

Department for Education - Changes to the teaching of Sex and Relationship Education and PSHE

ONLINE Response submitted by the Royal College of Paediatrics and Child Health

January 2018

Relationships Education and RSE

1. Thinking about relationships education in <u>primary schools</u>, what do you believe are the three most important subject areas that should be taught for different age groups/key stages and why. Please include any considerations or evidence which informed your choices.

The RCPCH firmly believes that raising the status of relationships education alone will not maximise health outcomes for CYP. This is why we have 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 (2016/17).

The RCPCH believes that the <u>DfE Sex and Relationships Education Guidance (2000)</u> along with the <u>DfE-endorsed SRE for the 21st Century (2013)</u> provides a strong foundation for the development of the relationships curriculum, allowing for interrelated areas critical to a child's physical development, emotional wellbeing and safety to be covered. A comprehensive relationships curriculum would 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 do not believe that these areas can be ranked in order of importance or delivered in a siloed manner.

2. Thinking about relationships and sex education in <u>secondary schools</u>, what do you believe are the three most important subject areas that should be taught for different age groups/key stages and why. Please include any considerations or evidence which informed your choices.

The RCPCH advocates strongly for RSE to be embedded within a wider statutory PSHE programme. The RCPCH believes that the <u>DfE Sex and Relationships Education Guidance (2000)</u> along with the <u>DfE-endorsed SRE for the 21st Century (2013)</u> provides a strong foundation for the development of the RSE curriculum.

The RCPCH does not support the ranking of subject areas in order of importance, however we would like to highlight the importance of maternal health and wellbeing and reproductive choice on the longer-term health and wellbeing of CYP. Evidence shows that early childbearing can have a persisting effect on risk of mortality throughout childhood, therefore information about choice and healthy behaviours during pregnancy and post pregnancy are vital, including familiarity with breastfeeding.³⁴⁵

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https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283599/sex_and_relationship_e_ducation_guidance.pdf

 $\frac{https://www.rcpch.ac.uk/system/files/protected/news/WEBSITE\%20FINAL\%20Breastfeeding\%20Position\%20Statement\%20280717~0.pdf$

¹ http://www.sexeducationforum.org.uk/media/17706/sreadvice.pdf

³ https://www.rcpch.ac.uk/system/files/protected/page/CHR-UK%20MODULE%20B%20REVISED%20v2%2015112013.pdf

⁵ https://www.rcpch.ac.uk/sites/default/files/page/Why%20children%20die%20part%20B.pdf

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.

3. Are there important aspects of ensuring safe online relationships that would not otherwise be covered in wider Relationships Education and Relationships and Sex Education, or as part of the computing curriculum?

The RCPCH believes that the teaching of safe online relationships in isolation of wider online safety issues will be ineffective in ensuing young people are equipped to manage the complexities of the modern digital world. This learning should be embedded within a wider programme which covers related issues such as body image, mental health and wellbeing and self-esteem, and which also addresses the positive aspects of engaging with the online world.

A recent focus group with 15 young people aged 11-25 identified the following as areas to be addressed within the PSHE curriculum, cyber security, managing your presence, awareness, unrealistic behaviours and expectations portrayed in media and social media. This further reinforces the importance of embedding RSE within a wider statutory PSHE programme which would facilitate a curriculum where online safety is addressed across all relevant areas.

4. How should schools effectively consult parents so they can make informed decisions that meet the needs of their child, including on the right to withdraw? For example, how often, on what issues and by what means?

An open dialogue between school and parents is essential to the development of RSE, with an engaged community of parents more likely to understand the value of the programme. The RCPCH supports the approach set out by the Sex Education Forum for engaging parents in developing and updating a school's RSE policy:

- 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.

5. Thinking about PSHE in primary schools, what do you believe are the three most important subject areas that should be taught and why? Please include your reasons for choosing each subject area or evidence to support your suggestions.

The importance of PSHE has been reinforced time and time again by CYP who have spoken to the RCPCH, consistently saying that they want more personal, social and health education, delivered by experienced, credible, influential and relatable people, starting as early as seven to 11 years of age. Annual topic-specific forums are not enough as messages need to be consistent and repeated throughout a child's education, and should therefore be cross-curricula.⁶⁷

The RCPCH has made recommendations for statutory PSHE provision for many years, highlighting the important role it can play in reducing child mortality, improving mental health and wellbeing, tackling obesity and improving maternal health. PSHE in primary school sets the foundation for further knowledge and skill development, and while we do not support ranking specific subject areas we see an important role for PSHE in primary schools for tackling obesity, through nutrition education and physical activity as well as fostering mental health and wellbeing.

The RCPCH supports a holistic approach to delivering PSHE to ensure the curriculum is designed around interrelated themes rather than focused on specific subject areas in isolation of the wider health and wellbeing agenda. We agree with the themes set out by the PSHE Association - 'relationships', 'health and wellbeing' and 'living in the wider world' and which embeds relationships education within PSHE. 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.

6. Thinking about PSHE in secondary schools, what do you believe are the three most important subject areas that should be taught and why? Please also include your reasons for choosing each subject or evidence to support your suggestions.

The RCPCH supports statutory PSHE, delivered holistically, around themes outlined by the PHSE Association - 'relationships', 'health and wellbeing' and 'living in the wider world', which encompasses the RSE curriculum.

While we do not support ranking of specific subject areas, mental health has been consistently highlighted as an area that young people see as of vital importance to their health and wellbeing but is currently lacking. As one young person stated - "Sex education is something you can learn about, but mental health is something you need to develop" – therefore 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.

The RCPCH views PSHE in secondary schools is an important component of tackling the obesity agenda, through learning about nutrition and physical activity, as well as beneficial for familiarising and CYP with breastfeeding and working to improve the culture of breastfeeding in the UK.

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 – and that teachers are not always best placed to be this person.

⁶ https://www.rcpch.ac.uk/state-of-child-health

⁷ RCPCH Roadshow Review, February 2018

7. How much flexibility do you think schools should have to meet the needs of individual pupils and to reflect the diversity of local communities and wider society in the content of PSHE lessons in schools?

The RCPCH believes it is a fundamental right for CYP to receive comprehensive health and wellbeing education, which is developed across key themes as set out by the PHSE Association -- 'relationships', 'health and wellbeing' and 'living in the wider world'. Therefore, while we agree that individual schools should have the capacity to tailor their PSHE programmes to reflect the needs of their local population, there must be a compulsory framework in which build this from. It is essential that PSHE is given a statutory platform to ensure that all children receive and teachers have the capacity to deliver holistic PSHE and RSE.

Please provide a summary of how your organisation is currently involved with Sex and Relationships Education and/or Personal, Social, Health and Economic Education

The RCPCH has long campaigned for the introduction of statutory PSHE, seeing this as a cornerstone of maximising the health and wellbeing of children and young people and in response to what children and young people have consistently told us is important to them.

The <u>RCPCH &Us network</u> provides a forum for engaging with children and young people (CYP), and where appropriate, we have included information obtained directly from CYP in our response. We would like to discuss further the insights we have gathered from CYP – please contact <u>Emily.roberts@rcpch.ac.uk</u> to arrange a meeting. Please also note that in addition to our response the RCPCH also supports the messages put forward by the RCOG, FSRH and RCGP in their joint response.