Received: 28 July 2021 | Accepted: 4 March 2022

DOI: 10.1002/berj.3788

ORIGINAL ARTICLE

BERJ BERA

Enacting whole-school relationships and sexuality education in England: Context matters

Sara Bragg[1] | **Ruth Ponsford**[2] | **Rebecca Meiksin**[2] | **Maria Lohan**[3] | **G.J. Melendez-Torres**[4] | **Alison Hadley**[5] | **Honor Young**[6] | **Christine Anne Barter**[7] | **Bruce Taylor**[8] | **Chris Bonell**[2]

[1]Department of Education, Practice and Society, UCL Institute of Education, London, UK

[2]Public Health, Environments and Society, London School of Hygiene and Tropical Medicine, London, UK

[3]School of Nursing and Midwifery, Queen's University Belfast, Belfast, UK

[4]College of Medicine and Health, University of Exeter, Exeter, UK

[5]Teenage Pregnancy Knowledge Exchange, Faculty of Health and Social Sciences, University of Bedfordshire, Luton, UK

[6]School of Social Sciences, University of Cardiff, Cardiff, UK

[7]School of Social Work, Care & Community, University of Central Lancashire, Preston, UK

[8]NORC, University of Chicago, Chicago, Illinois, USA

Correspondence
Sara Bragg, Department of Education, Practice and Society, UCL Institute of Education, 20 Bedford Way, London, UK.
Email: s.bragg@ucl.ac.uk

Abstract

Evidence from intervention evaluations suggests that achieving meaningful and lasting social, behavioural and attitudinal change from relationships, sex and health education (RSHE) in schools requires more than just a curriculum. Whole-school approaches appear particularly promising since they work at multiple levels. For instance, they may: engage with carers, communities and local services; address iniquitous cultures and norms; change school policies and practices; and actively involve young people themselves. They have also been advocated to tackle sexual harassment and abuse in schools. Currently, however, such approaches have not been rigorously evaluated in the UK. This article focuses on the whole-school elements of two recent RSHE pilot studies conducted in English secondary schools. We describe how these elements were variably enacted in different settings. We analyse contextual factors that help account for these differences, including: teacher and departmental professional identity and autonomy; broader

Funding information
This research was funded by the National Institute for Health Research Public Health Research Programme awards 14/184/02 and 15/03/09. Trial registration: Project Respect: ISRCTN12524938. Positive Choices: ISRCTN65324176.

education policy including high-stakes testing and school inspection judgements; the significance of support staff; and staff–student relationships and partnerships. We argue that the likely impact of whole-school approaches and RSHE in schools more generally will depend on attending to all of these factors. The paper contributes firstly to debates about the theory and practice of RSHE by highlighting the significance of processes and cultures beyond the classroom in enabling or constraining positive change. Secondly it contributes to scholarship that elucidates the role of contexts, broadly defined, in understanding the enactment of policy and practice.

KEYWORDS
contexts, enactment, relationships and sexuality education, whole-school

Key insights

What is the main issue that the paper addresses?

The paper notes that debates about newly statutory relationships, sex and health education (RSHE) in England have focused primarily on curriculum content. Less attention is paid to whole-school approaches working at multiple levels to create environments that support student wellbeing. It analyses data from two pilot studies of whole-school programmes.

What are the main insights that the paper provides?

The paper argues for the significance of whole-school approaches. It also demonstrates their challenges, drawing on scholarship about contextual factors to consider in understanding policy enactments. It points to the parts played by high-stakes testing and school inspection judgements; support and pastoral staff; staff–student and community relationships and partnerships.

INTRODUCTION: RELATIONSHIPS, SEXUALITY AND HEALTH EDUCATION AS MORE THAN LESSONS

Background

While children and young people's access to comprehensive, inclusive and universal relationships, sexuality and health education (RSHE) in schools is important in principle as a

human right (ENOC, 2017; UNCRC, 2016 p. 63, 64), it is also often justified in terms of its contribution to public health and to social as well as individual wellbeing. RSHE is commonly tasked with delivering a wide range of outcomes. Some relate to specific indicators, such as decreasing unintended teenage pregnancies, sexually transmitted infections and 'early' sexual debut. Others are challengingly expansive, such as supporting cultures of consent, better sexual communication, diverse sexualities and gender equity, and reducing bullying, sexual harassment, coercion and abuse (e.g. UNCRC, 2016 ibid.). Yet the available evidence suggests that, while basic curriculum-only approaches may have some effects on knowledge and attitudes, they have limited, inconsistent and often short-term impacts on behaviour (Blank et al., 2010; Denford et al., 2017; DiCenso et al., 2002; Harden et al., 2009; Peterson et al., 2019). There is increasing, if not yet definitive, evidence that whole-school elements have more impressive effects (Ollis & Harrison, 2016; Peterson et al., 2019). Whole-school action can include:

- changes to school policies, practices and cultures to support individual and collective wellbeing, equalities and health;
- student and other stakeholder participation or co-production in planning and delivering activities;
- school-wide campaigns to challenge inequities and promote wellbeing;
- parent/carer and community engagement; and
- improving student access to pastoral, contraceptive, sexual health and other support services (UNESCO, 2018).

