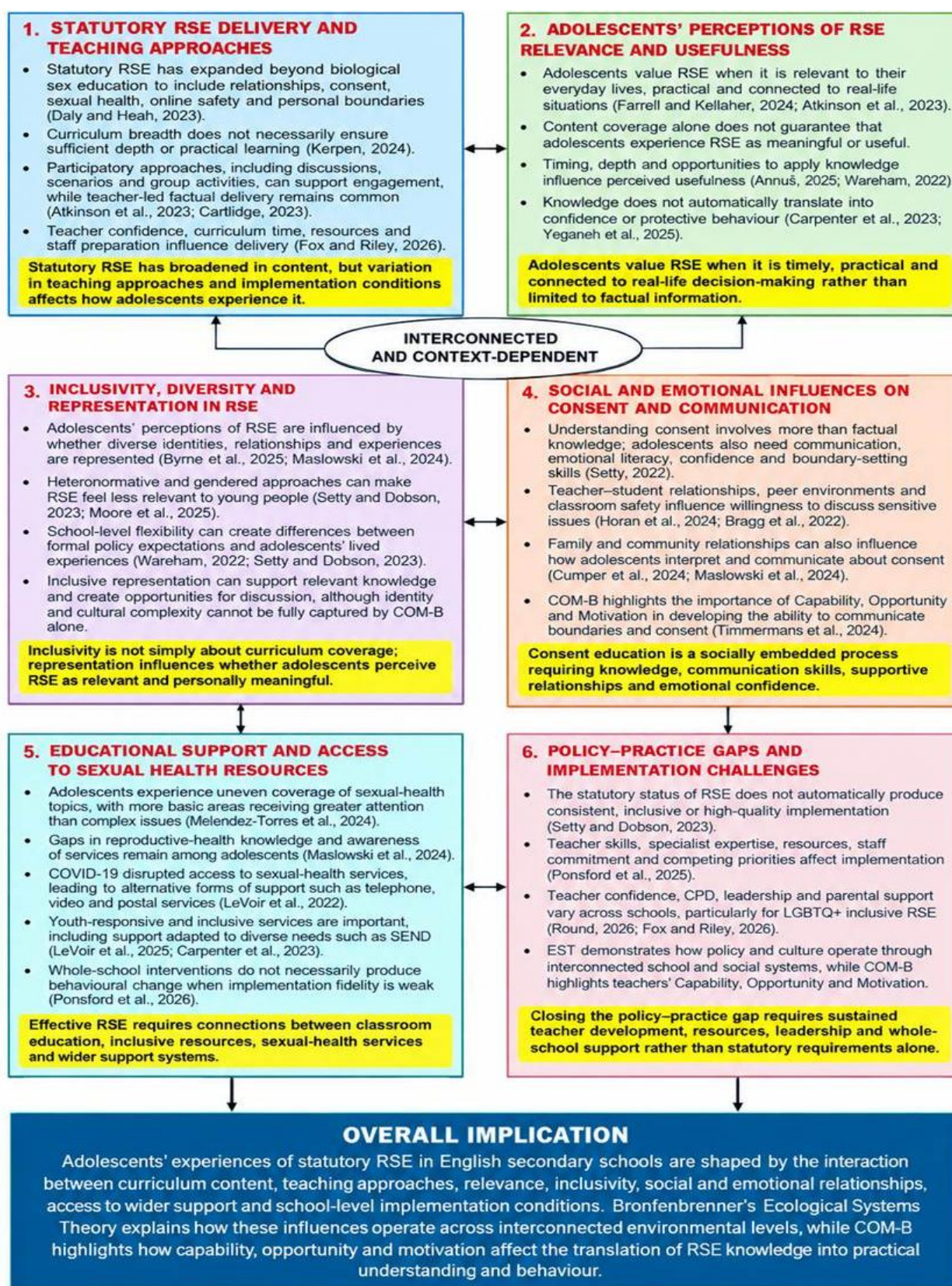


Figure 5.4: Thematic Synthesis and conceptual integration of review of findings

5.8 Summary

The findings of the study are discussed and interpreted in the context of previous literature and theoretical frameworks. It focuses on 6 themes, such as RSE delivery, adolescent perceptions, inclusivity, consent and communication, educational support and access to sexual-health services, and policy–practice gaps. The chapter demonstrates that statutory RSE has grown in size but has not been consistently applied. Relevant and inclusive content, practical learning, teacher development, supportive environments, adequate resources and coordinated whole-school approaches are necessary for effective RSE.

