Shropshire Response

DFE consultation on relationship, relationship and sex education and health education

10. Do you agree that the content of Relationships Education in paragraphs 50-57 of the guidance is **age-appropriate** for primary school pupils?

- strongly agree ☐

- agree ☐

- neither agree or disagree ☐

- disagree☐

- strongly disagree ☐X

Please briefly explain why you have given this answer in the text box below.

The need for age appropriateness is a complex judgment schools make. In many ways the guidance recognizes that pupils' emotional and physical developmental does not necessarily conform to chronological age and varies on an individual basis. However, curriculum is by its very nature designed and delivered on a cohort and year group basis.

The process by which schools will determine age appropriateness for RSE is not clear. This highlights a need for advisory support and training underpinned by access to evidence and research from recognized source of expertise. The fact that in England we do not have a national research tool to capture pupils' attitude, awareness and health related behavior is a significant hindrance.

Who decides age appropriateness and has ultimate responsibility for curriculum discussion is confusing**.** We are concerned that the requirement to 'consult with parents before final year of primary about detailed content of what will be taught" (para. 63) runs counter to and is inconsistent with schools' professional responsibility and expertise to plan and deliver an age appropriate curriculum to safeguard all children.

In addition, para. 108 states developmental curriculum is "developed in consultation with parents and local community". We are uncertain who in the local community this refers to and how schools' square strong local organization and religious groups interests with the needs and concerns of their children. This is especially relevant at primary level. The reference to the Equality Act is noted but schools are likely to welcome stronger

reference to this and Safeguarding within the context of confirming that it is the role of the governing body, with head teachers to decide the curriculum.

We would stress the need to involve and consult pupils on their needs and concerns to inform the 'age appropriate' judgment. There are a variety of tried and tested techniques to do this with primary pupils. Shropshrie uses 'create a character and a range of baseline approaches. In addition, we encourage schools to actively listen to feedback from all staff, dinnertime supervisors, TAs etc. about the questions, concerns, games, words, interactions, and incidents on the playground. Schools need to recognize this is valuable and current information upon which to judge age appropriateness. Parents are not party to this and as they cannot withdraw their child from the playground, we have found it helpful In Shropshire to draw upon this local, current 'lived experience', alongside data and research to explain how the age appropriateness of the Shropshire curriculum is determined.

Health education under 'changing adolescent body ' references teaching key facts about puberty in particular from age 9 to 11 ', however research into the early onset of puberty would suggest preparing children needs to take place prior to 9. The relationship aspect of guidance needs to be cross referenced with this section and requires acknowledgment of authoritative research and data, including information from sources such as Child line, NSPCC and The Sex Education Forum to support judgment about age appropriateness. The guidance should support and encourage child led best practice is this regard, acknowledging young children's natural fascination, interest, concern and questions about bodies, theirs and others from an early age.

Paragraph 99 on menstruation appears to be out on a limb. This is a consequence of the artificial separation of R and Sex Education at primary, and the inadequacy of addressing puberty only from age 9.

Under families it says schools need to be clear that the requirements include how a baby is conceived and born. This recognizes that children as soon as they can speak ask questions such as 'how did the baby get in, how will it get out?' can two men have a baby? etc. It is difficult to see how the guidance supports schools to plan and deliver a coherent curriculum response when reproduction and conception is separated from relationship education. It is too late, and not sufficient to rely upon RSE KS3 & 4 and reproduction to be covered in biological terms in Science.

The issue of recognizing diversity, especially and explicitly same sex relationships and addressing gender identify is not mentioned until secondary school and then 'explored at a timely point"(para 71). These issues are lived experience for children. The primary curriculum guidance needs to ensure it supports teaching in relation to the Equality Act and guidance on British Values with particular reference to gender identity, sexuality and same sex relationships and parenting. Referencing this only as a respectful relationship outcome at secondary level is inadequate.

Guidance on answering tricky questions is important but not sufficient or a substitute for ensuring primary pupils learn and discuss these fundamental issues as a cohort as part of planned lessons.