Whole-school approaches are important to harness multiple systems needed for change and prevent initiative 'washout' owing to competing influences or over time. They help direct attention away from individual agency to enabling structures and practices. They provide the resources, whether material, social or environmental, needed to enact positive, health- and wellbeing-promoting behaviours (Moore et al., 2019). Unlike curriculum-only interventions, they address influences at the institutional as well as the individual level, including disengagement from school, which is strongly and consistently associated, for example, with teenage pregnancy. Recent reviews suggest that these approaches can have significant and sustained impacts on delaying sexual debut (Peterson et al., 2019), increasing contraception use and reducing unintended pregnancy rates (Shackleton et al., 2016), and reducing victimisation and the perpetration of sexual and physical violence (Foshee et al., 2014; Philliber et al., 2002; Taylor et al., 2015). Whole-school approaches align with the World Health Organization's health-promoting schools framework and more generally with a settings-based approach to wellbeing (WHO, 2017). However, whole-school approaches to RSHE have not previously been rigorously researched in the UK.

The UK government's introduction of statutory RSHE in all secondary schools in England from 2020[1] has been welcomed by many. The Department for Education (DfE) website describes it as aiming to 'support all young people to be happy, healthy and safe … to equip them for adult life and to make a positive contribution to society'.[2] So far, most attention has focused on the content of the curriculum, parental perspectives and teacher training needs. The DfE's current guidance emerged from consultation with organisations, parents, students and other experts. It is more comprehensive than previous guidance, for instance by mandating the inclusion of lesbian, gay, bisexual and trans (LGBT) material and issues in secondary schools. However, it primarily emphasises 'core knowledge', providing a set of topics to be covered by each stage of education, rather than skills and pedagogy.[3] It also lacks extended consideration of appropriate whole-school approaches to RSHE.

Meanwhile, Public Health England has published a briefing aimed at convincing schools of the value of promoting student health for educational attainment, not least by attending

to school environments (PHE, 2014). The schools' inspectorate in England (Ofsted) has published a framework that encourages attention to pupils' 'behaviour and attitudes', 'personal development' and schools' wider work beyond the core curriculum, which might support whole-school approaches (Ofsted, 2019). Ofsted also recently published a *Review of Sexual Abuse in Schools and Colleges* (Ofsted, 2021), partly in response to the 'Everyone's Invited' initiative (https://www.everyonesinvited.uk/), which by December 2021 had received over 54,000 testimonies from young people detailing experiences of abuse and harassment in school and online. This review, significantly, recommends a whole-school approach to tackling sexual abuse, including measures to 'reinforce a culture where sexual harassment and online sexual abuse are not tolerated'. It is therefore timely to consider enablers of, and barriers to, such approaches.

This article reports on two pilot studies of multi-component, whole-school RSHE programmes: 'Positive Choices' (PC) and 'Project Respect' (PR). Both explored the feasibility and acceptability of delivering whole-school programmes to ascertain the potential for a phase III trial of effectiveness in English secondary schools. They did not assess intervention effectiveness at this stage. Both programmes supported schools through staff training via partner organisations and coherent, structured guidance manuals. The whole-school elements encouraged schools to engage with fidelity in processes of decision-making, but to adapt activities to fit specific school cultures, systems and needs. While all schools delivered the curriculum, the whole-school aspects were addressed in much more varied ways, as we discuss. This paper aims to explore how contexts affect the implementation of such whole-school elements.

Theoretical framework: contexts of enactment

In this paper we aim, firstly, to contribute to debates about RSHE in schools by highlighting the significance of practices, processes and cultures beyond the classroom in enabling or constraining positive change. Secondly, we contribute to scholarship that elucidates the role of context in understanding educational policy enactments (Ball et al., 2012; Braun et al., 2011; Maguire et al., 2020) and in evaluating complex educational programmes (Koutsouris & Norwich, 2018). Ball et al. (2012) argue that much policy analysis fails to take the contextual dimensions of schools seriously, seeing them as mere backdrop. They propose that, instead, we need to see contexts as active and dynamic, constantly (re)shaping schools' sense of themselves and their agency. They delineate key aspects of context as situated, professional, material and external. We have captured these in Table 1, including also their category of the psycho-social aspects of school cultures.

While Ball and colleagues' framework was developed to explore the enactment of more obviously 'unfinished' texts of national policies, we have found it pertinent to our data. It helps identify nuanced distinctions among and between schools' positionings and views initiatives as a process of negotiation, struggle and contestation by multiple 'actors' in the educational field. Conceptually it enables us to move beyond the focus on proximal factors and on school leaders that can arise from conceptualising 'implementation' as a passive, top-down or unidirectional process, and instead to produce more dynamic, situated and locally specific understandings of schools and RSHE.