CHAPTER 6: CONCLUSION

6.1 Conclusion

This qualitative systematic review is about statutory Relationships and Sex Education for adolescents (aged 13 to 19) in English secondary schools and how they experienced it during implementation. The research comprised four research objectives, which is how is RSE taught, how do adolescents view the relevance and usefulness of RSE, what are some social and emotional factors affecting communication and consent and what are the gaps between statutory policy and school level implementation.

The overall results suggest that statutory RSE has extended the content that adolescents are able to access. Within the statutory framework, relationships, consent, contraception, STIs, online safety, communication, boundaries and protection from abuse are represented. The review shows, however, that the quality and consistency of adolescents' experiences is not determined by statutory status. Times may differ depending on the different approaches to teaching, the time available for curriculum, the confidence of the teacher, their preparation, resources, school priorities, and local interpretation of statutory requirements.

The results of the analysis also indicate that generally, adolescents are aware of the importance of RSE, especially when it shares information which may be used in relationships, sexual health, consent, and personal safety. But perceived usefulness is related to relevance, timing, depth, and applicability. The distinction between curriculum content and enabling adolescents to apply that knowledge in real-life scenarios is therefore emphasized in this review.

Another key aspect of this is inclusivity. The evidence reveals a need for RSE to acknowledge diverse identities, relationships, disability, and reproductive health needs. Factors in addition to the classroom (peer influence, family communication, emotional responses, teacher–student relationships and school culture) also help shape the experiences of adolescents. So, consent and communication are not just about knowledge-gaining outcomes, but rather about skills shaped by social and emotional contexts.

Policy–practice gaps were also identified as areas for ongoing improvement. The degree of autonomy experienced by the provision can help it adapt to the local context, but the extent of variation in implementation could be due to differences in the confidence of teachers, CPD, curriculum time, resources, leadership support and school culture. The use of Bronfenbrenner's Ecological Systems Theory and COM-B illustrates the ways these influences impact the individual, interpersonal, organisational and wider contextual level.

Overall, this evidence suggests that statutory RSE is not just the transfer of information. This implementation requires the interplay of curriculum content, the teaching, the relevance for adolescents, inclusiveness, the emotional and social context, as well as educational support and organisational capacity. The review thus helps to deepen the understanding of the ongoing interplay between the statutory requirements and lived experiences of adolescents in English secondary schools. Future curricula in RSE should also take into account not only whether statutory content is achieved, but how it is experienced, interpreted and applied by the adolescents in their everyday relationships and sexual-health decision making.

6.2 Strengths and Limitations

An important strength of this study is that it has adopted a qualitative systematic review instead of relying on purely quantitative indicators to explore the experiences and dynamics of implementation among adolescents. The research specifically covered adolescents aged 13-19 in English secondary schools, and also included evidence from 2019-2026, which includes evidence on the introduction of statutory RSE in September 2020. This gave a specific framework for exploring the correspondence between the statutory expectations and adolescents lived experience.

A structured search, screening, and eligibility process was also implemented during the review. The PRISMA record indicates that 155 records were initially identified, 28 were excluded because they were duplicates, 127 underwent screening, and 11 studies were finally included in the qualitative systematic review. The CASP qualitative appraisal questions were also applied as criteria for the studies. This systematic process ensures clarity and transparency in selecting studies to undertake and offers a clear evidence trail for thematic synthesis.

A benefit is the inclusion of Bronfenbrenner's Ecological Systems Theory and the COM-B model. The framework of Bronfenbrenner was useful for linking adolescents' classroom experiences with teachers, peers, families and school structures, as well as wider social norms, and the COM-B was useful for providing a behavioural perspective of capability, opportunity and motivation.

However, there are some significant caveats. This study did not seek to gather primary data, but was instead based on secondary, qualitative, and interpretative evidence, so that the researcher was unable to directly explore the experiences of individuals as adolescents and to clarify issues arising from individual studies. The geographical scope was limited to England, the age limit to 13-19 years and the evidence period to 2019-26. Care should therefore be taken in the generalisation of findings to younger children, adults or RSE systems in Scotland, Wales or Northern Ireland. Qualitative synthesis was also interpretive, which may cause the interpretation of themes to vary with the researcher's judgement, but this was minimized through systematic searching, explicit eligibility criteria, and structured analysis.

