RELATIONSHIPS AND SEX EDUCATION:
Contributing to the safeguarding, sexual & reproductive health and wellbeing of children and young people.
What role can councillors play?
This document was written as a result of collaboration between the RSE Hub, Sex Education Forum, Local Government Association and Public Health England. It draws upon content of an RSE Hub Briefing for Councillors published in 2013 but has been refreshed to reflect the most recent data, evidence, policy and delivery context.

The Local Government Association (LGA) is the national voice of local government. We work with councils to support, promote and improve local government. We are a politically-led, cross party organisation which works on behalf of councils to ensure local government has a strong, credible voice with national government. We aim to influence and set the political agenda on the issues that matter to councils so they are able to deliver local solutions to national problems. For more information please visit: www.local.gov.uk/

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner. For more information please visit: www.gov.uk/government/organisations/public-health-england

The RSE Hub aims to provide relevant credible and useful support for educators in all aspects of Relationships and Sex Education (RSE) in order to strengthen the quality and consistency of RSE in the South West and Nationally. We offer quality assurance, expert advice and guidance, training and resources on all aspects of Relationships & Sex Education. For more information please visit: www.rsehub.org.uk

The Sex Education Forum, hosted by the National Children's Bureau, is the national authority on sex and relationships education (RSE) in England. It is a unique collaboration of over 90-member organisations, including local councils, and hundreds of practitioners with representatives from health, education, faith, disability and children's organisations. The Sex Education Forum produce teaching resources and practical information about RSE for schools.

For more information please visit: www.sexeducationforum.org.uk
FOREWORD

Cllr Izzi Seccombe OBE
Chair, LGA Community Wellbeing Board

Preparing children and young people for the opportunities, responsibilities and experiences that life brings, is a core aim of all schools. Evidence shows that children and young people who receive comprehensive, high quality Relationships and Sex Education (RSE) are more likely to delay the first time they have sex, have consensual relationships, be aware of and report abuse, use contraception and condoms when they start a sexual relationship and be less likely to be pregnant by 18 or contract a sexually transmitted infection.

In March 2017, Government laid an amendment via the Children and Social Work Act (2017) to introduce compulsory relationships education in primary schools and compulsory relationships and sex education in all secondary schools from September 2019. The Act also provides a power for the Secretary of State to make PSHE mandatory in all schools through regulations at a later date if wished. These legislative commitments will help ensure all our children and young people regardless of the school they attend, are armed with age appropriate knowledge and information to build healthy and safe relationships into adulthood. During the transition phase to statutory status in 2019 councillors have a key opportunity to contribute to the consultation on the new guidance and regulations.

RSE also extends beyond the classroom. Whilst the majority of young people want to learn about RSE at school, we know that they also want to be able to talk to their parents and health professionals, such as school nurses, or sexual health services about sex and relationships too. Councils have a vital role to play in joining up their commissioning of these existing services with what is taught in schools and in wider settings outside of the classroom. For example, in Leicestershire the anonymous and confidential service ChatHealth, delivered by public health school nurses, allows young people to ask questions about their sexual health and wider health which they may be too embarrassed to ask in RSE lessons.

It is therefore, vital that local authorities work with all schools in their area to influence and commission consistent good quality RSE as part of their responsibilities to improve public health outcomes for children, young people and families. The case studies in this briefing showcase how councils are making a real difference to children and young people's lives. For example, many areas are ensuring that the RSE delivered by schools is complimented by support and training offered to parents and contraceptive and sexual health services. This will help ensure children and young people are provided with consistent messages and advice around making safe and healthy decisions in relationships.

This briefing, developed in collaboration with the Local Government Association, aims to support leaders in local councils to better understand the importance of quality RSE in the context of contributing to the safeguarding, sexual and reproductive health and wellbeing of children and young people and to take proactive steps to influence good quality local provision.

In this briefing we refer to ‘Relationships and Sex Education’ (RSE) as an inclusive term spanning education across both primary and secondary school age. It should be noted that Government is using the term ‘Relationships and Sex Education’ in reference to their proposals for secondary education and ‘Relationships Education’ in reference to primary education. Some schools have created their own names for the subject, for example ‘Growing Up’ in primary schools, and many schools include RSE within the broader subject of personal, social, health and economic (PSHE) education.
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1. WHAT CAN COUNCILLORS DO?

1. Use your relationships with local stakeholders including schools and colleges, school governors and parent governor representatives, to positively and proactively communicate the benefits of high quality age appropriate RSE which starts early.

2. Contribute to the engagement and consultation process, to develop new national guidance for schools to support the introduction of statutory RSE in secondary schools and Relationships Education in primary schools.

3. Use the council’s scrutiny function to find out what RSE is provided by schools in your area and identify opportunities to support schools and colleges to share good practice with each other.