Study design and methods

The PR and PC programmes were piloted in two studies, each involving secondary schools in England between 2017 and 2019. This was prior to the introduction of statutory RSHE

TABLE 1 Aspects of context as delineated by Ball et al. (2012)

Aspect	Delineation
External	Pressure from policy contexts, such as such as school inspection procedures and judgements, examinations, changes to curriculum and assessment, accountability, league tables, legal requirements, extent and quality of local authority or academy trust support.
Professional	School self-understandings, broader teacher cultures, commitments and experiences, values, how change is managed in schools, and continuities or discontinuities between departments, year groups and overall institutional contexts in addressing policies.
Situated	Locales or settings, school histories, intakes/students (and perceptions of these by staff), including in relation to other schools nearby, proportions of students living in poverty, with special educational needs or English as an additional language.
Material	Staffing, budget, buildings, technologies, capacities and infrastructure, how decisions about managing any one of these impact on other decisions.
Psycho-social	Refers to affective dimensions: emotional ties and allegiances to colleagues, students and places.

in England, although its imminence may have been a factor in some schools' engagement with the research. PR aimed to reduce dating and relationships violence and sexual harassment in schools, and was developed with two and piloted in four schools, in conjunction with the child-protection charity, the National Society for the Prevention of Cruelty to Children (NSPCC) (Meiksin et al., 2019, 2020a, 2020b). PC aimed primarily to reduce unintended pregnancies. It was developed with one and piloted in four schools in partnership with a leading English RSHE provider, the Sex Education Forum (SEF) (Bragg et al., 2021; Ponsford et al., 2018, 2021a, 2021b). Table 2 captures the studies' components. PC met the criteria for progression to full trial, which involved adequate levels of 'implementation fidelity' overall according to pre-established metrics. PR did not, in part because aspects of it were not adequately integrated into existing school processes. In each study, schools were purposively sampled for diversity according to measures of local deprivation and school-level educational attainment. Following completion of baseline surveys, schools were randomly allocated to control and intervention groups in a ratio of 1:2. Control schools delivered their usual RSHE. No schools participated in both studies.

The curriculum aimed to improve individual knowledge, skills and sexual and relationship competence. In terms of whole-school elements, communicating with carers promoted buy-in from the school community, while homework activities supported adult–child communication about intimate matters. Staff–student councils and co-produced campaigns set out to draw a diverse range of student voices into the programme and ensure that campaigns were relevant, tailored and communicated appropriately to peers. The campaigns, along with reviewing school policies, identifying unsafe sites around school, ensuring young people were familiar with local service provision and their rights to access it confidentially, all aimed to create a school environment supportive of sexual health and consensual relationships. The programmes built on elements from evidence-based interventions (Coyle et al., 2001; Foshee et al., 2004; Taylor et al., 2015).

Our focus here is specifically on the whole-school components of the programmes, rather than the curriculum elements which are discussed elsewhere (e.g. Bragg et al., 2021; Meiksin et al., 2020a; Ponsford et al., 2021b). We draw primarily from the qualitative elements (observations and interviews) of the process evaluations. Researchers attended staff training sessions, at least one school health promotion council (SHPC) and one student-led social marketing meeting (in the PC study), and a minimum of one curriculum lesson per intervention school. We interviewed one NSPCC and three SEF staff. School-based interviews

TABLE 2 Components of Project Respect and Positive Choices

Project Respect			Positive Choices		
Curriculum	**Staff roles**	**Whole-school elements**	**Curriculum**	**Staff roles**	**Whole-school elements**
Six lessons for year 9 (aged 13–14) Two lessons for year 10 (aged 14–15)	Training Lesson delivery Redesigning staff patrols	Staff and student surveys Review of school policies to identify areas for improvement Hotspot mapping –revised rotas for staff patrols to cover areas reported as unsafe Mobile phone app for help-seeking downloaded by students Parent/carer information Student-led campaigns emerging from lessons	Ten lessons for year 9 (ages 13–14) Homework designed to prompt parent/carer conversations at home	Training Lesson delivery Up to six staff, including senior leaders involved in SHPC At least one staff member supporting the student-led social marketing campaigns	Survey of year 8 (aged 12–13) students to ascertain student RSHE needs and priorities School health promotion council (SHPC) for staff and students to oversee the programme and select optional lessons A review of locally available sexual health and support services to improve provision and/or access Student-led 'social marketing' co-produced campaigns Parent/carer information

and focus groups involved at least six students and four staff in intervention schools. Sampling was purposive with regards to staff seniority and role, and student age and gender. Interviews were semi-structured, with guides covering school culture and experiences of the programme components. PR interviewed 21 staff and 40 students in six groups and observed three lessons. PC interviewed 28 staff, conducted eight student focus groups totalling 64 students aged 13–14, and observed 18 lessons and 12 meetings. Interviews were transcribed, analysed and coded using Nvivo qualitative data analysis software. In this paper, we refer to vignettes from five of the participating schools (Table 3). Ethical approval for both studies was provided by the London School of Hygiene and Tropical Medicine Research Ethics Committee. For each activity, informed written opt-in consent was sought from all research participants, including students. Parents were informed about the study and could exclude children if they wished.

