

This consultation asks for views on the draft regulations and statutory guidance relating to Relationships Education, RSE and Health Education, and whether the statutory guidance provides sufficient information and support to schools in teaching the subjects.

The full consultation document is available on the [gov.uk website](https://www.gov.uk)

Questions 1 to 9 are about the respondent so are not repeated here.

Primary Schools - Relationships Education

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

Agree

We agree that the content is appropriate for primary aged children. As the content is not currently separated by Key Stage or by Year, we would recommend that advice is provided on this for schools to ensure that topics are addressed in a timely and developmentally-appropriate manner for children during primary school.

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

Disagree

We would recommend additions of the following areas in order to meet the stated aim of providing sufficient knowledge to help primary school pupils to have positive relationships:

- A comprehensive relationships curriculum should include areas such as talking about feelings, preparing for puberty (including correct naming of body parts), respecting boundaries and learning that their body belongs to them, understanding who to talk to if they are experiencing abuse, conception and birth, and the importance of respectful relationships.
- We note that puberty is not covered on the grounds it should be covered in the science curriculum. However, there is no recognition of the emotional changes that puberty brings and how this can affect relationships, including a space to talk about feelings. It is also important to teach children about puberty in the context of respecting boundaries,

learning that their body belongs to them, understanding who to talk to if they experience abuse, conception and birth

- The idea of sex in relationships and the need for it to be grounded in respect is not introduced. Currently, the emphasis is on teaching how to report abuse rather than what constitutes abuse and how to spot warning signs.
- We welcome the inclusion of online as well as offline relationships and feel this should be woven throughout teaching rather than standalone. Guidance and education on emerging challenges including sexting should also be introduced.
- There needs to be a clear statement that LGBT people and relationships are part of teaching about healthy relationships in primary school. This can be demonstrated in relation to families – but also it is helpful to children to learn the meaning of terms such as lesbian, gay and bisexual.

Link with mental wellbeing

Relationships education should not be separate from education about mental wellbeing, and young people should gain an understanding at an early stage of the impact of relationships on their mental health and wellbeing. As well as being taught about relationships education there must be a whole school approach to positive relationships, with teachers and school staff leading by example in how they relate to pupils, each other and parents. Children learn about positive relationships through how other people relate to them and the relationships they observe.

Children in primary school need to be taught about the effect of relationships involving loss, bereavement and trauma on their mental health and wellbeing. This could include in relation to: differences and changes in families; lifecycles and understanding of death; understanding and managing feelings; and seeking help.

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

Disagree

The emphasis should be put on the recommendation that sex education is taught and why it is beneficial, rather than on it not being compulsory. Sex education is an important and essential part of a child's education, and should be taught in a way that is developmentally appropriate. The guidance should be promoting this and recommending that all primary schools have a programme of sex education in order to meet pupils' needs.

As with relationships education, RCPCH firmly believes that sex education should not be separate from education about mental wellbeing. Consent, healthy attitudes to sex, learning to keep yourself safe from sexual exploitation, online grooming and sexually harmful behaviour can all impact on mental wellbeing, and these issues should be taught within this context.

Secondary schools – Relationships and Sex Education

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

Agree

We agree that the content is appropriate for secondary-school aged children. As the content is not currently separated by Key Stage or by Year, we would recommend that advice is provided on this for schools to ensure that topics are addressed in a timely and developmentally-appropriate manner for children during secondary school. This is particularly important for sex education given the common perception that content is taught too late.

We would also recommend that children and young people are consulted in relation to the age at which content is taught.

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

Disagree

We would recommend additions of the following areas in order to meet the stated aim of providing sufficient knowledge to help secondary school pupils to have positive relationships:

- Positives of the internet should be acknowledged
- There is a lack of guidance on emerging challenges including dating violence, peer on peer abuse online
- There is a lack of focus on issues on consent and coercion
- Pupils should be taught about the effect of relationships involving loss, bereavement and trauma on their mental health and wellbeing
- Sex education should be taught developmentally.
- Education should take an approach sensitive to the individual's circumstance.

There is a focus in the guidance on knowledge and information. However, evidence shows that young people need to develop their personal competencies in order to have healthy relationships, including communication and critical appraisal skills. There should also be reference to the importance of living and practising values in everyday school life.