It is hard to see how online relationships can be addressed without including sexting and addressing names and slang for genitals, reproduction, conception and sexual behavior. The lack of inclusion of a requirement about ensuring pupils know the correct name for genitalia might result in schools interpreting this as falling under the optional sex education category.

The Shropshire Respect Yourself RSE programme provides an example where the above issues are addressed as a spiral, age appropriate, cross phase curriculum. See healthyshropshire.co.uk.

11. Do you agree that the content of Relationships Education as set out in paragraphs 50-57 of the guidance will provide primary school pupils with sufficient **knowledge t**o help them have positive relationships?

- strongly agree ☐
- agree ☐
- neither agree or disagree ☐
- disagree ☐ X
- strongly disagree ☐

Please briefly explain why you have given this answer in the text box below.

The ability to have positive relationships is based on skills and attitudes, not just knowledge. The current guidance does not sufficiently recognize or stress the importance of PSHE pedagogy.

One key knowledge requirement that is noticeable by its absence in the guidance is ensuring pupils from year one have an opportunity to use and explore the language for body parts, function and genitalia. Para 57 indicates that Safeguarding is a paramount concern. Correct names for genitals is essential for safeguarding from year one, see recommendations from the Education Select committee 'Life Lesson' report, Children Commissioner and Ofsted.

It is not clear where and when this will occur, it is not mentioned. This is a key competent of safeguarding and a major concern and source of anxiety for teachers. It should be an explicit requirement, and feature as a key stage outcome under Relationship Education and Health Education. Schools should be required to reference their use of correct terminology within all related polices as the taught competent of

KCSIE.

The guidance should include knowledge and understanding of correct names for genitalia. The nearest the guidance gets to mention this is under Relationship Ed KS outcomes being safe "having the vocabulary and confidence to report concerns or abuse ". It is unclear how children will be able to do this if they do not know and are not taught the correct names for genitalia, body parts and functions.

Also see comments under health education - internet safety and harms – sexting is not mentioned and under changing adolescent body - key facts from age 9 is too late see previous comments on age appropriate. In no section or under no heading is mention made of correct terminology.

12. Do you agree that paragraphs 61-64 clearly set out the requirements on primary schools that choose to teach sex education?

- strongly agree ☐

- agree ☐

- neither agree or disagree ☐

- disagree ☐ X

- strongly disagree ☐

Please briefly explain why you have given this answer in the text box below.

There is a distinction, but lack of definition between sex and relationship education in the guidance. There is an internal contradiction in the guidance separating sex ed. from relationship education at primary but saying it should not be artificially separated at secondary.

We are concerned about the practicalities as well as artificial division into subject categories. We anticipate class teacher's difficulties about responding to issues which pupils want and need to discuss in class into discrete subject categories. Understandable anxiety and concern in the face of parents' request to withdraw children from specific lessons might have the unintended consequence of teachers refusing to discuss or answer questions in classroom or particular lesson contexts, but not in others. The provision of statutory health education provides school with some flexibility in this regard; and we can envisage advising schools to deliver under a health and relationship policy and curriculum framework. Please see the award winning Shropshire Respect Yourself: Eat Better, Move More, RSE programme example.

If this distinction remains for political purposes it should be made clear what is a

statutory requirement as part of the taught curriculum in accordance with 'Keeping Children Safe in Education'.

A requirement to teach correct names for genitalia needs to be clear so that pupils" have the vocabulary and confidence to report concerns or abuse". This falls within the scope of sex, relationship, science (if doing human lifecycles) and health education. Pupils will ask questions whatever the topic/name of the lesson. Teachers need to feel confident and able to ensure the curriculum addresses attitudes, values and feelings related to boys' and girls' bodies, physical changes, reproduction and conception across a range of topics.