RESULTS: HOW CONTEXT MATTERS TO WHOLE-SCHOOL RSHE PROGRAMMES

External factors

How some schools experienced external constraints as more critical and urgent than others was particularly striking in our data. Partway through the PC research, school 2 unexpectedly received a 'requires improvement'[4] verdict from the schools' inspectorate Ofsted. This resulted in several changes in the senior leadership team, redundancies, the introduction of new 'no excuses' behaviour and discipline policies, and consequent delays to and the sidelining of PC. Staff interviewees expressed anger and disappointment at what they saw as a retreat from the school's pastoral mission and community engagement over local issues of gangs, teenage pregnancies and knife crime. The sexual health services review, which required students to survey whether relevant information was visibly displayed, was blocked because a staff member was absent and, under new rules, students were not permitted to walk around the school unaccompanied.

Time for the student-led social marketing training was cut short, although a SEF interviewee stated that students nonetheless began to plan dynamic campaigns, facilitated by the school's marketing manager. This facilitator was very committed to the work and described it involving (as intended) a diverse range of students who chose to focus on the issue of sexual consent. However, plans were thwarted by timing and the leadership de-prioritisation of non-academic activities in the wake of the inspection judgement:

> A lot of teachers [ran] clubs, so the idea is, step back from the club if you're not nailing the teaching … Ultimately that's the bread and butter … The timing was unfortunate … Term 6 is all exam, exam, exam [and] there were assemblies, but they were related to policy, behaviour, run by the principal and the executive principal … Once you hit exam season, that is the priority … we've got to get these kids through exams. … it's one of those things where it's a serious message, no time for our clever skit. (Student-led social marketing coordinator).

School 3 also received a 'requires improvement' notice after agreeing to participate in PC, prior to the programme getting underway. This led to changes in the senior leadership team. The member of staff originally responsible for managing PC moved role and another was assigned. Neither this person nor the new headteacher were fully briefed. Several attempts to find dates for staff training fell through, sometimes at short notice, owing to staff absence and core-curriculum training taking priority. All aspects of the programme therefore began two terms later

TABLE 3 Overview of schools included in vignettes

No.	Type	Size/RSHE provision	Student body reference national average	Location	Observations	Interviews	Stage of research
Positive Choices study							
1	Founding school of small Academy Trust with an interest in inclusive practice, albeit now with selective element. Formerly a non-selective community school (from 1960s) in local authority with grammar school system (11+ selection)	Larger/dedicated PSHE department and trained volunteer staff	Lower FSM, higher SEND	Suburban, relatively wealthy area, newly rebuilt	Training: 3 Lessons: 1 SHPC meetings: 3 Student-led social marketing (SLSM) meetings: 2	Staff: 3 Senior/lead staff: 2 Students: 14	Pilot
2	Part of Multi-Academy Trust, founded after 2000	Average/RSHE teaching devolved to non-specialist staff with availability	Higher FSM, EAL and SEND	Inner city, new build	Training: 3 Lessons: 1 SHPC meetings: 0 SLSM meetings: 0	Staff: 4 Senior/lead staff: 1 Students: 8	Develop-ment
3	Formerly community school, now part of Multi-Academy Trust.	Larger/no dedicated RSHE teachers, tutor responsibility	Higher FSM and SEND, lower EAL	Suburban, new build since 2000	Training: 3 Lessons: 8 SHPC meetings: 1 SLSM: 1	Staff: 3 Senior/lead staff: 1 Students: 8	Pilot
4	Community (non-selective comprehensive, founded in 1960s)	Larger/head of PSHE working with SLT member to support RSHE staff, mainly NQTs and supply	Average FSM, higher EAL and SEND	Inner city	Training: 3 Lessons: 4 SHPC meetings: 1 SLSM: 1	Staff: 3 Senior/lead staff: 2 Students: 8	Pilot

TABLE 3 (Continued)

No.	Type	Size/RSHE provision	Student body reference national average	Location	Observations	Interviews	Stage of research
Project Respect study							
5	Academy 11–18, non-selective secondary school in Multi-Academy Trust with feeder primary schools, replacing a community school built in the 1950s	Average/no dedicated RSHE department	Above average FSM, below average SEND and EAL	Suburban, rebuilt in previous 10 years	Training: 1 Lessons: 1 Meetings: 1	Staff: 4 Students: 6	Pilot

Note: Community schools are under the control of the democratically elected local authority. Academies are state-funded but independent of local authority control.

Abbreviations: EAL, English as an additional language; FSM, students in receipt of free school meals; one index of deprivation; NQT, Newly Qualified Teachers; PSHE, Personal, Social, Health and Economic Education; SEND, special educational needs or disabilities; SLT, Senior Leadership Team.

than planned. Information about elements like parent engagement and homework proved hard to elicit as the lead staff member then left the school.

