



Relationships and Sex Education and Health Education guidance consultation

Questionnaire response from the Children and Young People's Mental Health Coalition and the Partnership for Well-being and Mental Health in Schools

Questions 1 to 9 are about the respondent.

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

Yes, agree.

All of the content is appropriate for primary aged children. However, given that content is not split out by Key Stage or Year, curriculum planning and design and teacher competence will be key to ensuring that topics are addressed in a timely manner for children.

It is important to recognise that Relationships Education is not separate from education about mental health and wellbeing. Young people should gain an understanding at an early stage of the impact of relationships such as friendships, family relationships and harmful relationships such as bullying on their mental health and wellbeing.

In addition, the guidance should note that many teachers will not be aware of their pupil's home circumstances. For example, whether a child in their class is a young carer and how best to tailor information to suit their needs. Research by Carers Trust has found that 39% of young carers said that no-one at school was aware of their caring role.

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 to help them have positive relationships?

Yes, agree

Overall, we agree that this section of the guidance is sufficient. However, the Department should consider the following evidence in order to further enhance the knowledge pupils will be equipped with.

We believe the impact on their relationships will depend on the frequency, timing and quality of the content.

As stated above it is important to recognise that Relationships Education is not separate from education about mental health and wellbeing. Young people should gain an understanding at an early stage of the impact of relationships such as friendships, family relationships and harmful relationships such as bullying on their mental health and wellbeing.

We welcome the inclusion of online as well as offline relationships and feel this should be woven throughout teaching rather than standalone. How to develop and sustain healthy online relationships should be considered as well as the potential harms.

Children in primary school also need to be taught about the effect of relationships involving loss, bereavement and trauma on their mental health and wellbeing. This should be included in the broadest context including experiences of looked after children, loss of significant others, loss of a home, parental divorce, and involvement of close ones in the criminal justice system. This could include in relation to: differences and changes in families; lifecycles and understanding of death; understanding and managing feelings; and seeking help.

In relation to paragraphs 51 to 54, we feel that the guidance could usefully stress that having conflict/arguments is an inevitable part of having relationships, and indeed a healthy one, depending on how such conflict/arguments are managed or resolved. We understand that the document is keen to stress the positive aspects of healthy relationships; however, we feel that the inevitability of conflict, and how to successfully manage it, should be included among the 'fundamental building blocks and characteristics of positive relationships'.

There also needs to be a clear statement that teaching about those who identify as LGBT and their relationships is part and parcel of teaching about healthy relationships in primary school. This can be demonstrated in relation to families – but also it is helpful to children to learn the meaning of terms such as lesbian, gay and bisexual.

Relationships Education should include learning outcomes that enable pupils to understand the fact that some children and young people undertake caring roles, and for them to know that that these can sometimes be inappropriate or excessive (as defined within the Children and Families Act 2014).

In order to ensure primary school pupils develop positive relationships, there must be a whole school approach to positive relationships, with teachers and school staff leading by example in how they relate to pupils, each other and parents. Children learn about positive relationships through how other people relate to them and the relationships they observe.

NB Some excellent guidance by Brighton and Hove was recently developed which enables whole schools to take an attachment aware approach to relationships. Increasingly schools are considering relationships as part of their behaviour and other wider policies.

<https://www.pookyknightsmith.com/blog/developing-an-attachment-aware-behaviour-regulation-policy>

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

Neither agree or disagree.

The onus is put on Sex Education not being compulsory rather than the recommendation that Sex Education is taught and why it is beneficial. The guidance should foreground the recommendation that all primary schools have a programme of Sex Education in order to meet pupils' needs.

It should be clear that Sex Education is not a separate topic to mental health and wellbeing education. Healthy attitudes to sex are key to positive mental health and wellbeing. Learning to keep yourself safe from sexual abuse, sexual exploitation, online grooming, sexually harmful behaviour and unhealthy attitudes to sex are key to positive mental health and wellbeing. These issues should be taught within this context.

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

Yes, strongly agree

All of the content is appropriate for secondary aged children. However, given that content is not split out by Key Stage or Year, curriculum planning and design and teacher competence will be key to ensuring that topics are addressed in a timely manner for children. It is important that pupils are consulted in relation to the age at which content is taught. A common weakness of Relationships and Sex Education (RSE) is that content is taught too late.

There is a focus in the guidance on knowledge and information. However, evidence shows that young people need to develop their personal competencies in order to have healthy relationships, including developing communication skills. There should also be reference to the importance of living out or practising values in everyday school life.

As highlighted in reference to the guidance for primary schools, RSE is a not distinct topic from mental health and wellbeing education. Relationships and approaches to sex are key to mental health and wellbeing and should be taught in this content.

NB Content relating to primary schools which is also applicable to secondary schools have been referenced in both sections.

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?

Agree.

However, much will depend on the frequency, timing and quality of the content.

Concerns were expressed above about the separation of RSE from mental health and wellbeing education. In addition, there are concerns about the separation of Sex Education from Relationships Education. These issues are intertwined and cannot always be separated. There should be more information in the guidance on this separation and interrelation.