Shropshire Public Health Curriculum Advisor has worked with thousands of parents, delivering sessions and providing guidance to enable schools to communicate and inform parents about the Shropshire RSE programme, its rational and approach. It puts the R before the S and does not have artificial separation. Withdrawals have been considerably reduced. This advisory support has been available for four years, working with heads, governors and parents at individual school level. We would ask you not to underestimate the need and cost of ensuring local, ongoing professional support.

22

Relationships and Sex Education (RSE)

13. Do you agree that the **content of RSE** in paragraphs 65-77 of the guidance is age-appropriate for secondary school pupils?

- strongly agree ☐

- agree ☐

- neither agree or disagree ☐

- disagree ☐ X

- strongly disagree ☐

Please briefly explain why you have given this answer in the text box below.

The scope of the guidance under the category of RSE is welcome at secondary level. However, there is insufficient emphasis given to recognizing and celebrating LGBT diversity and challenging discrimination in a consistent cross phase way. Please see previous comments.

Reference is made to 'a timely point', which implies there is a wrong time and that LGBT people/issues should only be acknowledged/addressed at a certain age or time. This does not fit consistently with the welcome reference to 'being integrated appropriately into RSE rather than addressed separately or in only one lesson" (para. 71). Nor does it fulfil requirements under the Equality Act and teaching of British Values.

Please see previous comments about school drawing upon their everyday source of information from pupils to judge age appropriateness. In addition, pupils at secondary should be directly consulted and involved in identifying their needs and priorities. In addition to baseline question undertaken at individual pupil level which is built into the Shropshire curriculum from year 6 onwards, there is a prioritization exercise for each class year 7 onwards. The last lesson includes a 'Review and Reflect 'exercise which enables pupils and teachers to reflect on learning. Guidance is provided to teachers and PSHE leads about using this information to review effectiveness, amend, adapt and plan.

The emphasis on the law in this country and enabling pupils to develop the critical skills required to assess and judge accurate, reliable sources of information requires strengthening. We are unclear about the reference and evidence base for positive virtues. Please see comments from the Sex Education Forum in relation to forgiveness and respect in the context of coercive /exploitative relationships.

14. Do you agree that the content of RSE as set out in paragraphs 65-77 of the guidance will provide secondary school pupils with sufficient knowledge to help them have positive relationships?

- strongly agree ☐

- agree ☐

- neither agree or disagree ☐

- disagree ☐ X

- strongly disagree ☐

Please briefly explain why you have given this answer in the text box below.

Please see previous comments about the over emphasis on knowledge. In addition, it is the skill and confidence of teachers that make lessons on these subjects a compelling and meaningful learning experience, which informs pupil's behavior. So irrespective of the content, the resource used etc. the training of teachers and specialist lead teachers is essential.

In addition, secondary schools Heads/SLT require a clearer steer and encouragement to adopt best practice models of delivery. Many teachers are allocated these subjects on timetable availability without regard to their aptitude, skills and experience. Some secondaries used drop down days and rely heavily on outside speakers which can impact upon pupil's ability to receive coherent and good quality delivery which in turn impacts upon their capacity and ability to be happy, healthy and safe outside the classroom.

From a Public Health perspective the content under intimate and sexual relationships,

including sexual health is welcome. We welcome and commend the emphasis upon facts and the separation from discussing choices re pregnancy in a moral context. We would ask for a stronger emphasis upon young people's rights as health service users.

Research suggests young people required ongoing reassurance and information about services and their right to access these in a confidential and anonymous way. The specific knowledge outcome on further advice etc. therefore requires strengthened emphasis regarding right to access health services and professionals in a confidential manner prior to sixteen. Young people should know their rights under the law in relation to Gillick competence. In addition, condom use is mentioned in relation to safer sex but should also be included as a form of contraception and there should be a requirement for pupils to know how and where they can access free condoms and how to use a condom correctly.

15. Do you agree that paragraphs 36-46 on the **right to withdraw** provide sufficient clarity and advice to schools for them to meet the legal requirements?