Schools 2 and 3 demonstrate clearly the shockwaves generated by being defined as 'under-performing' and how this can undermine health- and wellbeing-related activities. The verdicts led to immediate staff 'churn', as some staff sought jobs elsewhere and others were made redundant. This had severe consequences in terms of a loss of institutional 'memory' to proceed with initiatives. Changes in senior leadership may have eroded relationships that sustain dialogue and mutual understanding about why the activities mattered to students and staff. Competing curriculum demands and lack of prioritisation are often cited as factors inhibiting RSHE provision generally (Alldred & David, 2007; Buston et al., 2002), but our analysis suggests that this particularly affected delivery of the whole-school aspects of these programmes. These schools' defining of some matters (notably exams and academic subjects) as 'core' or 'bread and butter' and pastoral, extra-curricular or student-led endeavours as not serious or irrelevant to attainment, is a predictable, but arguably problematic, interpretation of Ofsted expectations. In contrast, staff in school 5 noted that PR's focus on safeguarding, which was recognised as an issue that could be crucial in school inspections, helped drive commitment to the programme.

Professional factors

In terms of professional factors, RSHE's low status, and the resultant pressures on and insufficient resources for it, mean that RSHE teachers often lack support or rewards in terms of career development in ways that inhibit delivery (Alldred & David, 2007). In all schools, staff frequently took on roles because the programme aligned with their personal values, commitments and experiences (such as of teenage motherhood, sexual harassment or LGBTQ identity), but without specialist training other than that provided by the project partners. In school 3, the lead teacher struggled to gain senior leader support for her work. Some of her colleagues refused even to deliver the lessons in tutor time, thereby expressing a particular contemporary, and restricted, sense of their professional responsibilities and roles, as well as echoing the school's general devaluing of pastoral matters. In contrast, the teacher in school 3 who took on the student-led campaigning came from Media Studies, a discipline known for participatory and dialogic pedagogy. We observed her working with students in equitable and empathetic ways that may have derived from that professional orientation. Since Media Studies has been marginalised by the wider education policy focus on 'core' academic subjects, she may also have welcomed opportunities for role development.

In school 5, the NSPCC lead reported poor engagement by senior leaders, who did not attend the training themselves. Instead, they directed other staff to attend it, who then arrived with poor understanding of why they were there. A significant consequence of senior leaders' absence was that teachers were less well placed to change school policies, a central aim of the whole-school approach.

In school 2, one experienced RSHE teacher withdrew from leading the programme, reporting feeling unsupported. Subsequently, senior leaders indicated that they saw RSHE as a non-specialist role (and pastoral work overall as marginal to academic mission) by reassigning it to members of the inclusion team who were well respected by students, but not trained teachers. The school's marketing manager brought valuable skills to the student-led social marketing campaign. However, like the inclusion staff, she may have lacked the formal authority to fight the initiative's corner when senior staff defined as not 'serious' their 'clever consent skit' about equitable gender cultures. Overall, schools 2, 3 and 5 showed how top-down approaches created staff resistance and disengagement. One partner organisation

interviewee observed that, in their experience, this was a trend in the more corporate and less dialogic approaches of some academies.

In school 4, a newly qualified teacher was assigned to lead the student-led social marketing aspect of the project. She had struggled with the curriculum because of her own religious beliefs, but reported enjoying the campaigning work with its more intimate and less disciplinary relational dynamics compared with classroom teaching. The group interpreted its role as fundraising and awareness-raising, producing information materials about prostate and cervical cancer for assemblies and running cake stalls to collect money for cancer charities. The teacher was keen to continue it in the future, although the 'safe' charity/fundraising focus was considerably different from that anticipated.

School 1 stood out in a number of ways. It had an established, committed and long-serving staff team. Interviewees described its ethos as 'happy', with one commenting that it had more the 'feel' of a local authority than an academy school (a reflection on the notorious employment practices of some large academy chains). Staff generally appeared to have strong affective loyalties to the school. RSHE was delivered by a dedicated personal, social, health and economic (PSHE) education department through regularly timetabled lessons. The department's head had worked in the school for 18 years. She had built up PSHE and facilitated her colleagues' work over the previous seven years with patience, persistence and energy, describing the headteacher as supportive while giving her autonomy. She engaged with local services and police reports to understand community issues, such as domestic violence and abuse, and took a lead role on RSHE within the local authority.

Existing staff chose to join her team, saw the role as a 'privilege' and had time allocated for preparation, training and capacity-building. PSHE was specified in the job description of a recent appointment. All this may have led staff to be both willing and able to deliver the whole-school elements. Moreover they adapted them effectively, for example communicating with parents through the school's existing newsletters rather than setting up new channels. The programme even continued when the lead went on maternity leave whereas, in other schools, staff changes could result in the programme being marginalised. The student-led social marketing component of the programme was delegated to a drama and PSHE teacher. He incorporated a focus on abusive relationships into year 9 drama teaching. Students stayed after school for rehearsals. Students interviewed described the 'intense' impact of using creative, embodied and affective drama techniques, such as 'emotion memory' and 'juxtaposition', to understand and experience these issues. Students performed in the school's 'Summer Showcase' to a packed audience of students, teachers and parents from years 7–9.