As highlighted in reference to the guidance for primary schools (Q11), Relationships and Sex Education should not be distinct from mental wellbeing education. Relationships and approaches to sex are key to good mental health and wellbeing and should be taught in this content.

There is strong evidence that embedding RSE within a whole school approach will yield positive health outcomes for CYP, ensuring education extends beyond the classroom in partnership with the wider community. A holistic approach to the delivery of RSE would ensure that CYP are well supported to access to additional support and care which may be required; for example, access to family planning services or relevant agencies if they are at risk of, or experiencing abuse. CYP have consistently told the RCPCH that they prefer health messages to be repeated and delivered through different mediums, forums and methods, and that content should be delivered by staff trained specifically to do this, noting that teachers may always not be optimal, and we support an expansion of teacher training in this area.

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

Disagree

Sex education is an important and essential part of a child's education, and should be taught in a way that is developmentally appropriate. We would recommend that withdrawal of pupils should be done by exception request only. This is part of normalisation of sex education and setting a societal norm for its teaching wherever possible. Within sex education, many important issues such as STIs, teenage pregnancy, sexual assault and consent are often discussed, which children should not be separated from.

It should be made clear that if parents choose to withdraw their child from RSE and mental wellbeing education they have a responsibility to provide this to their child at home, and the role of schools in supporting this with materials and resources should be described in order that the child's needs are met. The RCPCH are aware that good quality communication from school to parents generally results in increased confidence from parents that the RSE and mental wellbeing education provided is appropriate and useful to their child, and thus in reduced numbers of parents choosing to withdraw their child. Therefore, we recommend schools are encouraged to focus on this.

Primary schools - physical health and wellbeing education

16. *Do you agree that the content of physical health and wellbeing education in paragraphs 86-92 of the guidance is age-appropriate for primary schools pupils?*

Agree

Guidance should be provided to schools on how to adapt schemes of work in order to deliver them in an age and developmentally appropriate way.

17. *Do you agree that the content of physical health and wellbeing education as set out in paragraphs 86-92 of the guidance will provide primary school pupils with sufficient knowledge to help them lead a healthy lifestyle?*

Neither agree or disagree

RCPCH welcomes the proposed content on physical health and wellbeing, including that on positive and emotional wellbeing, learning when and how to get help, and the link between physical and mental health.

We would recommend additions of the following areas in order to meet the stated aim of providing sufficient knowledge to help primary school pupils lead a healthy lifestyle:

- Lack of recognition of broader factors for mental health and wellbeing - for example sport may not be positive for all, and the importance of solo activities for some
- Lack of information about choice and healthy behaviours during pregnancy and post pregnancy, including familiarity with breastfeeding

- Wellbeing content should be embedded in a whole school approach to mental health and wellbeing, and link to the planned designated senior leads for mental health
- Safer online relationships should be taught in the context of wider online safety issues and include links to self-esteem. It is also important not to forget to address the positive aspects of engaging with the online world.

There is a need to ensure the curriculum has a positive focus on wellbeing rather than focusing heavily on risks. Children and young people should feel uplifted and inspired about their emotional wellbeing as well as equipped to deal with challenges. Mental health education should not create anxiety amongst young people about the potential risks and dangers to their mental health. For example, mental health education about social media and the online world should equip young people with the skills to make the most of the online realm as well as warn them of the risks.

There is also a heavy focus on knowledge and information. RCPCH firmly believes that this will not be effective unless stronger skills development is incorporated, including communication skills, managing failure and problem solving, emotional regulation, help-seeking and healthy coping. In particular, there needs to be a focus on appropriate internet use and education on how to critically appraise information on the internet. We note recent [research](#) from the Cochrane Group on critical appraisal skills in primary school children in Kenya.

It is also important that young people are given the chance to express their perspectives and that they are consulted on what they would value learning about.

Secondary schools – physical health and wellbeing education

18. *Do you agree that the content of physical health and wellbeing education in paragraphs 93-99 of the guidance is age-appropriate for secondary school pupils?*

Agree

It is important to acknowledge that pupils will arrive at secondary school with different degrees of skills and understanding depending on the quality of their primary PSHE provision. Therefore, schools should be encouraged to revisit key themes and skills with pupils entering secondary.

