Commons Education Committee Inquiry: Personal, Social, Health and Economic education and Sex and Relationships Education in schools

Written evidence submitted by the Royal College of Paediatrics and Child Health

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EXECUTIVE SUMMARY

1. The Royal College of Paediatrics and Child Health (RCPCH) welcomes this opportunity to respond to the Education Committee inquiry into Personal, Social, Health and Economic education (PSHE) and Sex and Relationships Education (SRE) in schools.
2. The RCPCH believes that the delivery of high quality PSHE and SRE should be a statutory requirement for all primary and secondary schools, including maintained, free and academy schools. PSHE should be monitored by Ofsted to ensure schools are delivering high quality, up-to-date and evidence-based curriculum which forms part of a whole-school approach to maximising the health and wellbeing of students. The RCPCH specifically advocates for the statutory delivery of basic health promotion components of PSHE in addition to SRE: including education on lifestyle and nutrition; the importance of physical activity; mental health and wellbeing; social and emotional health; and drug and alcohol use.
3. The RCPCH Youth Advisory Panel[1] have highlighted PSHE as very influential in promoting and enforcing all aspects of health and feel that SRE needs to be 'radically changed' to better align with the information young people need, alongside topics that they have identified themselves as being important and to be taught by people who are experienced, well trained and have the skills to teach it.
4. A recent report released by the RCPCH and the National Children's Bureau (NCB), *Why Children Die: death in infants, children and young people in the UK*[2]*,* adds further weight to the importance of PSHE and SRE in ensuring all children and young people are equipped with the knowledge, skills and resources to make positive life choices and reduce the risk of premature mortality during childhood and adolescence.

RESPONSE

Part A: Whether PSHE ought to be statutory, either as part of the National Curriculum or through some other means of entitlement

5. The RCPCH believes that the delivery of high quality PSHE and SRE should be a statutory requirement for all primary and secondary schools, including maintained, free and academy schools. The RCPCH advocates specifically for the statutory delivery of basic health promotion components of PSHE in addition to SRE, including emotional wellbeing and mental health, drug and alcohol education, healthy lifestyles, bullying and physical and online safety.
6. The RCPCH and the NCB recently released a report entitled *Why Children Die: death in infants, children and young people in the UK*[2], which adds further weight to the argument for compulsory PSHE to be delivered in schools, as one mechanism for reducing the risk of premature death, through increasing children's and young people's capacity to make positive life choices and reduce risky behaviours.

[1] The RCPCH Youth Advisory Panel is made up of twenty young people aged been 14 and 26 years who come together to raise important issues affecting children and young people's health and to influence key decision makers.

[2] RCPCH and NCB. Why children die: death in infants, children and young people in the UK Part A. RCPCH, London; May 2014. Available from http://www.rcpch.ac.uk/child-mortality

7. Over half of deaths in adolescence can be attributed to external factors (intentional and non-intentional injuries), with the most common causes of injury-related deaths being transport accidents, drownings, self-harm and assault[2]. *Why children die* also highlights how these types of injuries are non-random, preventable events, amenable to public health and public policy initiatives[1], including (but not limited to) school-based health education.

8. The contribution of schools to developing resilience and enhancing wellbeing as a component of the curriculum is grounded in an extensive evidence base[3]. Through appropriate guidance and legislation governments must ensure that schools recognise the role they can play in improving outcomes for children and young people through the delivery of comprehensive health promotion programmes which aim to drive healthier behaviours and which collectively tackle sexual and reproductive health, mental health and wellbeing, social and emotional health, drug and alcohol use and promote the benefits of healthy lifestyles. PSHE programmes must be underpinned by the best available evidence to ensure children and young people receive consistent information regardless of the school which they attend.

9. The RCPCH also recognises the importance of PSHE being embedded within a whole-school approach for promoting the health and wellbeing of students. A whole-school approach brings together school leaders, staff, students, families and the broader community to promote health and wellbeing, focusing not only on increasing knowledge and skills but also ensuring schools supportive policies, positive physical and social environments and they work in partnership with the community and local health services[4].

Part B: Whether the current accountability system is sufficient to ensure that schools focus on PSHE

10. The RCPCH believes government must ensure that high quality, comprehensive PSHE programmes are implemented across all primary and secondary schools and that schools are supported to deliver this and be held to account if they fail to do so. The RCPCH therefore recommends that Ofsted's inspection framework for early years settings, schools and colleges should include mandatory consideration of the extent to which these settings provide an environment that promotes children and young people's health and wellbeing.

Part C: The overall provision of Sex and Relationships Education in schools and the quality of its teaching, including in primary schools and academies

11. The provision of comprehensive SRE is fundamental to children and young people's health and development. The RCPCH believes all children and young people must receive SRE, regardless of their gender, sexual orientation, disability, ethnicity, culture, age, religion or belief or other life experiences[5]. Government must ensure that that all schools make adequate provision for high quality SRE, and that through this and wider PSHE programmes, young people are taught the basics about the importance of healthy behaviours during pregnancy[6].