4. Find out what support and training is provided in your local area to parents, carers and professionals to enable them to support young people to obtain accurate advice and guidance.

5. Ask local commissioners and providers how they have sought out the views of children and young people to better understand what advice and guidance is helpful and how it should be provided.

6. Ensure your Joint Strategic Needs Assessment includes information about sexual health and related safeguarding issues such as Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM). Clearly articulate how high quality RSE can meet these identified needs.
2. OVERVIEW OF STATUTORY REQUIREMENTS

Future curriculum changes:

RELATIONSHIPS EDUCATION, RELATIONSHIPS AND SEX EDUCATION, AND PERSONAL, SOCIAL, HEALTH AND ECONOMIC EDUCATION

The Children and Social Work Act 2017 requires the Secretary of State to make Relationships Education mandatory in all primary schools, and RSE mandatory in all secondary schools through regulations. The Act also provides for a power to make PSHE, or elements therein, mandatory in all schools, subject to careful consideration.

The focus of Relationships Education in primary school will be on building healthy relationships and staying safe. As children get older, they will start to develop their understanding of healthy adult relationships in more depth, with Relationship and Sex Education delivered in that context.

The Department for Education are conducting a thorough engagement process on the scope and content of Relationships Education and RSE, and consideration of PSHE. This process will involve engagement with stakeholders, followed by a formal consultation on the resulting regulations and guidance.

CURRENT CURRICULUM REQUIREMENTS

The Department for Education (2015) wants all schools to put high quality PSHE at the heart of their curriculum. It recognises that age-appropriate RSE teaching is essential in keeping children and young people safe and healthy, and can provide them with the information they need to stay safe and build resilience against the risks of exploitation.

DELIVERING A BROAD AND BALANCED CURRICULUM

Every state funded school including special schools maintained, free and academies- must offer a curriculum that: 'promotes the spiritual, moral, cultural, mental and physical development of pupils at the school and of society, and prepares pupils at the school for the opportunities, responsibilities and experiences of later life'.

NATIONAL CURRICULUM SCIENCE

All maintained primary and secondary schools must teach sex education that falls within the National Curriculum Science to all pupils.

In primary schools, the new National Curriculum Science includes pupils learning about parts of the body, growth, reproduction, life cycles and ageing; they should also learn about the changes experienced in puberty (year 5). The programmes of study are set out year by year, but content may be introduced earlier if relevant to the pupils’ needs.

For secondary school age pupils, National Curriculum Science must also cover at Key Stage 3 male and female reproductive system, including the menstrual cycle (without details of hormones); and at Key Stage 4 (and those studying GCSE subject content) sexually transmitted infections including HIV/AIDS, how such diseases may be reduced or prevented, the roles of hormones in human reproduction, including the menstrual cycle, the use of hormones in contraception and modern reproductive technologies to treat infertility, and evaluating hormonal and non-hormonal methods of contraception.

(Adapted from SEF Members briefing re. National Curriculum Science and RSE)
Overview of statutory requirements... (cont’d)

In addition, RSE helps all schools and colleges in fulfilling their statutory duties and obligations, particularly in regards to safeguarding, wellbeing and equality.

SAFEGUARDING
RSE plays a vital part in meeting safeguarding obligations. In the 2016 DfE Statutory guidance ‘Keeping children safe in education’ it states that schools and colleges should ensure children are taught about safeguarding, including online.

WELLBEING
- Section 10 of the Children Act 2004, provides a duty for schools to cooperate with local authorities to improve the wellbeing of children and young people, including physical and mental health and emotional wellbeing.
- Section 175 of the Education Act 2002 provides a duty on maintained schools to safeguard and promote the welfare of pupils.

EQUALITY
Schools and colleges must promote equality of opportunity and take positive steps to prevent any form of discrimination, either direct or indirect, against those with ‘protected characteristics’ (age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, pregnancy and maternity) in all aspects of their work under the Equality Act 2010.

COMPLIANCE WITH THE STATUTORY SRE GUIDANCE
(unti new Relationships Education and RSE guidance are in place)
1. Sex and Relationship Education Guidance (2000) which is statutory guidance for schools.
2. Under the Education Act (1996), all maintained schools are required to have an up to date policy on Sex Education which should be available to parents and others with an interest. For academies and free schools that choose to provide sex education, they are required to have regard to the SRE guidance. They may adopt an SRE policy if they wish.
3. WHAT IS RELATIONSHIPS AND SEX EDUCATION?

Relationships and Sex Education (RSE) is learning about growing up, relationships, sexual health and reproduction.

RSE learning includes:
- physical development, e.g. how our bodies change in puberty;
- emotions, for example how to manage challenging feelings; and
- social influence, such as positive and negative influences from our friends, peers and media.