19. *Do you agree that the content of physical health and wellbeing education as set out in paragraphs 93-99 of the guidance will provide secondary school pupils with sufficient knowledge to help them lead a healthy lifestyle?*

Neither agree or disagree

RCPCH welcomes the proposed content on physical health and wellbeing, including that on positive and emotional wellbeing, learning when and how to get help, and the link between physical and mental health.

We would recommend additions of the same areas as given in Question 17 in order to meet the stated aim of providing sufficient knowledge to help secondary school pupils lead a healthy lifestyle. The following areas are suggested in addition:

- Embedding online safety across all relevant areas. A focus group with 15 young people aged 11-25 identified the following as priority areas to be addressed within health education: cyber security, managing your presence, awareness, unrealistic behaviours and expectations portrayed in media and social media.
- The guidance with regards to the teaching around eating disorders is confusing and has the potential to cause harm. We recommend that DfE signpost schools to the guidance on the safe teaching of mental health issues written in conjunction with the PSHE Association which clearly outlines how to safely teach areas such as self-harm and eating disorders.
- The new curriculum must educate children and young people on some of the drivers of loneliness and the impact of other co-existing issues such as poor health, low self-esteem, and the consequences of multiple moves and mobility
- Clear signposting and support with access to relevant child, adolescent and, where appropriate, adult health services
- Focus on transition: children and young people should be able to identify and self-manage needs as they transition out of secondary school as not all further education establishments will maintain health education.

With regards to mental health, one young person we spoke to stated - "Sex education is something you can learn about, but mental health is something you need to develop". Learning needs to operate both internal and external to the classroom, not only fostering knowledge but ensuring young people are supported to access the support and services they may need and creating a school environment optimal to the promotion of mental health.

As with primary school health education, there is a need to ensure that the curriculum: has a positive focus on wellbeing rather than focusing heavily on risks; incorporates stronger skills development; and that young people are given the chance to express their perspectives and that they are consulted on what they would value learning about. Please see our response to Question 17 for more detail on these areas.

General

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

Disagree

We support the approach set out by the Sex Education Forum for engaging parents in developing and updating a school's RSE policy. The outlined approach is missing these clear steps:

1. Send the draft policy out to all parents by email, letter or posted on the school website and invite feedback and comments. Asking specific questions will make it easier for parents to respond.
2. Invite parents to a meeting about the policy. This will provide more time to explore what RSE really is and for facilitated activities that help parents to reflect on what kind of RSE they want for their children.
3. Recruit a group of parents (e.g. an existing group of parent helpers) to be a 'task force' and carry out a consultation on the policy. For example, a table could be set up in the

playground at 'home time' or during a parents' evening so that the task force can ask other parents one to one about their views on the school policy.

4. Sharing material created by pupils in RSE lessons with parents is a great way to capture attention and gain support. This could take the form of questions asked by pupils that have been posted in an anonymous question box as part of a needs assessment. This will show parents the kind of questions that children of a particular age want to ask.

We would also recommend that 'parents' is changed to read 'parents/carers' throughout.

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

Agree

Whilst schools should be free to adapt the curriculum, minimum standards must apply to ensure that no topics are incorrectly considered unimportant. The curriculum should be developed in consultation with pupils as well as parents and the local community, and schools should be required to evidence that they have consulted pupils about their needs.

The RCPCH firmly believes that PSHE should be delivered by appropriately trained staff, who are adequately resourced, further reinforcing a need for PSHE to be made a statutory part of the curriculum. CYP have told the RCPCH that they want to hear from an inspirational person who is experienced, credible, influential and relatable, that they prefer health messages to be repeated and delivered through different mediums, forums and methods, and that content should be delivered by staff trained specifically to do this. We note that teachers may always not be optimal, and we support an expansion of teacher training in this area.

22. *Do you agree that paragraph 44 of the guidance provides clear advice on how head teachers in the exceptional circumstances will want to take the child's SEND into account when making this decision?*

Disagree

RCPCH notes that there is a safeguarding risk for the child or young person of not receiving elements of their education entitlement. Being excluded from lessons can have a detrimental impact on children and can mean that children are more likely to learn their RSE and mental wellbeing education second-hand from peers. Those with SEND, including mental health challenges, may in fact be particularly vulnerable, and therefore it may be particularly important they receive their educational entitlement. The education should be developmentally appropriate and adapted to be suitable to their needs.

There should be a focus through the guidance on how all Sex, Relationship and Health Education can be made suitable to those children and young people with SEND, including those with mental health difficulties.

