MRC/CSO Social and Public Health Sciences Unit Consultation Response

Title of consultation

Changes to the teaching of Sex & Relationship Education and PSHE: A Call for Evidence

Name of the consulting body

Department of Education, UK Government

Link to consultation

https://consult.education.gov.uk/life-skills/pshe-rse-call-for-evidence/

Why did the MRC/CSO Social and Public Health Sciences Unit contribute to this consultation?

The Department for Education published a call for evidence to inform their updating of existing Sex and Relationship guidance, which was last updated in 2000. The updated guidance is intended to support schools in England in their delivery of the new mandatory subjects of Relationships Education (RE) at primary level, and Relationships and Sex Education (RSE) at secondary, as well as, potentially, Personal, Social, Health and Economic Education (PSHE). The call for evidence specifically invites contributions from parents and carers, school and college staff (including governors), voluntary and community organisations, other educational professionals, and any other interested organisations and individuals.

The MRC/CSO Social and Public Health Sciences Unit at the University of Glasgow is an interdisciplinary group of sociologists, anthropologists, psychologists, epidemiologists, geographers, political scientists, public health physicians, statisticians, information scientists, trial managers and others. The Unit receives core-funding from the Medical Research Council and the Scottish Government Chief Scientist Office, as well as grant funding for specific projects from a range of sources. We conduct research to understand the determinants of population health and health inequalities, and to develop and test interventions to improve health and reduce inequalities, using a wide variety of methods including qualitative research, the collection, linkage and analysis of social survey and routinely collected data, evidence synthesis, randomised controlled trials and natural experimental studies.

Our response to this particular call for evidence has been informed by our social science research on public health broadly, and on sexual behaviour and health, and sex and relationships education (SRE) specifically. This consultation response fits with the Unit’s aim of working with decision makers to identify interventions and policies that can have an effective and sustained impact on population health and wellbeing.

The call for evidence invited contributions to respond to seven questions, with a limit of 250 words per response to each question.
1. Thinking about relationships education in primary schools, 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.

Relationships Education (RE) in primary schools should lay the foundation for children to recognise, discuss, and enact positive and supportive relationships throughout their lives. At primary level, this requires developing knowledge, values and skills relating to (at least) three core themes:

i. **Emotional literacy** such that young people are able to identify, manage and communicate how they feel about certain situations, and to recognise how others show their feelings;

ii. **Dynamics of power and inequality within relationships** (e.g. identifying bullying and ‘unsafe’ interactions with other children and adults, and how to seek help; respecting similarities and differences between people);

iii. **Understanding bodily autonomy and respect for bodily boundaries**, both one’s own and those of others. Learning about bodies should promote confidence in, and the ability to communicate about, one’s body, and actively challenge norms that foster anxiety or shame about bodily appearance or functions.

2. Thinking about relationships and sex education in secondary schools, 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.

Our recent research has found school is young people’s (YP) preferred source of information about sexual health, yet there is **unmet need** for school-based opportunities to develop knowledge and skills relating to the realities of sexual experiences. Presently, YP’s understanding of “sexual health” are primarily negative, focusing on risk and danger, with little consideration of pleasure. YP commonly attribute such understandings to school-based RSE. In a recent nationally representative survey, we found the median age at first heterosexual experience was 14; oral and anal sex are common among 16-18 year-olds; and a sizeable minority of YP report sexual function problems that they find distressing (e.g. pain during sex, anxiety about ejaculation/orgasm), yet few seek any help.