A broad programme of RSE, delivered effectively in education and youth settings and at home, prepares children and young people for the realities of the modern world, and is vital for keeping children and young people safe. It protects them from the dangers of exploitation and abuse, as well as providing them with the knowledge and skills to develop healthy and fulfilling relationships and look after their sexual and reproductive health, free from sexually transmitted infections and unwanted pregnancies.

At primary age, it helps them identify what areas of the body are private, how their bodies will change, how to say no and who they can talk to if they are worried. Later, it explores what a healthy relationship looks like, giving them the language to communicate and report when someone is making them feel uncomfortable or making them do things they don’t want to do. It promotes an awareness of where to turn for help, identifying trusted adults in their lives. RSE also provides an opportunity to integrate an awareness of resilience-building as part of effective Personal, Social, Health and Economic education (PSHE).

Whatever topic children and young people are learning about in RSE, teaching should always stress the values of love, respect and care for one another.
3. What is Relationships and Sex Education? (cont’d)

EVIDENCE HIGHLIGHTING THE PRINCIPLES THAT UNDERPIN GOOD QUALITY RSE.

To be effective, RSE needs to be evidence based. The Sex Education Forum has developed a statement of commitment with twelve principles, drawn from the international research evidence. The statement is supported by a range of organisations, including NSPCC, Barnardo’s, the Children’s Society and the National Children’s Bureau. A poster is available for schools and colleges to display their commitment to developing and delivering high quality RSE, and to share with pupils, parents, staff and governors. www.sexeducationforum.org.uk/resources/committed-to-good-quality-rse.aspx
4. WHY IS RSE IMPORTANT?

Children and young people who receive high quality RSE are more likely to:

HAVE CONSENSUAL RELATIONSHIPS
Young women aged 15-24 who received ‘comprehensive sexuality education’ were less likely to have a partner with a big age difference at first sex (a factor associated with intimate partner violence), and were less likely to describe first sex as unwanted. Young women were less likely to have experienced sex against their will if their main source of RSE was school.

DELAY THE AGE OF FIRST SEX
National and international research shows that young people who receive high quality RSE are more likely to delay the age of first sex. There is no evidence that RSE hastens the first experience of sex or increases teenage sexual activity.

PREVENT AN UNPLANNED PREGNANCY AND LOOK AFTER THEIR SEXUAL HEALTH
Young women and young men who report school as their main source of information were less likely to contract an STI. Young women were less likely to be pregnant before 18 and to experience unplanned pregnancy in later life. Together with access to sexual health services, RSE can contribute to public health priorities related to sexual abuse, unplanned pregnancies, teenage pregnancies, sexually transmitted infections and health inequalities.

BE AWARE OF, OR REPORT ABUSE
Children who are taught about preventing sexual abuse at school are more likely than others to tell an adult if they had, or were actually experiencing sexual abuse.

‘I never knew I had any other choice than condoms- I was too afraid to ask about all the other options.’
- Declan, 15, male.
5. VIEWS ON RSE FROM YOUNG PEOPLE AND THEIR PARENTS

5.1 The views and experiences of young people

1. Most young people receive Relationships and Sex Education from lessons at school and this is their preferred method followed by parents and health professionals. 
2. Nearly a quarter of boys and young men want their fathers to provide them with information, but only 3% do. 40% girls and young women want to receive information from their mothers but only 14% do.
3. Health professionals are the main source of RSE for only 1% of boys and young men and 3% for girls and young women, yet around a quarter of both sexes would prefer them to be their main source.
4. A recent Barnardo's poll of 11-15 year olds found that 74% believed that children would be safer if they had age appropriate classes on RSE.

‘Societies’ views on sex and sexuality have evolved but our sex education often fails to change. To avoid toxic views on masculinity, femininity and sexuality that harm so many young people today we must make it our focal aim to educate people effectively. That can only be done if our educational framework is regularly developed and updated.’
- Aswad, 17, male

My identity was never discussed at school, leading me to feel isolated and disassociated from other students causing me mental health problems that have impacted my education.
- Heidi, 18, Female.
5.1 The views and experiences of young people (cont’d)

These infographics from the NATSAL 3 survey illustrate young people’s current and preferred sources of information.

Preferred source of information about sex when growing up (people aged 16-24)

70% of young people said they didn’t know enough when they first felt ready to have some sexual experience. They would have liked to get more information from the following sources.