- strongly agree ☐
- agree ☐
- Neither agree or disagree ☐
- disagree ☐ X
- strongly disagree ☐

Please briefly explain why you have given this answer in the text box below.

The guidance is clear in para. 64 heads 'must allow parents right to withdraw' and Heads "must comply with a parents' wish to withdraw from sex education beyond national curriculum". Please see previous comments about the practicalities for schools /teachers in the classroom of separating out overlapping issues and knowledge, trying to maintain an artificial distinction between relationship and sex education.

We are uncertain where a head teacher would stand if due to safeguarding concerns within the family they felt it was essential for children to attend RSE lessons and therefore over ruled a parental request. We are also aware that the guidance as it stands will perpetuate a situation where girls from Gypsy, Romany and Traveller community who are withdrawn from RSE, are leaving primary school ignorant, confused and in isolation. For some they do not attend secondary school. It is not clear how their vulnerability and safeguarding rights will be addressed under the current proposals.

We are also unclear in practical terms how a school will ensure pupils will be able to attend RSE three terms before their sixteen birthday, against parental wishes. The guidance needs to ensure schools have a requirement to inform pupils about their rights under the UN Convention and offer support to any pupils who wish to exercise them.

23

Physical Health and Wellbeing

16. Do you agree that the content of physical health and wellbeing education in paragraphs 86-92 of the guidance is **age-appropriate for** primary school's pupils?

- strongly agree ☐
- agree ☐
- neither agree or disagree ☐
- disagree ☐ X
- strongly disagree ☐

Please briefly explain why you have given this answer in the text box below.

The Chief Medical Officer and various Medical Colleges have long supported the campaign for statutory PSHE and this element goes a long way (all be it just falling short of adopting PSHE as a coherent subject in its own right). PSHE has been characterized as the bridge between health and education. Public Health as part of Healthy Child programme and Local Authority health and wellbeing strategies are keen to support schools deliver high quality, evidence-based curriculum for relationship, relationship and sex education and health education. Health education is the taught component of the Green paper on transforming mental health provision in the way RSE is the taught component of Keeping Children Safe in Education.

The focus on mental health in the new curriculum should ensure pupils understand the interplay between physical and mental health, increase emotional and health literacy and help seeking skills. The skill element of learning and personal development underpins both RSE and Health education. We believe the potential to deliver curriculum outcomes on a skill basis is dependent upon teachers having access to high quality support and training as part of initial teacher training and access to ongoing local CPD and networking opportunities.

The inclusion of health education as a statutory requirement is warmly welcomed and the breath of the provision is wide-ranging and comprehensive. We especially commend the recognition of the interplay between physical and mental health and see this as an important contribution to ensuring schools adopt a whole school approach to health and wellbeing.

We recognize and welcome the scope of health education and think schools will find it helpful to have a health education topic, to complement and mitigate the artificial distinctions between relationship and sex education, the absence of human reproduction, body changes within science at primary etc. We would recommend that reference is made to the Green paper and requirement for all school to have a strategic

lead for EMH, ensuring targeted programmes along side mainstream curriculum delivery.

Para. 85 puberty covered in health education 'before onset, as far as possible', please see previous comments re use of research and data. Internet safety please see previous comments re need for correct terminology.

17. Do you agree that the content of physical health and wellbeing education as set out in paragraphs 86-92 of the guidance will provide primary school pupils with sufficient knowledge to help them lead a healthy lifestyle?

- strongly agree ☐
- agree ☐
- neither agree or disagree ☐ X
- disagree ☐
- strongly disagree ☐

Please briefly explain why you have given this answer in the text box below.

Please see previous comments on the need to ensure teachers are trained and confident with skill-developing approaches as part of the curriculum. In addition, schools need to adopt a whole school approach to health, teaching by example, ensuring the taught curriculum become the lived curriculum. The other element of this is that pupils have sufficient time and opportunity to consider their feelings, views and attitudes. Knowledge is only one competent. The emphasis upon knowledge should be rebalanced in the context of the pedagogy of PSHE. This comment applies equally to all subjects covered in the guidance, primary as well as secondary.

