

DFE: Changes to the teaching of Relationship and Sex Education and PSHE: Terrence Higgins Trust

About Terrence Higgins Trust

Terrence Higgins Trust is the UK's largest HIV and sexual health charity. We work towards ending transmission of HIV in the UK, to empower and support people affected by HIV to lead healthy lives free from discrimination, and to enable everyone to enjoy good sexual health.

Sexual health among young people

- In 2016, there were over 141,000 chlamydia and gonorrhoea diagnoses among young people aged between 15 and 24. ¹
- Nearly 60% of all new sexually transmitted infections (STIs) were among this group. ²
- Reducing chlamydia infections among young people is a measurable outcome within the Public Health Outcomes Framework 2016 to 2019, and is measured across England. ³
- An average of seven young people in the UK were diagnosed with HIV each month in 2016. ⁴
- 58% of young people surveyed in 2017 said if they had an STI they would find it difficult to talk to a sexual health partner about it. ⁵

Relationships and Sex Education (RSE): End the Silence

Terrence Higgins Trust believes all young people have the right to access quality, age-appropriate and LGBT-inclusive RSE in all schools.

It is clear that the current voluntary RSE provision is inadequate for providing young people with the knowledge and tools they need in the 21st century. Our survey of over 900 young people⁶ (who attended secondary school between 2009 and 2016) on their experiences of RSE, found:

- one in seven respondents had not received any RSE at all
- over half (61 per cent) received RSE just once a year or less
- 50% of young people rated the RSE they received in school as either 'poor' or 'terrible'
- over 70% did not learn about issues of consent
- only 5% received lessons that were LGBT-inclusive
- over one in four did not receive information about HIV

Young people are currently therefore entering the world without the information they need to form healthy relationships, attain good sexual health, and minimise their risk of acquiring HIV and other STIs. Our evidence confirms that young people are being let down through the existing provision of RSE lessons and this cannot continue. We recognise and are concerned, and have no reason to doubt comments made by Chair of Women & Equalities Committee, Maria Miller MP who warned: "*Many*

¹ Public Health England 2017. Campaign to protect young people from STIs by using condoms. Available: <https://www.gov.uk/government/news/campaign-to-protect-young-people-from-stis-by-using-condoms>

² Ibid

³ UK Government 2016. Improving outcomes and supporting transparency Part 2: Summary technical specifications of public health indicators. Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545605/PHOF_Part_2.pdf

⁴ Public Health England 2017. HIV in the UK: 2016 report. Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/602942/HIV_in_the_UK_report.pdf

⁵ See Number 1

⁶ Terrence Higgins Trust 2016. Shh...No Talking. Available: <http://www.tht.org.uk/~media/Files/Campaign/SRE%20Report%202016%20final.pdf>

*young people now use online pornography as a way of making up for the fact that they are not getting good quality PSHE sex and relationship education in school.*⁷ School-based education should be at the vanguard of informing and empowering the next generation – this cannot be left to other sources which can misrepresent what a healthy relationship looks like.

Compulsory RSE lessons provide an opportunity to rectify this problem and ensure there are improved health and wellbeing outcomes for young people.

Our principles for RSE lessons

1) Properly resourced and delivered

RSE lessons must have the same recognition of importance as other subjects delivered in schools. The purpose of education is not solely to provide academic qualifications, but to also ensure that young people enter the world as adults with the skills to deal with challenges they may encounter outside the classroom and throughout later life. As such, RSE lessons should be considered a core part of the school curriculum, with fixed and regular lessons scheduled throughout the timetable. They should not be delivered through a one-off 'drop-down' lesson day, which could easily be missed through absence. Such an approach raises the risk/probability that young people could not receive crucial information and would be counterproductive to the objective of the Children & Social Work Act which is designed to ensure every child accesses RSE lessons. In order to be most effective, lessons should introduce pupils to key themes and ideas at incremental stages throughout their time at school.

In order for young people to get the most out of lessons, they must be delivered by confident teaching professionals. In 2013, Ofsted reported that 20% of PSHE teachers had not received any specific training to deliver lessons.⁸ Evidence has shown that proper training for teachers is crucial if RSE lessons are to be most beneficial.⁹ Regular and varied training opportunities should therefore be made available for teaching staff. In a similar vein to the additional £40m maths teacher training budget announced in the Autumn 2017 budget, a similar commitment should be made for RSE teachers. We are sensitive to the continued pressures on local government spending and believe it would be ill-advised to expect local authorities to absorb additional training costs into existing budgets. Schools should also identify mechanisms to share best practice in terms of resources, lesson plans and content as a means to economise spending and upskill teachers.