- Lessons at school: 49%
- Friends: 7%
- First sexual partner: 4%
- Mother: 40%
- Father: 6%
- Brother/sister: 4%
- Health professionals: 27%
- Media: 12%
- Internet (exc. pornography): 6%
- Pornography: 0.3%
- Other: 1%

Main source of information about sex when growing up (people aged 16-24)

- Lessons at school: 41%
- Friends: 24%
- First sexual partner: 12%
- Mother: 5%
- Father: 14%
- Brother/sister: 2%
- Health professionals: 3%
- Media: 8%
- Internet (exc. pornography): 2%
- Pornography: 0.2%
- Other: 1%

‘I worry because we are growing up in an increasingly dangerous world, where social media is indirectly pressuring us to change the way we look, and the way we act’
- Bethan, 14 years old, female

I felt like my classmates were debating my right to exist and none of my teachers corrected anyone.
- Milo, 14 non-binary

‘We are not being taught how to ‘adult’ properly. Please don’t fail another generation.’
- Katya, 19 Female.

Images credits: Economic and Social Research Council / Wellcome Trust / Paulo Estriga
5.2 The views of parents and carers

PARENTS AND CARERS SUPPORT THE DELIVERY OF RSE IN SCHOOLS:
- Mumsnet conducted a survey (2011) with 1061 parents. 98% were happy for their children to attend RSE lessons.
- In a poll carried out by the National Association of Head teachers (NAHT) 2013, 88% of parents stated their support for compulsory school lessons about adult relationships and peer pressure.
- A YouGov Poll (2013) found that 86% of UK adults believe RSE that addresses sexual consent and respectful relationships, should be taught in all secondary schools.

PARENTS AND CARERS AGREE THAT IT SHOULD BE A PARTNERSHIP BETWEEN SCHOOL AND HOME AND NEED SUPPORT TO ENSURE THEY DO THIS EFFECTIVELY:
- Most parents (84%) want both school and home to have a role in RSE.
- 7 out of 10 parents would welcome help and support from their child’s school about how they can talk to their child about growing up and related issues.

PARENTS AND CARERS BELIEVE RSE SHOULD COVER A RANGE OF TOPICS THAT FULLY PREPARE THEIR CHILDREN FOR ADULT LIFE:
- In a 2016 PSHE Association survey, 91% of parents (1047 Parents of children aged 18 or under) agreed that skills including how to protect themselves from risks associated with cyberbullying, shared sexual images (i.e. “sexting”), and contact from strangers online, should be taught in all schools.
- 90% of those surveyed by Mumsnet think RSE should address matters around sexual orientation (the mean age at which survey respondents think this should be addressed is 10.5); 82% think it should address sexual violence and sexual bullying (mean age: 12.3), and 80% think it should explore issues to do with sex and the media (11.8), ‘sexting’ (12.3), and pornography (12.8).
- 83% of parents that responded to the NAHT survey wanted schools to address issues to do with pornography.
- In an independent poll of 1000 parents of school-aged children commissioned by the Sex Education Forum (2014), 78% want primary schools to teach their children about the difference between safe and unwanted touch and how to speak up if someone treats them inappropriately.

An open culture and ease of parental communication about sexual issues are also associated with lower teenage conception rates. Yet many parents and carers feel they lack the skills, confidence and knowledge to talk to their children, and look to schools for support. Local authorities play an important role in encouraging schools and parents to work together to make sure children and young people get the information and support they need.
6. PARTNERSHIP APPROACHES TO DELIVERING RSE

NOTTINGHAM CITY COUNCIL

A key element of Nottingham’s teenage pregnancy action plan is encouraging schools to deliver effective SRE. The Health Scrutiny Committee has functioned as an effective route for councillors to progress and monitor action to achieve this. At the outset officials presented the evidence base, described the range of current practice in local schools and how parents can be involved. The Committee then set a nine-month time-line for reporting back and expressed support for a city-wide ‘SRE charter’ to unify messaging.

The charter calls on schools to commit to good quality SRE, and was launched with support from the Director of Public Health, the Corporate Director for Children and Adults and the Directors of Education. The Portfolio Holder for Education, Employment and Skills sent a letter to schools in support of the charter.

So that schools can access the specialist advice they need to implement good quality SRE, the Council funds a package of specialist support offered to maintained schools and academies. This includes help to run consultation sessions with pupils, which creates school-level data about gaps in knowledge on topics such as puberty, personal safety and growing up, and attitudes to relationship issues such as violence. Support is also given in facilitating parent and staff meetings and training for school staff.

Middleton Primary and Nursery School is one of the schools that accepted this package of support in September 2015. A third of the pupils speak English as an additional language and about a quarter of the pupils are of Pakistani heritage. Over 100 parents completed a survey asking what topics they thought should be taught in SRE, and if they felt able to talk to their child about sex and relationships issues themselves, and there was high turn-out for a meeting where they could see the new resources the school planned to use from Year 1 – 6. Frequent communications with parents continue, for example, on the day that SRE takes place a message is sent home via a mobile phone ‘app’ enabling parents to be prepared to pick up on questions at home, that flow from the lessons.