6.3 Recommendations

This qualitative systematic review suggests that statutory Relationships and Sex Education (RSE) in English secondary schools has broadened from just covering biological and risk-prevention aspects of sex to relationships, consent, contraception, sexual health, online safety, communication and personal boundaries. The evidence also reveals that depth of curriculum, pedagogical approach and teacher confidence, resources provided and the relevance of lessons varies. The following recommendations, therefore, are to reinforce the implementation with continuity with the evidence identified in this review.

Schools should make continuing and formal professional development (CPD) available for teachers delivering RSE, with specific focus on consent, communication, LGBTQ+ inclusive education, and sensitive conversations and responding to diverse students' needs. Teacher confidence, preparation, and institutional support were found to be important factors for implementation in the review.

Second, there is a need to have more participative and scenario-based learning in RSE. As opposed to teaching mainly by means of facts or lecturing, classroom

discussions, realistic scenarios and group activities can be used to give adolescents opportunities to learn communication, boundary-setting, decision-making, and consent skills. However, this review is not able to determine that a specific type of teaching is effective in achieving better outcomes because it combines secondary qualitative evidence.

Thirdly, schools must make sure to use age-appropriate content, relevance, adequate detail and inclusiveness. Evidence revealed a lack of representation of LGBTQ+ relationships, disability and diverse needs around reproduction, and adolescents' perception of usefulness was linked to the extent to which RSE portrayed "real life".

Finally, the strengthening of the whole school support for students and connections with sexual health services, such as information accessible to students, communication with parents (where appropriate), support for SEND learners and opportunities for student participation. Implementation should be backed up by suitable curriculum time, resources, leadership commitment and teacher development as well as statutory requirements.

6.4 Future Research

Going forward, future research should explore the opportunities for further evidence gaps identified in this review, with a focus on the experiences of statutory RSE with adolescents, following the implementation of statutory RSE in 2020. The reviewed literature shows that the evidence post-2020 is relatively limited and that there has been a focus on schools, teachers, and processes of implementation in the literature, but not on adolescents lived experiences.

The development of adolescent perception of RSE over Key Stages 3, 4 and 5 could be explored through longitudinal qualitative research. This would help to determine if learning in school is maintained and then transferred to communication, negotiating consent, setting boundaries, and access to sexual-health support. Research might also explore the differences between younger and older adolescents, as there is significant developmental and social difference between the 13-19 age groups.

More research is needed to explore inclusive RSE in more detail, including the experiences of LGBTQ+ students, SEND students and adolescent students from a variety of family, cultural and social backgrounds. There is some existing evidence on

representation and heteronormativity, and other primary research is required to explore the different experiences between schools and the practice of inclusive teaching.

Additionally, there is research that can be done on digital sexual-health education and online environments. Online safety has been identified as being part of the statutory curriculum and as adolescents are exposed to information about relationships, consensual sexual behaviour, and sexuality on the internet, it is increasingly becoming part of adolescents' social lives. The implications for future research include the need to investigate how the school-based RSE program relates to the online experience of adolescents.

Lastly, the effects of teacher CPD, participatory teaching, a whole-school approach, student engagement, links with sexual-health services, and parental engagement on the implementation of sex education should be examined. Future research needs to focus on differentiating between curriculum delivery and the views of adolescents and measurable behavioural outcomes, not equating statutory provision with behavioural change.

6.5 Chapter Summary

This chapter found that curriculum relevance, inclusivity, pedagogy, social and emotional factors, educational support and implementation conditions impact the experience for adolescents of statutory RSE. The results reflect ongoing disparities between what is expected of students in the classroom and what schools are seen to do. Teacher CPD, inclusive and participative teaching, relevance, communication and decision-making skills, curriculum time and resources are therefore highlighted as recommendations. Study strengths, limitations and priorities for further research are also considered throughout the chapter.