12. Young maternal age is a significant risk factor for infant and child mortality, associated with higher than average rates of preterm birth, growth restriction, perinatal mortality, and congenital abnormalities[7]. While the under 18 conception rate in the UK continues to fall[8], compared with a European average of 2.7%, the

[3] Department of Health. Annual Report of the Chief Medical Officer 2012 Our Children Deserve Better: Prevention Pays. 2013. https://www.gov.uk/government/organisations/department-of-health

[4] IUHPE. Achieving Health Promoting Schools: Guidelines for promoting health in schools. http://www.iuhpe.org/images/PUBLICATIONS/THEMATIC/HPS/HPSGuidelines_ENG.pdf

[5] Sex Education Forum. *Does sex and relationships education work? A Sex Education Forum evidence briefing.* NCB, London; 2010 http://www.ncb.org.uk/media/494585/sef_doessrework_2010.pdf

[6] RCPCH and NCB. Why children die: death in infants, children and young people in the UK Part B. RCPCH, London; May 2014. Available from http://www.rcpch.ac.uk/child-mortality

[7] Euro-Peristat. *European perinatal health report: health and care of pregnant women and babies in Europe 2010.* 2012. www.europeristat.com/reports/european-perinatal-health-report-2010.html

[8] ONS. Statistical bulletin: Conceptions in England and Wales, 2012. Available from - http://www.ons.gov.uk/ons/rel/vsob1/conception-statistics--england-and-wales/2012/2012-conceptions-statistical-bulletin.html

UK has a higher rate of teenage births, with over 5% of births to women younger than 20 years[1]. These figures are also reflected in the UNICEF Innocenti Report Card 11[9] which showed how the UK has a significantly higher teenage pregnancy rate compared with other European nations.

13. The continued high STI rates in England also indicate that too many people are still putting themselves at risk through unsafe sex, especially young adults and men who have sex with men[10]. Data from London shows that STIs disproportionately affect young people, with Londoners aged between 15 and 24 years accounting for 41% of all Londoners diagnosed with an acute STI in 2012[11].

14. This should send a clear message to policy makers regarding the importance of increasing the knowledge, skill and capacity for young people in the UK to make informed decisions in relation to their sexual and reproductive health, also ensuring young people are well equipped with the basic knowledge and skills for early parenting. This will only be achieved, however, through a commitment to the provision of high quality school-based SRE which is mandatory, evidence-based, quality assured and monitored.

Part D: Whether recent Government steps to supplement the guidance on teaching about sex and relationships, including consent, abuse between teenagers and cyber-bullying, are adequate

15. The RCPCH welcomes the supplementary guidance, *SRE for the 21st Century*, specifically the additional focus on issues such as female genital mutilation, however the RCPCH also recognises that the current statutory duty for schools is to regard the *Secretary of State's SRE guidance*[12] which was last updated in 2000, rather than the supplementary guidance from the Sex Education Forum, Brook and the PSHE Association.

16. The supplementary guidance clearly shows that the needs of children and young people in relation to SRE is continually evolving, and therefore the *Secretary of State's SRE guidance* which is over a decade old is unlikely to adequately reflect best practice or address the needs of today's children and young people. Furthermore, without appropriate monitoring or quality assurance mechanisms, it is unclear whether schools do in fact have regard for the existing guidance, raising serious concerns that children and young people may not be receiving comprehensive, consistent and evidence-based SRE.

Part E: How the effectiveness of SRE should be measured.

17. The RCPCH does not see SRE, in isolation, as the single mechanism for reducing the incidence of harmful sexual behaviours and unplanned pregnancies; therefore attempting to measure the effectiveness of SRE in terms of behaviours at a school level is difficult, particularly in the short term, given that the impact of behaviour change interventions are not usually evident for many years. These types of public health gains will only be brought about by long-term, holistic, comprehensive health promotion interventions across schools and communities, which focus on increasing knowledge and skills but also ensure access to appropriate resources, such as high quality sexual and reproductive health services. This should not, however, detract from the importance of SRE and the need for universal access for all children and young people, regardless of their school.

[9] UNICEF Office of Research. 'Child Well-being in Rich Countries: A comparative overview', Innocenti Report Card 11, 2013. UNICEF Office of Research, Florence.

[10] Public Health England. Health Protection Report Vol 7 No. 23 - 7 June 2013. Available from http://www.hpa.org.uk/hpr/archives/2013/hpr2313.pdf

[11] Public health England. The epidemiology of sexually transmitted infections in London 2012 data. Available from http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1317141171280

[12] Department for Education. *Guidance: Personal, social, health and economic (PSHE) education*. 2013. https://www.gov.uk/government/publications/personal-social-health-and-economic-education-pshe/personal-social-health-and-economic-pshe-education