Commitment to the Charter from schools has reached 70%. Because several councillors are involved there is shared ownership of the initiative and effective accountability. The Portfolio holders for safeguarding, schools, health and teenage pregnancy are all involved and readily make links made across council priorities.

For further information please contact: Catherine.Kirk@nottinghamcity.gov.uk
SHROPSHIRE COUNCIL

The Shropshire Respect Yourself RSE programme is part of the Healthy Child programme based in and funded by Public Health. It links to several council objectives, particularly early help, health and wellbeing and safeguarding. Questions on RSE are included in the annual schools safeguarding Section 11 quality assurance audit.

The programme consists of an award winning spiral curriculum for primary and secondary schools, from year 1 to year 11. Heads and governors receive support to review current practice, update policies and plan curriculum implementation. Training and support for teachers and non-teaching staff and facilitated parents’ sessions are provided. This county wide approach is underpinned by a mandate from Shropshire young people who chose RSE as a priority issue for three years running and the Youth Health Champions supported by Clinical Commissioning group. There has been longstanding commitment and support for the work strategically. A Shropshire pledge for RSE was originally produced by young people in 2009 and presented by Members of Youth Parliament to full council, and endorsed by councillors. This has recently been updated following a Shropshire PSHE review and a 2016 PSHE good practice charter.

Councillors repeatedly take opportunities to communicate their support for RSE; by hosting and attending celebration and ‘thank you’ events, signing certificates, endorsing Shropshire produced resources and providing quotes in press releases and letters sent to schools. In turn, officials provide regular updates to all councillors via the monthly councillor bulletin. Accountability is ensured through periodic progress reviews, for example a report on RSE was presented to Young People’s Scrutiny and the Child Sexual Exploitation sub group of the Shropshire Safeguarding Children’s Board in 2015, with development priorities identified.

The strategic approach to improving RSE across all schools is associated with an accelerated downward trend in Shropshire’s under-18 conception rate which declined by 25% between 2010 and 2015

For further information please contact: alice.cruttwell@shropshire.gov.uk

ISLINGTON COUNCIL

Islington’s health and wellbeing team is part of the council’s school improvement service, funded by public health. It includes professionals who support Healthy Schools recognition alongside their own specialisms, ensuring the team’s work reflects the breadth of Islington’s health priorities. Schools are supported by PSHE specialists to plan and deliver RSE, using comprehensive, locally developed resources. RSE is always discussed as part of planned PSHE with a pragmatic, responsive approach taking account of schools’ realities whilst promoting good practice. Some keys to success are:

- continual partnership working, highlighting opportunities for universal early intervention / prevention relating to vulnerable children (e.g. FGM, gangs), ensuring RSE always responds to local concerns
- selectively using guidance as leverage (e.g. that it is statutory to include the PSHE curriculum on schools’ websites – and making this a criterion for Healthy Schools recognition)
- flagging up safeguarding withinPSHE
- judicious use of external agencies to support practice.

For further information contact: Helen.Cameron@islington.gov.uk
Local Authorities have many opportunities to provide practical and strategic support to ensure high quality delivery of RSE. RSE can be delivered in a variety of settings provided by a range of professionals working with children and young people. Local authorities can develop in-house support and/or commission specialist support from other organisations. Below are some examples that demonstrate what local authorities have done in support of RSE:

OVERVIEW AND SCRUTINITY
Overview and scrutiny reviews present an excellent opportunity to find out about the quality of existing RSE provision, identify local barriers, engage with a wide range of local stakeholders and build support within a council. Regular meetings between scrutiny teams and lead members provide an opportunity to link RSE with other issues concerning children, young people, families, health and education: www.sexeducationforum.org.uk/resources/practice/sex-relationships-education/scrutiny-review-of-sre-in-birmingham.aspx

DURHAM COUNTY COUNCIL
worked with Education Durham's school improvement service to support secondary schools in reviewing their Relationship and Sex Education (RSE) provision and practice. Over a period of two years, 12 secondary schools and 3 secondary education settings (including secure services, PRU and FE college) worked with a small team of dedicated officers to ensure their RSE provision is of high quality and meets the needs of pupils in that setting. Parents and carers were engaged through a variety of methods to seek their views on changes to RSE within the school and what they felt the content of an RSE programme should include. A total of 1260 questionnaires were completed across 8 of the secondary settings. Almost all respondents (99%) were in favour of providing high quality, inclusive RSE. Parents wanted a broad curriculum covering a wide range of topics with particular interest on developing positive relationships, consent and safe sex and contraception. The council has also developed an RSE review and improvement framework to include: leadership and management, parent and carer engagement, partnership working (for example, with school nurse teams) and signposting and links to sexual health and other relevant services. Outcomes from the focus on RSE have been very positive, including increased staff confidence and pupil satisfaction, with the work being extended to a further 15 education settings, with a focus on vulnerable groups. For further information please contact Alison Young: a.young@durham.gov.uk
Examples of how local authorities contribute to developing high quality RSE provision (cont’d)