In particular we cite the following evidence in relation to Drug and Alcohol education. Key evidence from the 2015 Public Health England report "the international evidence on the prevention of Drug and Alcohol Use: a summary and examples of implementation in England" and the 2017 National Drug Strategy. The 2017 Drug Strategy para 20 clearly states the programmes and approaches which are not effective, are those that rely upon scare tactics, knowledge only approaches, mass media campaign or the use of ex –users and the police as drug educators in schools where their input is not part of a wider evidence based programme.

The Good Behaviour Game is cited in the Governmnet's Drug strategy as internationally recongized and evidence based. It advocates a social, peer based approach to drug education for primary schools. We can give you a insight into the difficulties and costs encurred in trying to secure partnership fuding acrooss Police, Drug and Alcohol commissioing, and Strengthening Families to run this programme in 10 selected primary schools in Shropshire. Despite our best efforts, close liaison and considerable flexibility

with MENTOR and partners we were not able to proceed. This type of evidence based programme is not one that schools could currently access or fund themselves.

18. Do you agree that the content of physical health and wellbeing education in paragraphs 93-99 of the guidance is age-appropriate for secondary school pupils?

- strongly agree ☐
- agree ☐
- neither agree or disagree ☐
- disagree ☐ X
- strongly disagree ☐

Please briefly explain why you have given this answer in the text box below.
19.

In addition to previous comments it is important to recognize that age appropriateness is not determined by subject content alone but how it is delivered within the context of recognizing and establishing pupil's current level of understanding, awareness etc. Teachers should be skilled at establishing and using baseline as assessment for, and of learning.

We are not sure about the footnote re eating disorders or why this topic has been singled out. The PSHE Association has produced a comprehensive EMH curriculum and provides guidance on how to prepare to and teach about a range of issues safely. The emphasis should be upon training and skilling teachers to deliver EMH. Attention should be drawn to the evidence in relation to drug and alcohol education concerning the use of guest speakers, experts, 'specialist' or individual testimonials. It is recognized that this approach may have unintended consequences, especially for vulnerable pupils. Pupils requiring specialist support should receive help and support to access treatment, this is in addition to their mainstream curriculum entitlement.

24
19. Do you agree that the content of physical health and wellbeing education as set out in paragraphs 93-99 of the guidance will provide secondary school pupils with sufficient knowledge to help them lead a healthy lifestyle?

- strongly agree ☐

- agree ☐

- neither agree or disagree ☐ X

- disagree ☐

- strongly disagree ☐

Please briefly explain why you have given this answer in the text box below.

From a Public Health perspective, we are concerned that schools received current information regarding evidence-based approaches and are kept up to date with current local and national trends.

Research indicates that young people's use of illegal drugs, tobacco and alcohol is declining. However, this needs to be considered in the context of rising incidents of self-harm and emotional and mental health issues, bullying, use of social media, sedentary behaviour and sleep deprivation. Although there are many sources of information and data sets relevant to inform school's curriculum design e.g. [1]The State of Child Health 2017 Royal College of Paediatrics and Child Health report, Key Data on Young People 2017 Association for Young People's Health, CHIMaT etc. these are not very accessible for schools and educationalists.

There is no national data set for children and young people emotional health and wellbeing and health related behavior. There is no strategic cross government strategy between DfE, Dept. of Health / Public Health England and Ofsted. Without some secure, nationally funded mechanism for advice, support and information at local and national level it is hard to see how schools will be able to develop and provide an up to date curriculum and whole school response to support pupil's healthy lifestyle.

Given this context and previous comments about the over emphasis on knowledge acquisition it must be recognized that schools are operating in an environment which does not strategically support them to keep up to date or act upon best practice recommendations.

Engaging with parents and the wider community

20. Do you agree with the approach outlined in paragraphs 36-46 on how schools should engage with parents on the subjects?