23. *Do you agree that paragraphs 30-32 of the guidance provide sufficient detail about how schools can adapt the teaching and design of the subjects to make them accessible for those with SEND?*

Disagree

There is concern about the lack of consideration towards children and young people with SEND, as they feature very little throughout the guidance. CYP with SEND should not just be mentioned in relation to specific issues, and all of RSE and Health guidance needs to be made accessible and age appropriate for CYP with SEND.

Throughout the guidance there is no detail about the practical application of RSE and mental wellbeing education for CYP with SEND. RSE and mental wellbeing education should start early on in a CYP's education and be reinforced regularly, as there is great importance in repetition for CYP with SEND.

There should be investment into teacher training and CPD in order for schools to implement RSE and mental wellbeing education for CYP with SEND to a high standard. Teaching resources and materials that are suitable for teaching RSE and mental wellbeing education to CYP with SEND need to be made more widely available, including specific teaching examples development in consultation with experts.

The guidance also needs to address how those with English as an additional language are supported to ensure they fully benefit from their educational entitlement.

24. *Do you have any further views on the draft statutory guidance that you would like to share with the department? Do you think that the expectations of schools are clear?*

RCPCH have identified the following general gaps in the guidance that we feel need urgent attention:

- **“Living in the wider world”** - we support PSHE being taught across the key themes set out by the PHSE Association - relationships, health and wellbeing, and living in the wider world. By making only parts of statutory, the holistic approach is lost.
- **Children outside mainstream education, including home-schooled children, those in hospital and those in secure settings** - there is no proposed approach to support these children, which we believe raises safeguarding concerns if they are to miss this essential education.
- **Access to services** - There is a lack of acknowledgement of the need to extend education beyond the classroom and ensure CYP are well supported to access additional support and care, eg access to family planning services or relevant agencies if they are at risk of abuse.

The RCPCH firmly believes that raising the status of relationships education alone will not maximise health outcomes for CYP. This is why we called in our State of Child Health Report (2017) for the Department for Education to introduce statutory and comprehensive personal, social and health education programmes, comprising sex and relationship education, across all primary and secondary schools, including free schools and academies, with the delivery of these programmes included in robust Ofsted inspections. This message has been consistently reinforced through discussions that the RCPCH has had with CYP through our RCPCH &Us network.

The RCPCH therefore welcomes the introduction of statutory physical health and wellbeing education, alongside relationships and sex education. We particularly welcome the expectation that mental health education should have the same high expectations for children as other subjects, including proper staffing and timetabling, the facilitation of a safe learning environment and using external visitors to teach. Having mental health on par with physical health is a very positive step, as is the acknowledgement of the relationships between physical and mental health. We also welcome the recognition of the effect bullying, both on and offline, has on mental health, as well as the suggestion that LGBT issues should be 'integral'.

However, we continue to call for health education and relationships and sex education to be taught within the context of a wider comprehensive statutory PSHE curriculum to ensure consistency and whole school approach. Mental health and wellbeing is at the heart of PHSE, running through sex education, relationship education, physical education and financial education. In this context it is important to have whole programme of PHSE, and we firmly believe it is not enough to still have parts of PHSE optional.

There is strong evidence that embedding RSE within a whole school approach will yield positive health outcomes for CYP, ensuring education extends beyond the classroom in partnership with the wider community. A holistic approach to the delivery of RSE would ensure that CYP are well supported to access to additional support and care which may be required; for example, access to family planning services or relevant agencies if they are at risk of, or experiencing abuse.

25 *Do you agree that more is required on financial education for post-16 pupils?*

Strongly agree

We continue to be supportive of the core PSHE themes set out by the PSHE Association - 'relationships', 'health and wellbeing' and 'living in the wider world', and believe that these current proposals are lacking much of the 'living in the wider world' content. Recent focus groups held with 15 young people aged 11 - 25 highlighted the importance of topics which fall under the 'living in the wider world' theme such as finances and budget, domestic literacy and careers. The impact of poor financial management on mental wellbeing is well-documented and we believe that more should be done as part of statutory education to support prevention of these challenges in later life.

Q26-33 are outside RCPCH expertise and we have not provided an answer

About the RCPCH

The College is a UK organisation which comprises over 15,000 members who live in the UK, Ireland and abroad and plays a major role in postgraduate medical education, as well as professional standards.

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