THE YORKSHIRE AND HUMBER CHILDREN’S COMMUNITY OF IMPROVEMENT
worked together on behalf of the Yorkshire and Humber Association of Directors of Public Health to create a clear position statement and advocacy guide for PSHE and SRE. The purpose was to use the collective voice of 15 local authorities and the ADPH to shape and influence PSHE and SRE provision locally and nationally. The goal of the strategic advocacy statement and guide is to reenergise discussion and prompt action across the local authority areas in engaging appropriate stakeholders to ensure that PSHE and SRE provision is universal and based on need and evidence. The advocacy statement is useful because it makes a clear commitment to the importance PSHE and SRE and provides useful information on why it is important and how to advocate for PSHE and SRE locally. The guide can be used by staff across the Local Authority to influence schools and parents on the importance of PSHE and SRE. It is available here: www.yhphnetwork.co.uk/media/1469/yh-advocacy-statement-and-guide-for-pshe.pdf

LEICESTER CITY, LEICESTERSHIRE COUNTY COUNCIL AND RUTLAND COUNTY COUNCIL
commission public health school nurses to deliver ChatHealth. Developed by Leicestershire Partnership NHS Trust - ChatHealth recognises that some young people may feel judged or embarrassed to ask questions about their health, including their sexual health, so may not seek the individual advice and support they need in RSE lessons. ChatHealth provides an anonymous and confidential service allowing young people to get professional advice in a quick and easy way. The messaging service is not aimed at replacing face to face care, but to offer service users choice in how they access additional advice and information in a way that feels comfortable to them. Since its introduction there has been a significant increase in the number of contacts with school nurses, particularly from boys and young men. School Nurse teams across the country are able to offer service users a route into their services via messaging and offer support they may have not previously sought with many supported by the ChatHealth team in Leicestershire to adopt this safe and secure model. The platform is now used by over 25 teams in England. For further information please contact: Caroline.Palmer@leicspart.nhs.uk
Examples of how local authorities contribute to developing high quality RSE provision (cont’d)

**BATH AND NORTH EAST SOMERSET COUNCIL**

commissions the School Nurse Team to work closely with other partner agencies in schools to provide support to vulnerable young people. The school nurse, who has expertise in working with young people excluded from school, was invited by Project 28, the young people’s substance misuse service to run some small group RSE. Recognising the need for additional one-to-one support, they now also provides a weekly drop-in clinic offering contraception and sexual health advice and can also accompany young people to local services, respond to emergencies and meet up with young people in other venues or do home visits. Key to the success of the outreach work is that young people trust the school nurse, know when she will be in and feel able to talk openly and honestly about their concerns. For further information please contact: paul.sheehan@banes.gov.uk

**BRISTOL COUNCIL**

prioritised the training of teachers, school nurses and youth workers by supporting them to undertake the Certificate of Teaching PSHE (awarded by Roehampton University). The training has been running over the last 14 years and Bristol now has over 600 teachers and other youth professionals with this award, which has created a real strength in the delivery of RSE across the city. The Bristol Public Health team also commission school based sexual health drop in services and accompanying education support in ten secondary schools, currently delivered by Brook, the young people’s sexual health charity a partner of Unity sexual health (provider of sexual and reproductive health services). For further information please contact: julie.coulthard@bristol.gov.uk

**EAST SUSSEX COUNTY COUNCIL**

has invested in a comprehensive two-year package of tiered support to all secondary schools to develop their provision of high quality relationships and sex education, as part of a wider programme of ‘whole-school’ health improvement transformation. The Sex Education Forum delivers a range of training, including nine bespoke courses to school staff in the school year 2016/17, and provides ongoing guidance and support to ten schools signed up to a package of intensive support. East Sussex schools will be participating in an RSE Summit in 2018, supported by local practice-sharing events and news updates. Additional training to support delivery of primary school RSE was also commissioned, with a further workforce development opportunity being offered to youth services in 2018 to support delivery of targeted RSE interventions. For further information please contact Ross Boseley: ross.boseley@eastsussex.gov.uk
Examples of how local authorities contribute to developing high quality RSE provision... (cont’d)

**CORNWALL COUNCIL**
developed and designed resources specifically for post 16 young people. In addition council staff has access to training and foster carers participate in mandatory RSE training to enable them to better support the needs of children and young people in their care. The young people’s charity Brook, also supports the delivery of RSE in secondary schools and colleges. For further information please contact: Dennis Cronin Dcronin@cornwall.gov.uk