- strongly agree ☐

- agree ☐

- neither agree or disagree ☐

- disagree ☐

- strongly disagree ☐ X

Please briefly explain why you have given this answer in the text box below.

1

The process for developing and agreeing school policy should be consistent with other policy processes within school. Policy is developed and agreed with governors, which include parent governors. This is current, established practice.

The focus on year 6 and detailed parental decision making on curriculum design is unworkable and undesirable in practice. It is likely to result in a 'too little too late' curriculum, which does not match the needs, experiences and concerns of pupils. It potentially involves schools changing the curriculum on a yearly basis. This degree of parental engagement is incompatible with school based professional responsibility, skills and competences to design and deliver an age appropriate spiral curriculum.

Parent's ability and competency to inform curriculum planning and design is questionable. The emphasis should shift to engaging, informing and communicating with parents the rationale and data underpinning the curriculum. Parents need to know the timing of delivery and should be provided with ideas and resources for home school partnership working. The guidance needs to clearly state that heads and SMT make curriculum decisions and agree policy with governors.

Delivery and teaching strategies

21. Paragraphs 108-109 in the guidance describe the **flexibility** that schools would have to determine how they teach the content of their Relationships Education/RSE/Health Education. Do you agree with the outlined approach?

- strongly agree ☐
- agree ☐
- neither agree or disagree ☒
- disagree ☐
- strongly disagree ☐

Please briefly explain why you have given this answer in the text box below.

In relation to RSE, flexibility come from the guidance's lack of specifies, only key stage 2 and 4 outcomes and the repeated use of words 'age appropriateness'. It is helpful therefore that Health Education is statutory and the content comprehensive.

Flexibility to determine content based on local circumstance and environment is an important principle, Shropshire's example is FGM. Based on local data and our ethnic demographic we have focused on ensuring all children know and can name natural genitalia for male and female from an early age.

The absence of a national research data collection system (re health, relationships, behavior, knowledge and attitude, EMH outcomes etc.) and the patchy, variable provision of LA advisory support who have access to local intelligence re CSE for example

is likely to hamper schools' ability to use local flexibility effectively.

25

SEND

22. Do you agree that paragraph 44 of the guidance provides clear advice on how head teachers in the exceptional circumstances will want to take the child's SEND into account when making this decision?

- strongly agree ☐

- agree ☐

- neither agree or disagree ☐

- disagree ☐ X

- strongly disagree ☐

Would suggest several cases studies are provided, as individual cases will vary.

If a child with SEND is withdrawn the parents/careers should receive advice and support about meeting their child's educational and social needs. Resources should be made available in terms of one to one support. There is no recognition or costing included for this in the impact assessment. It is not clear how the right of withdrawal will apply to special schools as well as mainstream schools.

Please briefly explain why you have given this answer in the text box below.

23. Do you agree that paragraphs 30-32 of the guidance provide sufficient detail about how schools can adapt the teaching and design of the subjects to make them accessible for those with SEND?

- strongly agree ☐

- agree ☐

- neither agree or disagree ☐

- disagree ☐

- strongly disagree ☐ X

Please briefly explain why you have given this answer in the text box below.

Very little information is provided about differentiation based on SEND. The guidance

needs to recognize the wide range of differentiation and need for individualization, which can be involved. We advocate training and a recognized qualification for SEND R, RSE, and H Education teachers is developed. Every special school should have a lead teacher trained to support individual delivery. Mainstream schools require a lead to support classroom teachers differentiate the curriculum for SEND pupils.

The impact assessment does not include or recognized the time /cost associated with ensuring differentiated curriculum (and resource requirements) for pupils with SEND or need for time to ensure home school partnership and support for parents in mainstream and specialist education.

We would advocate the use of national expertise through The Sex Education Forum to provide recognized/accredited training, support and guidance closely aligned to, and delivered in conjunction with SEND LA advisory teams.

Shropshire has been exploring feasibility to buy in national expertise to support differentiation based on our existing award winning RSE scheme of work but costs, even with school contribution is proving prohibitive. The impact assessment does not sufficiently cost the need for CPD generally and for SEND in particular.