RSE should explicitly aim to facilitate development of positive sexual health/wellbeing among **all** YP, and not just avoidance of adverse sexual outcomes. Comprehensive RSE should, therefore, be LGBT-inclusive and develop skills, knowledge and critical thinking regarding three key themes:

i. **Maximising pleasure and wellbeing** (e.g. gaining awareness of one’s own needs/preferences, and how to communicate these to others; recognising and respecting others’ needs/preferences; how to recognise and seek high quality information on sexual wellbeing);
ii. **Minimising risk** (e.g. STI/HIV and unintended pregnancy prevention; contraception; recognising and challenging norms/beliefs promoting sexual coercion and violence; understanding risk relating to generating/sharing digital sexual content, including law regarding ‘revenge porn’);

iii. **Building a respectful and equitable sexual culture** (e.g. embracing diversity in sexual and gender identities, and forms of intimate relationship; challenging harmful norms that perpetuate gender/sexuality-based inequalities).

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?**

Advances in digital technologies mean young people (YP) now inhabit a fundamentally different, and more dynamic, social and sexual information landscape. Research shows that the internet is a key source of sexual health information, and that YP use it to seek information about sexual norms and sexual health services, to discuss personal issues and sometimes to access peer advice. However, this landscape also presents challenges, and worries have steadily grown about the influence of the online environment on YP’s sexual practices and wellbeing, particularly in fuelling unrealistic, and potentially harmful expectations of sex and relationships.

Evidence suggests that school RSE curricula may not be keeping pace with the contexts relevant to YP, with little integration of the online environment within teaching. Our recent qualitative research with 16-19 year olds found that RSE did little to equip YP with the skills to confidently and safely seek/appraise sexual health information online. We recommend the following be part of the RSE curriculum, in order to prepare YP to effectively use online sexual health information and support, and to negotiate potential challenges, such as unwanted sexually explicit content and unhealthy online relationships:

i. Developing digital literacy skills to think critically about sexually explicit material, gender roles, and portrayals of normative practices;

ii. Developing skills in locating and evaluating online sexual health information sources, in order to engage with online sexual health information/support effectively and safely;

iii. Greater integration of digital technologies in RSE delivery to maximise engagement and practical experience of negotiating this environment.

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?

While most parents appear to support RSE in schools, engaging parents in consultation about curricula can be challenging. In our evaluations of school-based SRE, we have found relatively low parental engagement with SRE resources provided by schools. For example, our evaluation of the “Healthy Respect” national demonstration project in Scotland found that the majority of parents (70%) saw SRE as a joint home/school responsibility, yet information sessions aiming to consult parents about the SRE curriculum were poorly attended, and relatively few parents engaged with a home activity resource (HAR) pack designed to support parent-child communication about SRE:
only 5% of parents at secondary level used it (out of 20% of schools) and 37% of parents at primary level (out of 53% of schools). At secondary level, the main reason for parents’ lack of engagement with the HAR was the poor uptake of the resource by schools, with teachers citing “lack of time” as a barrier to use. We would, therefore, caution against the onus for consultation with parents being placed on teachers who are often already time-burdened.

In our ongoing research, we continue to develop and evaluate new strategies for including parents in their children’s RSE. For example, in a current UK-wide trial evaluating a new teenage pregnancy prevention intervention (“The JACK trial”), we have developed short animations that schools can send to parents/carers via text/email to inform them of the classroom-based resource and also to provide some guidance about talking with their child about sex and relationships.

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.

Evidence indicates that poor mental health is a strong predictor of some of the most adverse health outcomes across the life course. Therefore, PSHE sessions at both primary and secondary levels should include focus on mental health and wellbeing. School-based surveys highlight high rates of teenage psychological distress, related to factors such as worries about schoolwork, families/relationships, and appearance. We have found children as young as 10 perceive mental health symptoms as ‘rare’ and ‘weird’, and so delay or avoid disclosing these to peers, teachers and parents because they assume they will be stigmatised. This suggests health promotion around mental health and signposting to support services should begin in primary school and continue as a priority within PSHE at secondary level.

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.

No response.

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?

No response.

When was the response submitted?

12th February 2018

Find out more about our research in this area

https://www.gla.ac.uk/researchinstitutes/healthwellbeing/research/mrccsosocialandpublichealthsciencesunit/programmes/relationships/fisr/

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