**BLACKPOOL COUNCIL**
is offering a ‘reward’ payment for schools which demonstrate full implementation of the council’s new PSHE and RSE programme. Concentrating on the interlinked themes of sexual health and relationships, consent, drugs and alcohol and emotional health, the programme is supported by staff training and a local forum for PSHE leads. For further information please contact: Judith.Mills@blackpool.gov.uk

**EALING COUNCIL**
has commissioned a specialist NGO to provide high quality RSE to young people with learning disabilities. As well as direct delivery in schools, Image in Action takes a strategic approach, training staff and working collaboratively across the borough to equip young people to develop safe and healthy relationships and to access 1-2-1 advice when they need it. For further information please contact: Jane Darroch DarrochJ@ealing.gov.uk

**TORBAY COUNCIL**
worked with the RSE Hub to support secondary schools to review their RSE provision using the Quality Review Framework (a self assessment framework for RSE). Schools were offered access to training and 1-2-1 support. The Local authority also hosted an Emotional Health and Wellbeing and PSHE event for Local Schools to support and develop practice. For further information please contact: sarah.aston@torbay.gov.uk
8. HOW DOES RSE CONTRIBUTE TO ADDRESSING LOCAL PROGRAMMES AND PRIORITIES?

With their public health and wider commissioning responsibilities, Local Authorities are in unique positions to contribute to a number of different priorities through joined up thinking about how best to meet the needs of their residents.

RSE contributes to a range of different priorities including:

- Teenage Pregnancy, Sexual and Reproductive health
- Safeguarding
- Child Sexual Exploitation
- Female Genital Mutilation (FGM)
- Resilience
- Children and young people’s Mental Health and wellbeing
- The Healthy Child Programme
- Addressing Best Start in Life, child poverty and intergenerational disadvantage
- Educational attainment
- Equalities
- Making every contact count (MECC).
9. DELIVERING RSE EFFECTIVELY: A LIFE COURSE APPROACH

This section illustrates the range of issues that could be included in high quality RSE at different ages and are drawn from questions asked by children and young people. These are illustrative examples taken from the Sex Education Forum Curriculum Design Tool, so do not represent content of a complete curriculum content, nor the breadth of gender, sexuality and family issues which RSE needs to address to be fully inclusive of diversity and in line with the Equality Act.

Government will be determining the final content of statutory RSE guidance for schools after the consultation and engagement process and schools will be required to implement it from September 2019.

AGES 3–6

Relationships
Who is in my family? What do I like about my friend?

My body
What do we call the different parts of girls and boys bodies?

Life cycles
Where do babies come from?

Keeping safe and looking after myself
Which parts of my body are private? How can I say no if I don’t want someone to touch me?

People who can help me
Who can I ask if I need to know something or if I am worried?

AGES 7–8

Relationships
How can I be a good friend? What makes me feel good, and bad? How do I know how other people are feeling?

My body
Why is my body changing? Why are some children growing more quickly?

Life cycles
Why does having a baby need a male and a female?

Keeping safe and looking after myself
What are good habits for looking after my growing body? When is it good or bad to keep secrets?

People who can help me
Where can I get information about growing up? Who can I talk to if I feel anxious or unhappy?

AGES 9–10

Relationships
What is love? How do we show love to one another? Can people of the same sex love each other? Is that okay?

My body
What is puberty? Is my body normal? What kind of feelings come with puberty?

Life cycles
What is sex? What does a new baby need to keep it happy and healthy?

Keeping safe and looking after myself
How can I look after my body through puberty?

People who can help me
Where can I find information about puberty and sex? Who can I talk to if I want help and advice about growing up? Who can I talk to if I feel anxious or unhappy?
Delivering RSE effectively:
a life course approach (cont’d)

AGES 11-13

Relationships
What makes a relationship happy or unhappy?
How will I know if I am in love? Do you have to have sex to show someone you love them?

My body
Am I normal? Should we all look like pictures in the media? Why do boys get erections?

Life cycles
What is sex? What does a new baby need to keep it happy and healthy?

Keeping safe and looking after my sexual health
What is safer sex? What are the different methods of contraception? What’s HIV and AIDs and how do you get it?

People who can help me
Can I see a nurse or doctor in private? Which are the best websites for help and advice on sex and relationships?

AGES 14-16

Relationships
What’s the best way to resist pressure from friends or partner to do things I don’t want to do? Is pornography real?

Feelings and attitudes
How does how I feel about my body affect my self-esteem and my relationships? What’s it like to come out as gay/lesbian/bisexual/transgender? What do different cultures and religions believe about sex and relationships?

Keeping safe and looking after my sexual health
Who should be responsible for contraception?
How do I use a condom and will it affect sexual performance? What are the laws on sexual offences?

Sources of help and advice
What are my rights as a young person to information, sexual health and confidentiality? If a woman gets pregnant, what choices does she have?