The SHPC in school 1 was led by another experienced PSHE teacher, and additionally involved the head of year 9 and the safeguarding lead. Staff recruited an ethnically diverse group of eight students from years 7–10 and two volunteers from the LGBTQ group. The SHPC supported a launch assembly, selected two optional lessons and conducted the sexual health services review. It noted how little information about sexual health (or any) services was displayed around school and made plans to change this. Staff were impressed by students' suggestions of placing information in changing rooms, areas they never visited. Staff learnt that students incorrectly assumed that a referral was necessary to use the on-site pastoral department.

School 1 appeared to be a high-trust/low-surveillance environment, with senior leaders trusting the staff to do their job and providing consistent support. For example, they facilitated the SHPC to meet in lesson time and attended meetings themselves. By contrast, schools 2, 3 and 5 scheduled meetings during break-time, requiring greater commitment from staff and students. In school 5, this meant that the student-led campaigns were not implemented because it was too demanding for teachers to find time outside of lessons.

Situated factors

Situated factors relate to a wide range of historically and locationally specific features that seemed to underpin differences in enacting the whole school aspects of the programme. Schools 1 and 4 both had histories as non-selective community schools. Their inclusive ethos may have supported their continued commitment to a pastoral as well as an academic mission. Their institutional longevity may have contributed to strong parental support. Two or three generations of some local families had attended school 1 and some staff-members were themselves ex-students. School 1's 'Summer Showcase', which included the drama about abusive relationships, was very well attended. School 4's intake was ethnically and socioeconomically mixed, with some students from affluent areas but also many entitled to free school meals, with special educational needs and disabilities or English as an additional language. The school took its pastoral role seriously, commissioning external providers, such as theatre groups, to deliver workshops. A senior leader oversaw policy and organised a well-attended parent consultation about RSHE. Another teacher designed the RSHE curriculum and supported teaching staff. The SHPC met several times during the programme. Students wrote items about PC for the school's colourful and popular termly newsletter. Staff interviewees discussed developing SHPC activities in future to address other health and wellbeing issues, such as diet, exercise and transport, and possibly merging the SHPC with the existing student council.

In school 3, in contrast, staff described high levels of deprivation and domestic violence in the home lives of students, and generational cycles of school failure and young parents. Some perceived parents as disengaged and appeared not to have existing channels of communication with them. We were left unclear as to whether staff tried to implement parental engagement activities. School 2 was a newer school and so may have been less sure of relations with its diverse local community.

The cost of housing in the inner-city areas where schools 2 and 4 were located could make attracting and retaining staff difficult. School 1's suburban location may have enabled staff to live locally and some to send their own children to the school, reducing staff turnover. This may have benefitted staff–student and staff–parent relations, staff commitment to the school ethos and values, confidence in developing new initiatives and awareness of local services. All of this created a context supporting whole-school elements.

School 1's local authority health and social care plan had a specific youth focus (a factor recognised as important; Brook, 2020). It was therefore already geared to providing young-people-friendly services to which the school could make referrals. Likewise, in school 4, a local-authority-funded nurse ran weekly surgeries. School 3 had good links with local health services and was reported by a SEF interviewee to have taken up available offers of sexual health training. However, owing to its predominantly ageing population, the local authority health and social care plan did not prioritise youth services. Cuts also meant that students would have to travel some distance to access health services.

Included in situated factors may be how perceptions of the student body, and histories of community embeddedness, may have shaped the willingness of staff to work in open-ended ways with diverse students. Students' sense of belonging and good relations with each other and with staff are also significant, not least because addressing challenging topics, such as sexuality, consent, abuse and harassment as the student-led campaigns were intended to, requires a safe space. Schools 1 and 4 had a history of student-led activism and voice, including on gender and LGBTQ issues, and staff expressed pleasure at working in partnership with students. The whole-school aspects of the programme fitted into a pattern of students (rightly) expecting their contributions

to be valued by staff, even when these were critical, as was the case in school 1, of RSHE 'heteronormativity'.

School 2 may have lacked regular mechanisms for student consultation prior to its unexpected Ofsted inspection result, but it appeared to have abruptly entered a period of low trust and high surveillance, exemplified by the refusal to allow students to leave classrooms unchaperoned, and by what students perceived as the new leadership's reluctance to listen to their concerns about the new behaviour policies.

Our observation of school 3's student-led social marketing meeting revealed a lively mixed-age group giving up their break-time to develop a campaign focused on the problem, which they had identified, of rampant gossip and rumour-mongering in the school. It floundered somewhat in finding a message that counselled against 'telling secrets' without simultaneously discouraging disclosure of safeguarding issues. Discussions also revealed that there were few places for confidential conversations with staff since 'pastoral' rooms were generally full of students on detentions and time-outs. However, this may have been precisely why the student–staff partnership and change aspects made a powerful statement about shared commitment to school improvement, especially since staff reported choosing some well-known 'characters' who brought the campaign visibility and prestige. 'It shows we care about making the school better', a student commented. The lack of confidential spaces for students to approach staff could be read as a limitation embedded in the very architectural fabric of the school, as well as in the leadership's priorities.