The breadth of issues, as well as the fast pace of change within some topics, for example scientific advancements in HIV, mean that there must be regular training and development opportunities for staff. This is recognised as best practice in other parts of the UK. For instance, Wales Sex and Relationships Education Expert Panel (2017), which recommended that RSE teaching staff have access to professional development pathways, as a means to increase the quality of lessons.¹⁰

⁷ The Telegraph 2016. Young people are using online pornography to learn about sex, warns former culture secretary. Available: <http://www.telegraph.co.uk/news/2016/10/27/young-people-are-using-online-pornography-to-learn-about-sex-war/>

⁸ Ofsted 2013. Not Yet Good Enough: Personal, Social, Health and Economic Education in Schools. Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/413178/Not_yet_good_enough_personal_social_health_and_economic_education_in_schools.pdf

⁹ National Confederation of Parent Teacher Associations, National Association of Head Teachers and National Governors Association, Sex and Relationships Education: Views From Teachers, Parents and Governors 2010.

¹⁰ Welsh Government 2017. The Future of the sex and relationships education curriculum in Wales: Recommendations of the Sex and Relationships Education Expert Panel. Available: <http://gov.wales/docs/dcells/publications/180104-future-of-the-sex-and-relationships-education-curriculum-in-wales-en.pdf>

We know it can be common practice for RSE lessons to be delivered by teachers with responsibility for other subject areas, however ensuring that pupils have the opportunity to develop a strong and trust based relationship with a specific teacher. We call on the Department for Education to recommend establishing an RSE lead in all schools who don't necessarily need to deliver all RSE lessons but should have a central co-ordinating role. This would be in line with the proposals in the Government's Green Paper on children's and young people's mental health, which would "...incentivise every school and college to identify a Designated Senior Lead for Mental Health to oversee the approach to mental health and wellbeing. All children and young people's mental health services should identify a link for schools and colleges. This link will provide rapid advice, consultation and signposting".¹¹

This is vitally important should a young person need to seek support or advice on matters raised during lessons. If external agencies, for example a third sector organisation, are invited to support the delivery of lessons, an RSE teacher should be in the classroom to provide clarity about support within the school and to provide continuity.

The resources used in schools will underpin the ability of teachers to fully engage pupils. It is therefore vital that up-to-date resources are made available. Best practice should see pupils co-design the resources along with teachers, in order fully reflect the current challenges encountered by young people.

What's needed

- Funding to be made available for schools to invest in regular staff training.
- Local authorities to establish mechanisms to share good practice across schools.
- Quality and up-to-date resources introduced to schools to support the teaching of RSE lessons.
- Create an RSE lead in all schools, in a similar approach to the proposals in the mental health Green Paper.

2) LGBT-inclusive lessons

LGBT issues should be interwoven throughout all RSE lessons and not taught in isolation during a single RSE lesson. This is an important means of normalising discussions regarding LGBT relationships and wider sexual health matters. Lessons should also be sensitive to the gender identities of pupils and ensure that discussions are LGBT-inclusive. We define LGBT inclusive as:

- LGBT students seeing themselves as being reflected in all lessons.
- Creating opportunities for all pupils to fully understand the world around them.
- Encourage respectful attitudes and behaviour.

It is absolutely crucial that teachers feel confident and have a good understanding of LGBT terminology to create a fully-inclusive learning environment. Our RSE report found that 93% of young people did not learn about trans issues whilst at school. This is simply not good enough.

We are also aware that a number of teachers continue to be unsure of what they are allowed to discuss in the classroom, this is likely to be an unintended yet nonetheless unhelpful hangover from previous policies such as Section 28 which was reversed in 2003. Research by Stonewall found that

¹¹ UK Government 2017. Transforming Children and Young People's Mental Health Provision: a Green Paper. Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf

three in ten teachers do not know if they are allowed to teach lesbian, gay or bisexual issues.¹² This cannot continue if lessons are to be LGBT-inclusive. Responding to a parliamentary question on whether lessons would be LGBT-inclusive, Minister for School Standards, Rt Hon Nick Gibb MP stated: "*We are clear that the new subjects should ensure that young people learn that there are different types of relationships. Schools should ensure therefore that RSE is inclusive and meets the needs of all young people.*"¹³ We welcome this commitment but urge the Government to give due consideration to our concerns.

What's needed

- Formal recognition of LGBT-inclusivity and inclusive language used throughout new RSE guidance issued to schools.
- LGBT issues to be interwoven throughout RSE lessons, rather than seen as distinct or 'other'.
- Teachers to be fully aware of what they can teach in classrooms through regular training opportunities.