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APPENDICES

Appendix 1: PRISMA Table

<i>Stage</i>	<i>Number of Records</i>
Records identified through database searches	155
Duplicate records removed	28
<i>Records screened by title and abstract</i>	127
Records excluded by title and abstract screening	72
<i>Reports sought for retrieval</i>	55
Reports not retrieved	6
<i>Full-text reports assessed for eligibility</i>	49
Population not aged 13–19	12
Setting not English secondary schools	8
Incorrect RSE focus	9
Incorrect methodology/evidence type	6
Outside publication period/not English	3
<i>Total Full-text reports excluded</i>	38
<i>Final studies included in the qualitative systematic review</i>	11

Table: Exclusion Table for PRISMA

Appendix 2: CASP's Questions

1. Was there a clear statement of the aims of the research?
2. Is a qualitative methodology appropriate?
3. Was the research design appropriate to address the aims?
4. Was the recruitment strategy appropriate?
5. Was the data collected in a way that addressed the research issue?
6. Has the relationship between researcher and participants been adequately considered?
7. Have ethical issues been taken into consideration?
8. Was the data analysis sufficiently rigorous?
9. Is there a clear statement of findings?
10. How valuable is the research?

(Adapted from the CASP Qualitative Studies Checklist)

Appendix 3: Coding Table

<i>Theme</i>	<i>Initial Codes</i>	<i>Descriptive Category</i>
Theme 1: Statutory RSE Delivery and Teaching Approaches	Curriculum content; consent; sexual health; contraception; online safety; healthy relationships; discussion; scenarios; group activities; teacher-led teaching; curriculum time; teacher confidence; resources	Content coverage; teaching methods; implementation variation
Theme2: Adolescents' Perceptions of RSE Relevance and Usefulness	Importance; relevance; everyday life; real-life scenarios; practical knowledge; consent; communication; boundaries; decision-making; timing; curriculum depth; superficial content	Perceived importance; practical relevance; usefulness; curriculum gaps
Theme 3: Inclusivity, Diversity and Representation in RSE	Representation; LGBTQ+ relationships; disability; diverse reproductive-health needs; identity; relationship differences; gendered content; school variation	Inclusive content; diverse identities; representation; contextual variation
Theme 4: Social and Emotional Influences on Consent and Communication	Consent; communication; emotional literacy; confidence; boundaries; peer influence; teacher–student relationships; family communication; school culture	Social-emotional skills; communication; relational influences
Theme 5: Educational Support and Access to Sexual Health Resources	Educational coverage; sexual-health knowledge; service awareness; access barriers; inclusive resources; SEND support; whole-school support; teacher training	Educational support; service access; inclusive resources

Theme 6: Policy– Practice Gaps and Implementation Challenges	Statutory guidance; school autonomy; implementation variation; teacher confidence; CPD; resources; leadership support; parental support; school culture	Policy–practice gap; implementation barriers; organisational support; contextual variation
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Appendix 4: PICO Framework

PICO Component	Definition	Application to the Present Study
P - Population	The population investigated in the review	Adolescents aged 13 –19 years in the England.
I - Intervention / Exposure	The intervention, exposure or behavioural factor being investigated	RSE curriculum content, teaching approaches, and school delivery.
C - Comparison	The comparator against which the intervention, exposure or condition is considered	Variations between delivery methods or comparisons between statutory policy expectations and school level practice.
O - Outcome	The outcomes examined in relation to the population and intervention/exposure	Adolescent perceptions of RSE relevance, usefulness, and inclusivity; communication and consent negotiation capabilities; access to sexual health information; and implementation barriers.

Appendix 5: Boolean Operators and Search Terms

Search concept	Example search terms	Operator
RSE	“Relationships and Sex Education” OR RSE OR “sex education”	OR
Population	adolescent* OR “young people” OR “young person”	OR
Setting	“econdary school*” OR “secondary education”	OR
Experience	experience* OR perception* OR attitude* OR view*	OR
Implementation	implementation OR delivery OR provision	OR
Main concepts	RSE + adolescent* + secondary school* + England	AND

Appendix 6: Search Strategy

Search component	Application in this study
Databases	PubMed/MEDLINE, ERIC and ProQuest
Population	Adolescents/young people aged 13–19 years
Topic	Statutory Relationships and Sex Education (RSE)
Setting	English secondary schools
Focus	Experiences, perceptions, delivery and implementation
Publication period	2019–2026
Language	English
Evidence focusses	Qualitative research relevant to the research questions