Interviewees in school 5 suggested a gendered divide between staff in terms of whether PR's focus on dating and relationship violence was seen as an issue, with women staff more likely to identify it as important for the school to address. Although student-led campaigns were drafted during lessons, the school had not implemented any by the time the pilot ended, since staff could not find time out of lessons to do so. The hotspot mapping to identify potentially unsafe spaces in the school was carried out. However, modifying staff patrols to provide more cover in these areas proved problematic, because the staffing was 'already negotiated' and the duty rota set.

Material factors

School 1 was the largest school in our sample and had recently been re-built. According to the School Cuts website (https://schoolcuts.org.uk/), it was the least affected of any school in our sample by cuts to school budgets as part of the Conservative Government's austerity drive. It was well equipped and benefitted from economies of scale. It had an on-site pastoral support department and other staff capacity. A higher-level teaching assistant, a support staff role with enhanced responsibilities, provided significant administrative support for the programme. She was a cover supervisor, meaning that she was well known across the school and was already often approached by students concerning pastoral matters. Like the inclusion team in school 2, her presence may have enhanced the value and authority of the programme in students' eyes.

All other schools faced significant budget constraints, according to the School Cuts website: school 5 was acutely affected by funding cuts and implemented redundancies during our research. In schools 2 and 3, cuts appeared to have been experienced most drastically by pastoral teams that were facing redundancies. However, school 1's example shows that such support staff play key roles in sustaining school cultures that students may perceive as caring and considerate of the 'whole person'.

DISCUSSION: THE CHALLENGES OF CONTEXTS NATIONALLY AND INTERNATIONALLY

Summary of key findings

Statutory RSHE in England has been charged with delivering multiple outcomes. However, existing evidence suggests that lessons alone may not be enough to achieve them. Some have hailed whole-school approaches as best practice in RSHE (Ollis & Harrison, 2016; Renold & McGeeney, 2017) and they are advocated by the WHO. Our own evidence suggests how they might potentially overcome some of the limitations of curriculum-only interventions.

In working with Ball, Braun and Maguire's framework to explore the factors that shaped schools' enactments of elements beyond the curriculum, we showed how these elements were interpreted in diverse ways. This was partly because the whole-school elements had (and were intended) to be adapted into heterogeneous school systems. However, it was also because they were perhaps seen as unusual, less essential and more challenging to deliver. All schools commented on the pressures of the core curriculum. Success was enabled by schools integrating these elements into existing systems and processes. School 1 did this by making the student-led campaigns part of drama lessons, and other schools by using established communication channels to engage with carers, or using their existing student council for the functions of the SHPC. Some evidence of the potential benefits of whole-school approaches was provided by school 1's PC coordinator. She argued that the different elements worked powerfully, synergistically and visibly to embed key messages across the school and enable staff to understand student perspectives:

> That's the thing that I think made it work, because … the students could see the assemblies and the school health promotion council, and the drama, and then coming to the lessons, so it all fed into each other really, really well … It's enabled [the senior leader] to have a forum of our young people across each year group [and] she can directly [ask] 'What do you think about that?' … it's given us a forum where everyone's happy to speak really openly.

These findings however have to be balanced with awareness of their potential limitations. As we have noted, RSHE guidance in England currently emphasises core knowledge for lessons. Internationally, the prospects for whole-school programmes may be even less promising given the dominance of abstinence-based approaches in some US states (Moran, 2000) and evidence from Australia that fewer than 10% of students experience anything more than RSHE lessons (Jones, 2020). Even were whole-school approaches more strongly recommended, we need to acknowledge the wide range of contextual factors that shape schools' capacities to engage them. We hope to have offered a wider view of relevant factors, going beyond the proximal contextual influences on implementation (staff support, senior leadership, etc.) noted in previous research (Herlitz et al., 2020; Pearson et al., 2015), to explore the deeper politics of schools, local areas and national school systems. We have identified the effects of school location, funding, community engagement, vulnerability to negative Ofsted inspections and staff capacity. More specifically, our findings emphasise that support staff, staff–student relations and practices of student voice and participation are all important to supporting whole-school work. At a very basic level, as a SEF interviewee commented, it is simply contradictory to try to develop co-produced, student-led campaigns on challenging issues such as sexual consent, in contexts where young people are not even trusted to use toilet facilities in lesson time. Some approaches to student voice may be in decline in the current context

where teacher authority and student 'discipline' are being re-emphasised (Bragg, 2021). A recent study reported a decline in young people in England feeling safe or a sense of belonging at school, a factor likely to support the need for whole-school approaches (Brooks et al., 2020).