We would advocate national expertise such as SEF is funded to develop courses and a training qualification scheme delivered at LA level in conjunction with SEND LA advisory teams. This should include training the trainer scheme. In addition to providing training courses we would stress the need for, and costing of, setting up and running a local SEND /R, RSE, H education network for lead teachers.

Statutory Guidance

24. Do you have any further views on the draft statutory guidance that you would like to share with the department? Do you think that the expectations of schools are clear? Please include this information in the text box below.

This response from Shropshire has been informed by discussions with school safeguarding group – maintained and independent, CSE group, PSHE network, SEND Advisor and colleagues attending the Public Health West Midlands school engagement /PSHE meeting in October. Shropshire has considerable experience developing and supporting school delivery on relationship and sex education curriculum year 1-11 and the EMH curriculum.

We have highlighted the gap between the guidance and operational reality. We have made several suggestions to support strategic implementation, underpinned by a strong local advisory function, local and regional networks. Without action on these we are concerned that schools will not be in a position to fulfill 2020 statutory requirements in a timely manner.

We would recommend that a national children and young people emotional health and wellbeing measurement tool is funded, as part of, or complementary to the health-related behavior data set to enable benchmarking and measurement of effective practice. We would want there to be a requirement for all schools to introduce EMH outcome measurement tools.

The guidance is weak on Local Authority accountability for safeguarding and how, with funding this could specifically ensure advisory support for schools and underpin curriculum delivery. The role and contribution of Public Health is also underdeveloped. The guidance would benefit from ensuring partnership roles and responsibilities are outlined i.e. the role of LA duties for JNSA, Safeguarding, HWB etc. the commissioning role of Public Health re drug and alcohol, sexual health, Healthy Child programme 0-19/25, school improvement etc.

Shropshire has undertaken a LA PSHE review and developed quality standards and guidance on good practice both for RSE and PSHE to support schools in assessing their provision. The RSE charter and good practice for PSHE is available from healthyshropshire.co.uk PSHE and sexual health/RSE section. In addition, schools report on RSE policy and curriculum delivery as part of statutory sction174 safeguarding audit.

We are concerned that national organizations such as the Sex Education Forum and the PSHE Association receive sufficient, secure funding to provide national centers of expertise, advice, support and training in a way, which is affordable, accessible and equitable across the country.

Along with the PSHE Association and the Sex Education Forum we are concerned with the guidance's emphasis upon knowledge acquisition. Behavior and behavior change is rarely if ever driven by knowledge or information. Addressing attitudes, values and developing skills requires skilled and confident teachers, supported by whole school policy and leadership.

Teachers will require significant ongoing support, training and mentoring to ensure they keep up to date in the rapidly changing context of RSE and health. The guidance impact assessment does not address the underpinning structure necessary for implementation or sustainability. It uses categorization of schools from a Ofsted report over ten years old, and we would strongly question the fact that no annual reoccurring costs are recognized for schools or stakeholders. We would also strongly question the effectiveness of the 'one off', one-day course model of training to ensure sustainable quality delivery in the field of R, RSE and health education.

There needs to be a clear qualification and career pathway for RSE /Health education leadership and teachers. The financial projections of training requirements in the absence of the above context are not very meaningful. We urgently ask DfE to cost an accredited, nationally funded CPD programme, including leadership pathway, which is equally accessible to all schools, across the country and part of ITT. The timescale for

implementation and the time lag for CPD routes to be established reinforce the urgency of securing/financing a robust local and/or regional level Advisory resource to support schools, working with and alongside national sources of expertise.

As part of this we urge you to recognize previous successful models of implementation (Healthy School and Teenage Pregnancy) and ensure advisory support at LA level, linked to regional networks of support and national expertise Please do not underestimate the importance, or what is required to ensure skilled and confident teachers to deliver a skilled-based RSE and Health Education curriculum.