

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. (248)

1. **Our bodies:** able to name all body parts, including genitals; understand how they might change physically during puberty; understanding the difference between safe and unsafe touching of bodies
2. **Our relationships:** understanding different kinds of relationships (including friendships) and families (including same-sex parents, adopted children, single parents), understanding boundaries and consent and what makes relationships healthy and positive; as well as what makes relationships unhealthy (including bullying)
3. **Our feelings:** understanding feelings and how to manage them; understanding how emotions might change during puberty, understanding what it feels like to be in an unhealthy/unsafe relationship, including online relationships and what to do if you're worried about this

Information about bodies and relationships is essential for safeguarding. Children are more able to keep themselves safe if they understand their own bodies and know what healthy relationships look like.

There is no evidence that it's harmful to provide information 'too soon', but there is evidence that giving information 'on time' can help children to recognise and report abuse, delay sex, use contraception at first sex, and have smaller age gaps with partners in sexual relationships. Ignorance does not equal innocence.

'It is critical that children develop the language and capacity to talk about and understand their bodies, feelings and relationships from a young age.' International Technical Guidance on Sexuality Education: an evidence-informed approach , UNESCO, 2018.

Education about relationships and bodies and simple emotional literacy must be taught at the right time. Heads and Tails Sex Education Forum survey (2015)

Question 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. (250)

1. **Sexual health knowledge:** understanding fertility, contraception, pregnancy options, abortion, how to prevent STIs and HIV and where to go for confidential advice/treatment.
2. **Healthy and unhealthy relationships:** characteristics of a healthy relationship, understanding consent , recognising bullying, coercion, abuse, harassment, exploitation and how to report it; how to thinking critically about representations of relationships in the media and online (including pornography); the impact of gender stereotyping on how we treat each other, self-esteem and confidence.

3. **Sex and relationships decision-making and communication:** evaluating readiness to have sex; how to access accurate information on/offline; how to think critically about information and messages about sexual relationships, gender, body image and beauty; how to weigh up information to make good decisions; how to recognise and resist peer pressure. How to communicate effectively in relationships, how to maintain healthy boundaries.

RSE delays first sex, increases contraceptive use at first sex, reduces age gaps between partners at first sex, reduces unintended pregnancy. Wellings (2001), Kirby (2007), NICE (2010), Macdowall (2015).

Accurate, impartial and non-judgmental information about pregnancy and abortion supports young women to seek help, reduce later abortions and reduce stigma that may contribute to repeat abortions. Ingham, Lee et al (2004 & 2007), Ho;ggart (2010).

Contraception and abortion information must be evidence-based, non-biased and accurate (as outlined in DFE SRE guidance 2000). It mustn't be delivered by those with an anti-choice agenda whose aim is to deter young women from seeking healthcare by giving them misinformation and scare stories about contraception and abortion.

Question 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? What do we want to say about RSE that is specific to digital context? (219)

Education on online relationships should:

- Include practical ways to keep safe online: basic online security; privacy settings; how to block and report people online; how to verify someone's identity; how to stay safe if they're meeting someone they met online.
- Recognise the positive as well as the negative aspects of communicating via technology
- Recognise that young people who access pornography may do so by accident while googling information
- Recognise that pornography may be deliberately accessed due to normal adolescent curiosity and that taking a prohibitive approach which simply says that pornography is bad and that it's illegal to access it rather than a critical one (which challenges many of the stereotypes and negative representations within pornography) may be counter-productive.
- Reflect the reality of young people's lives. 38% of the young people surveyed by Brook in 2017 had been in relationships with people they had first met online, a figure that was even higher for LGBT+ young people.*

Issues such as bullying, gender stereotyping, peer pressure, adolescent friendships, the difficulty of navigating adolescent romantic relationships are present for young people on and offline so it is not enough to give them a technical understanding of 'safety' in relation to things like privacy settings, without embedding safe relationship practices more generally.

*McGeeney, Hanson, Digital Romance. Published Brook and NCA CEOP (2017)

Question 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? (226)

Schools should communicate with parents and carers about what RE/RSE is and its purpose - to keep children and young people safe, equip them with skills to navigate relationships in the modern world, provide them with medically accurate information to help them stay healthy.

They should clearly explain both how RE/RSE benefit children and how it can benefit parents/carers (support with how to talk to their children about their bodies, health and unhealthy relationships, sexual health and keeping safe).

This can be done through letters, emails, surveys and parents' evenings, emphasising that RE/RSE is a crucial aspect of their child's/children's health, wellbeing and safety. Well designed parents evenings are very effective if interactive and given sufficient time

Given the high proportion of abused children who are abused by a parent or family member, it is of crucial importance that all children receive information intended to safeguard them from abuse (including basic information about their bodies and relationships with family/people in authority). Parents/carers who want to withdraw children from any aspect of RE/RSE should be required to demonstrate to the school the way in which they will ensure their child/children receive critical safeguarding and health information.

All young people should leave secondary school with the **information, skills** and **confidence** to be able to manage their own sexual health and wellbeing in an informed, positive and healthy way.

Question 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. (201)

Doctors for Choice UK supports the PSHE Association's three key PSHE subject areas in both primary and secondary schools:

1. Relationships
2. Health and wellbeing
3. Living in the wider world

Effective RE/RSE delivered in the context of statutory PSHE in primary education will both safeguard young people from sexual abuse and support their mental health and wellbeing.* In order to achieve this adequate funding needs to be provided for appropriate resources and comprehensive training for teachers.

Mental health is a vital component of 'Health and wellbeing'. The mental health charities, Mind and Young Minds stress that schools have a key role to play in making children and young people resilient to the pressures of growing up – a period of rapid change and development and unfamiliar challenges. Schools should be providing education about the various mental health problems that people face, providing a space for young people to talk through their anxieties and worries, and de-stigmatising mental health problems generally.

The principles of inclusion, equality, diversity and respect should be embedded in all relationships education.

*Associations between source of information about sex and sexual health outcomes in Britain: findings from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3)
<http://dx.doi.org/10.1136/bmjopen-2015-007837>

Question 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. (242)

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The principles of inclusion, equality, diversity and respect should be embedded in all relationships education.

LGBT+ relationships and issues are not a distinct subject, and teaching of them should not be confined to one or two lessons. The whole RSE curriculum should be LGBT+-inclusive, with information that is relevant to LGBT+ people incorporated into every topic.

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Question 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? (248)

Doctors for Choice UK believes that all schools should meet the [Sex Education Forum's 12-point statement of commitment](#) for RSE, supported by a range of expert organisations including NSPCC, Barnardo's, teacher's union NASUWT, young people's charity Brook, and sexual health charity FPA.

This includes a requirement that RSE:

1. Is based on reliable sources of information and distinguishes between fact and opinion
2. Gives a positive view of human sexuality, with honest and medically accurate information, so that pupils can learn about their bodies and sexual and reproductive health in ways that are appropriate to their age and maturity
3. Includes learning about how to get help and treatment from sources such as the school nurse and other health and advice services, including reliable information online
4. Fosters gender equality and LGBT+ equality and challenges all forms of discrimination in RSE lessons and in every-day school life
5. Seeks pupils' views about RSE so that teaching can be made relevant to their real lives and assessed and adapted as their needs change

Schools should aim to meet the needs of all pupils in delivery of PSHE/RE/RSE and no student should be left vulnerable through lack of provision or access to lessons; or be discriminated against by provision that excludes their experience or that promotes stigma or prejudice.

Opinion should never be represented as fact, and all students have the right to be signposted to local services, irrespective of the faith or ethos of the school or parent body.