Limitations

The research reported here was relatively limited since it derives from pilot studies, but did nonetheless involve in-depth research in 11 schools and two different whole-school programmes. We are presenting a secondary analysis of data collected to assess intervention feasibility and acceptability, although the influence of contextual factors on this was a central concern of both studies. We have focused purposively on five schools, only one of which came from the PR as opposed to the PC study owing to the greater depth of qualitative data gathered from the latter. Both studies were conducted in state secondary schools in south-east England and the results cannot be assumed to generalise to schools in other systems and locations. We should be cautious about assuming that any whole-school elements within newly statutory RSHE will be well implemented given that, in most schools, such work will receive less external support than that provided to the schools in our studies. We will explore these questions in a greater number and variety of schools within the process evaluation for the phase III trial of the PC intervention.

Implications for research and policy

Our findings support the feasibility of whole-school approaches, especially where these may be tailored to local contexts with the active participation of staff and students. Further studies should explore the feasibility of such approaches across a wider diversity of models, settings and population groups.

Ofsted's current inspection framework (2019) and its recent report on preventing sexual abuse and harassment (2021) emphasise student participation and whole-school approaches. Ofsted now encourages attention to students' 'behaviour and attitudes' and 'personal development', recognising that this is a whole-school responsibility related to broader offerings and wider work, and cannot be achieved only through a series of lessons. However, it is important to consider carefully how inspection judgements might inhibit action, and the impact of trends in English education policy on schools' readiness and capacity to deliver whole-school approaches. Maguire and colleagues argue that Ofsted's new framework does not go far enough in recognising the centrality of context in enabling schools to provide the full breadth and depth of activities needed for high-quality education. They stress the challenges facing some schools in delivering the enriched curriculum and additional provisions that 'do not obviously relate to official indicators of school success but that enrich secondary schooling for young people' (Maguire et al., 2020, p. 504).

The basis of both PC and PR was that such additional aspects are not only enriching but also essential for young people's wellbeing, sexual health, the prevention of violence and abuse and the development of equitable cultures. They have value regardless of whether they convert into higher attainment (Gorard, 2018, p. 129). However, there is evidence that schools with the best value-added attainment also have the best student wellbeing, and that promoting health and wellbeing has positive consequences for attainment (Bonell et al., 2014). Schools therefore need to be buttressed not only in improving academic achievement but also in providing wellbeing and social support, and encouraged to see that improving

attainment should not be interpreted to require a monolithic focus on narrow pedagogic practices.

On a final and more optimistic note, however, we return to the question of staff–student relations and consensual cultures. Across all schools, we were struck by students' sense that high-quality RSHE, including whole-school student-led initiatives, indicated the school's concern for them, and their own pride in such work. Our evidence suggests that schools with established patterns of mutual respect and of working collaboratively and participatorily with students may be well placed to promote sexual and other aspects of health, wellbeing and equality through whole-school programmes. Schools lacking such cooperative traditions may face a much greater struggle. Nonetheless, good-quality and participatory RSHE might itself be an important route for improving school cultures and relationships (Hoyle & McGeeney, 2019), perhaps thereby justifying the hopes placed in it by so many.

ACKNOWLEDGEMENTS

The authors would like to thank Diana Elbourne, Nerissa Tilouche and the anonymous reviewers of the first submission for their feedback. This study was supported by the UK National Institute for Health Research (NIHR) Public Health Research programme. The views expressed in this paper are those of the authors and not necessarily those of the National Health Service (NHS), National Institute for Health Research (NIHR), Medical Research Council (MRC), Central Commissioning Facility (CCF), the NIHR Evaluation, Trials and Studies Coordinating Centre (NETSCC), the Public Health Research programme or the Department of Health. The funding source had no role in the design of this study and will not have any role during its execution, analyses, interpretation of the data or decision to submit results.

ETHICS APPROVAL STATEMENT

The Positive Choices research was approved by the London School of Hygiene & Tropical Medicine ethics committee on 21 March 2017. The Project Respect research was approved by the London School of Hygiene & Tropical Medicine and National Society for the Prevention of Cruelty to Children ethics committees.

CONFLICT OF INTEREST

None of the authors report a conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from Chris Bonell upon reasonable request.

ORCID

Sara Bragg https://orcid.org/0000-0002-0377-5843

ENDNOTES

[1] Children and Social Work Act 2017 c16 Chapter 4, 34, 35.

[2] https://www.gov.uk/government/news/relationships-education-relationships-and-sex-education-rse-and-health-education-faqs

[3] See for example the DfE training modules: https://www.gov.uk/guidance/teaching-about-relationships-sex-and-health#train-teachers-on-relationships-sex-and-health-education

[4] A school judged as requires improvement is 'a school that is not yet good but overall provides an acceptable standard of education' according to Ofsted. It will normally be re-inspected within 30 months.

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How to cite this article: Bragg, S., Ponsford, R., Meiksin, R., Lohan, M., Melendez-Torres, G. J., Hadley, A., Young, H., Anne Barter, C., Taylor, B., & Bonell, C. (2022). Enacting whole-school relationships and sexuality education in England: Context matters. *British Educational Research Journal*, 00, 1–19. https://doi.org/10.1002/berj.3788