3) A modern approach to HIV

Every month an average of seven young people are diagnosed with HIV. RSE lessons have a crucial role to inform young people about the modern-day realities of the virus and how to protect themselves. Public Health England has identified school-based education as a key component in its *Sexual and Reproductive Health and HIV Strategic Plan*, stating: "*Our emphasis on education and early prevention should achieve the greatest improvements in sexual health and reductions in health inequalities.*" "*Delivering a universal entitlement to high quality personal, social, health and economic education (PSHE) and sex and relationships education (SRE) will help to ensure that all children and young people acquire age-appropriate knowledge, understanding and skills.*"¹⁴

The current guidance used to deliver RSE is 18 years old and now predates the year all current school age pupils were born. Since the guidance was published in 2000, there has been significant medical advances in the prevention and treatment of HIV. Effective treatment now means that a person living with the virus who is on effective treatment cannot pass it on to another, and the availability of Pre-Exposure Prophylaxis (PrEP) provides an important opportunity to further reduce future HIV infections. However, misinformation about how HIV is transmitted remains widespread within society. In 2017, Terrence Higgins Trust found that around one in three people in Britain would be uncomfortable with performing first aid on someone living with HIV, and 40% would be uncomfortable pursuing a relationship with someone living with HIV. Research by IPSOS Mori in 2014 found a significant proportion of adults incorrectly believe HIV could be transmitted by kissing (15%) or spitting (16%).¹⁵ We work with schools to address stigmatising attitudes and myths through our Positive Voices programme which sees people living with HIV sharing their experiences in classrooms. This is a model that we would like to see replicated across the country.

Education through RSE therefore provides a means of addressing these stigmatising attitudes, as well as empowering young people to make healthy choices in regards to their sexual health. Lessons should

¹² Stonewall 2014. Teachers Report. Available: https://www.stonewall.org.uk/sites/default/files/teachers_report_2014.pdf

¹³ Hansard, UK Parliament 2018. Available: <https://hansard.parliament.uk/Commons/2018-01-29/debates/3FFE3AFE-D726-4400-9E8C-F144E9B5E1F2/LGBTAwareness#contribution-42B8E791-D597-42E9-8B4E-E161B36BDE70>

¹⁴ Public Health England 2015. Health promotion for sexual and reproductive health and HIV: Strategic action plan, 2016 to 2019. Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/488090/SRHandHIVStrategicPlan_211215.pdf

¹⁵ Ipsos MORI 2014. HIV: Public Knowledge and Attitudes in 2014. Available: <https://www.ipsos.com/ipsos-mori/en-uk/hiv-public-knowledge-and-attitudes-2014>

also recognise the populations that are disproportionately affected by HIV, these include: transgender and BME community, sex workers, and people who inject drugs. HIV should not be presented solely as an issue pertinent to gay and bisexual men.

Upon leaving home, young people will encounter new situations and so need to be in a position to make their own informed choices about relationships and their sexual health. A high proportion of young people from rural areas continue to move to urban parts of the UK for employment or education purposes. Data on rural to urban migration in England from 2011 to 2016 showed that 17-20 year olds account for the largest demographic to make this move.¹⁶ Therefore, they must have the knowledge they need for life in these parts of the country.

What's needed

- HIV to form a core part of the new RSE guidance.
- Information about HIV to reflect the modern day realities of the virus, including up-to-date science on transmission, treatment and prevention strategies.
- Lessons to address and reduce stigmatising attitudes towards HIV.

4) An integrated approach to lessons

Lessons should present information about sexual health in a non-judgemental approach. Whilst we recognise the importance of ensuring young people are aware of the consequences of poor sexual health, this must not be done at the expense of ensuring they understand that sex is also about pleasure, and is as important part of relationships. Our RSE report found that 89% of young people had not learned about sex and pleasure.

Terrence Higgins Trust believe in order for young people to become fully empowered, they must receive information about how to properly manage their sexual health and understand issues of consent. There should be an acknowledgement of the reality that not all young people will wait until the legal age of consent before becoming sexually active and lessons must deal with this reality. To that end, lessons must be age appropriate and provide information that ensure young people can make informed choices about their sexual health.

Information about STIs and wider sexual health should be discussed in a supportive manner and in a non-alarmist approach, accompanied with practical information about precautions available to reduce risks and where to access services when needed. Lessons should make reference to factors that can have an impact on relationships and wider sexual health, including but not limited to mental health, the impact of drugs and alcohol, pornography and dating apps.