AGES 16+

Relationships
What are qualities needed for a loving relationship? What are some of the challenges of parenting?

Feelings and attitudes
What are realistic and unrealistic standards for bodily appearance? What is the impact of pornography and/or the media on expectations about our bodies and sex and relationships?

Keeping safe and looking after my sexual health
What are the pregnancy and STI risks of anal and oral sex and of non-penetrative sex? What are the signs of sexual exploitation?

Sources of help and advice
Where do I get reliable information and know how to access sexual health services?
10. OFSTED INSPECTION OF RSE

Issues relating to pupil safety, PSHE and SRE have wide coverage within school inspections.

Inspectors report on whether or not arrangements for safeguarding pupils are effective. They also judge the effectiveness of the school’s leadership and management, the quality of teaching, pupils’ outcomes and their personal development, behaviour and welfare. In reporting on the effectiveness of the school, inspectors consider pupils’ spiritual, moral, social and cultural development.

Examples of issues considered by inspectors include:

- The breadth and balance of the curriculum and its impact on pupils’ outcomes and their personal, development, behaviour and welfare;
- The effectiveness of leaders’ and governors’ work to raise awareness and keep pupils safe from the dangers of abuse, sexual exploitation, radicalisation and extremism;
- Teachers’ encouragement of pupils so that they try hard and take a pride in their work, and pupils’ love of learning and resilience to failure;
- Pupils’ understanding of how to keep themselves and others safe in different situations and settings;
- Pupils’ understanding of how to keep themselves healthy, including making informed choices about healthy eating, fitness and their emotional and mental well-being;
- Pupils’ age appropriate understanding of healthy relationships and confidence in staying safe from abuse and exploitation;
- Pupils’ understanding of how to stay safe online;
- Pupils’ ability to be reflective about their own beliefs and their interest in other people’s faiths, feelings and values;
- Pupils’ ability to offer reasoned views about moral and ethical issues;
- Pupils’ willingness to participate in a variety of communities and social settings; and
- How the school prepares pupils positively for life in modern Britain.

Ofsted will take account of new legislation and guidance for schools in relation to PSHE and RSE in determining its inspection arrangements.

HOW IS THIS MONITORED?
1. Safeguarding audits at local authority level
2. Requirement that maintained schools publish subject-level curriculum information on their website, including RSE and PSHE.
11. USEFUL RESOURCES

- Local Government Association Public Health pages
  www.local.gov.uk/topics/social-care-health-and-integration/public-health
- Local Government Association Public health, prevention and early intervention support
- Local Government Association Social care health and integration pages
  www.local.gov.uk/topics/social-care-health-and-integration
- Local Government Association (2016) Good progress but more to do: teenage pregnancy and young parents
- Local Government Association - CSE- National Action plans and guidance
  www.local.gov.uk/cse-toolkit-national-action-plans-and-guidance
- LGA Female Genital Mutilation: A Councillor’s Guide
- Public Health England Rise Above – Forming positive relationships lesson plan pack
  campaignresources.phe.gov.uk/schools/resources/relationships-lesson-plan-pack
- Public Health England Rise Above – Body image in a digital world lesson pack
  campaignresources.phe.gov.uk/schools/resources/body-image-lesson-plan-pack
- Public Health England and LGA Teenage Pregnancy Prevention Framework
- Public Health England Child Sexual Exploitation: how public health can support prevention and intervention
- Public Health England The link between pupil health and wellbeing and attainment – guide
- Public Health England School Nurse toolkit – evaluation of behaviour change interventions
- RSE Hub – Quality Review Framework
  www.rsehub.org.uk/quality-assurance/the-quality-review-framework/
- RSE Hub – Fifteen Domains of Healthy Sexual Development
- Sex Education Forum (2017) What is good quality RSE? Posters for schools outlining the 12 evidenced based principles of good quality RSE
- Sex Education Forum Curriculum design tool
  http://www.sexeducationforum.org.uk/resources/curriculum-design.aspx
- PSHE Association Programme of Study for PSHE Key Stages 1-4
  www.pshe-association.org.uk/curriculum-and-resources/resources/programme-study-pshe-education-key-stages-1%E2%80%934
- PSHE Association 10 principles of effective practice of PSHE (of which RSE is a part)
  www.pshe-association.org.uk/curriculum-and-resources/resources/ten-principles-effect
12. REFERENCES

5 - SEF Members briefing re. NC Science and RSE
11 - Equality Act 2010 Chapter 1 Schools: www.gov.uk/government/publications/equality-act-2010-chapter-1-schools
12. references (cont'd)


23 - YouGov (2013) Research carried out by YouGov commissioned by the End Violence Against Women (EVAW) Coalition and reported by the End Violence Against Women (EVAW) Coalition and reported as part of the Words or Deeds report published by the EVAW Coalition in May 2013