We propose that schools establish strong links with local HIV and sexual health service providers, who can have a role in delivering lessons and also inform young people about what they can expect when accessing those services. This would assist in debunking myths linked to sexual health services and allow young people to establish relationships with healthcare professionals. Services should consider establishing a quality assurance mark that is based on feedback from young people accessing a clinic – this could follow a similar model to the CHAMS school pilot which resulted in considerable success in strengthening communication and joint working arrangements.¹⁷

¹⁶ UK Government 2018. Rural population and migration. Available: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/676193/Rural_population_and_migration_January_2018.pdf

¹⁷ UK Government 2017. Mental health services and schools link pilot: evaluation. Available: <https://www.gov.uk/government/publications/mental-health-services-and-schools-link-pilot-evaluation>

As emphasised throughout our response, RSE lessons are not only about empowering young people there are also an important public health intervention. In 2017, Public Health England launched the first government sexual health campaign in eight years which aimed to reduce STI infections among 16-24 year olds. Improved sexual health among young people also features in England's Public Health Outcomes and therefore a strong partnership must be developed between the Department for Education and Public Health England to ensure RSE guidance and subsequent lessons incorporate existing public health strategies. At a local level, local authority education and public health departments should also work in partnership to share expertise and resources.

What's needed

- Lessons should be body and sex positive in their approach to discussing issues.
- Signposting to local sexual health services in schools, building on success of CHAMS school link.
- Relationships formed between schools and local service providers.
- RSE lessons must be viewed as a public health intervention, and result in joined working across national and local government departments.
- Lessons should relate to wider sexual health and mental health issues.

5) Accessible for all

All young people have the right to access RSE lessons and this must be respected. This right is underpinned by Article 24 of the United Nations Convention on the Rights of the Child states that all children have the right to the best possible health, including an education on health and wellbeing. When engaging with parents, schools should make available the resources that will be used to facilitate lessons and provide suggested items of discussion to raise at home as a means to further enhance RSE learning outcomes.

The Children and Social Work Act states "*the education is appropriate having regard to the age and the religious background of the pupils*". We recognise that individual faiths may hold social or moral views towards issues taught within RSE lessons. However, we believe that young people – regardless of faith or educational setting – must be provided with accurate and relevant information about relationships and sexual health. As such, lessons should be delivered through an evidence based and non-judgemental approach.

Regardless of the social attitudes held within a particular faith, this does not prevent teaching professionals from providing factual information about for example same-sex relationships or safe sex. We do not believe that any faith view is incompatible with good quality sex and relationships education. Whilst respecting the right of faith schools to teach a particular faith's perspective, a clear distinction should be made between a religious viewpoint and a legal, scientific or health based facts. Therefore, we suggest that in order to prevent information in RSE lessons being contradictory, any faith/moral perspective towards particular relationships or wider sexual health issues should be taught separately to RSE lessons, such as via Religious Education lessons or school assemblies, rather than within core RSE lessons themselves.

What's needed

- Recognition that young people have a right to access information about relationships and sexual health.
- Recognition that schools with a religious orientation may also take attitudes towards relationships and sex but this is not an alternative to core RSE lessons.

- Regular engagement with parents about the topics being discussed in RSE.

6) Accountable

The quality and accountability of RSE lessons is of absolute importance in order to ensure they have the maximum impact. Young people should be able to demonstrate knowledge on a core set of competences, including what a healthy relationship looks like, where to access sexual health services and how HIV can and cannot be transmitted. Whilst we acknowledge RSE lessons will not feature formal examinations, they should still be subject to clear quality benchmarks that are assessed. At the moment Ofsted inspectors are not informed about how to rate RSE lessons, nor does RSE feature in the inspection framework, this must change.¹⁸ Inspectors should have a clear set of criteria to assess RSE as a means to ensure quality lessons are delivered to every young person, in order that young people are well prepared for life as adults. The quality of RSE lessons should be viewed as having the same parity as other core elements of the curriculum, for example numeracy and literacy.

We support the involvement of young people in shaping content and lesson evaluation, in doing so lessons can better reflect the needs of learners. Moreover, a commitment must be made by the Department for Education to periodically update the RSE guidance that will be used in schools. We cannot allow a repeat of the current situation where schools are using guidance that is nearly two decades old.

What's needed

- A clear outcomes focused framework of what quality RSE lessons look like and what knowledge based competencies young people should be expected to meet.
- A transparent inspection process for RSE lessons.
- Young people to be involved in shaping lesson content, evaluation and subsequent RSE guidance.

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The HIV and sexual health charity for life

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¹⁸ Ofsted 2015. Inspection Handbook. Available:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/678967/School_inspection_handbook_section_5.pdf