There needs to be a clear statement that LGBT people and relationships are part and parcel of teaching about healthy relationships in secondary school and should appear as examples in scenarios so that there is visibility of LGBT people and their relationships in the curriculum. It is also essential that teaching about the many important sexual health topics listed under the secondary content is LGBT-inclusive and specific. A statement needs to be included about fostering gender equality and LGBT+ equality throughout the teaching of RSE. If this is applied as a principle it is more consistent and achieves the ambition of integrating LGBT inclusion and gender equality rather than treating either as an add on or a standalone topic.

As highlighted by [Stonewall](#):

- schools must ensure teaching is LGBT-inclusive, rather than the guidance only 'recommending' that they do
- there should be specific references to families with LGBT parents, and to prejudice-based bullying, including homophobic, bi-phobic and transphobic (HBT) bullying.
- the Guidance should require schools to make specific reference to their legal duties under the Equality Act to eliminate discrimination and promote equality of opportunity.

Relationships Education should include learning outcomes to help pupils develop an understanding of the fact that some children and young people undertake caring roles, and for them to know that that these can sometimes be inappropriate or excessive (as defined within the Children and Families Act 2014).

Children in secondary school also need to be taught about the effect of relationships involving loss, bereavement and trauma on their mental health and wellbeing. This should be included in the broadest context including experiences of looked after children, loss of significant others, loss of a home, parental divorce, and involvement of close ones in the criminal justice system. This could include in relation to: differences and changes in families; lifecycles and understanding of death; understanding and managing feelings; and seeking help.

As mentioned above there is a focus on knowledge and information. This will not be effective unless there is skills development as well. Young people need to be taught risk management skills and decision-making skills.

In order to ensure secondary school pupils develop positive relationships as well as being taught about relationships, there must be a whole school approach to positive relationships with teachers and school staff leading by example in how they relate to pupils, each other and parents. Children learn about positive relationships through how other people relate to them and the relationships they observe.

We also think there should be additional content on parent/child relationships, and specifically on nurturing care. There is an increasing body of evidence that this is hugely important to the emotional, social and even physical development of infants but there can be a lack of opportunities to learn about it, either in school or in adult life. The relationships education curriculum could provide such an opportunity. This should be taught to all pupils, regardless of their gender.

We think there should be stronger guidance around teaching about online pornography, and how it differs from real life relationships. This will be an uncomfortable topic for teachers to teach so there should be clear guidance and good supporting resources.

In relation to paragraph 69, while we welcome the inclusion of the statement that children 'should be taught that unhealthy relationships can have a lasting, negative impact on mental health and wellbeing', we believe that the guidance needs to specifically reference the impact of interparental conflict on children's mental health and wellbeing. Family relationships – defined as 'conflict/arguments with family members, parents' divorce/separation' – is the second most common reason why children contact ChildLine (ChildLine, 2017).

NB Content relating to primary schools which is also applicable to secondary schools have been referenced in both sections.

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

Neither agree or disagree.

Missing out on Sex Education could pose a risk to young people's mental health and wellbeing if they are not equipped with the skills and knowledge to keep themselves safe from harm. It should be made clear that if parents choose to withdraw their child from Sex Education they have a responsibility to provide this to their child at home. It would be very helpful to describe the role that schools can have in supporting parents who chose to excuse their child from Sex Education with materials and resources so this can be provided at home to meet the needs of the child. Similarly, it would be more helpful to focus on how good quality communication from school to parents generally results in increased confidence from parents that the Sex Education provided is appropriate and useful to their child and thus results in reduced numbers of parents choosing to excuse or withdraw their child.

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 schools pupils?

Agree

The content is appropriate for primary school pupils though guidance would be welcomed on how to adapt schemes of work in order to deliver them in an age and stage appropriate way. The guidance is knowledge heavy and guidance about the skills that primary school children should be learning as part of a developmental spiral curriculum would be welcomed. These should include communication skills, managing failure and problem solving, emotional regulation, help-seeking and healthy coping. These skills can all be taught throughout the curriculum and can be developed throughout primary school, providing a firm basis for further learning at secondary school.

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?

Agree

As stated by the PHSE Association, there are elements of the mental health and wellbeing guidance that will improve healthy behaviours and save lives.

The content on mental health and wellbeing, including on positive emotional and mental wellbeing, learning when and how to get help, tackling stigma, and the link between physical and mental health should be welcomed.

There is a focus on knowledge and information. This will not be effective unless there is skills development as well. Young people need to be taught risk management skills and decision-making skills.

There is a need to ensure the curriculum is re-balanced so it is not too focussed on risks but more asset based. The guidance on mental health and wellbeing should enable children and young people to be equipped to be fulfilled in their lives with a positive focus on wellbeing. Children and young people should feel uplifted and inspired about their emotional wellbeing as well as equipped to deal with challenges. Mental health and wellbeing education should not create anxiety amongst young people about the potential risks and dangers to their mental health. For example, mental health and wellbeing education about social media and the online world should equip young people with the skills to make the most of the online realm as well as warn them of the risks.

As well as gaining important knowledge, young people should get a chance to express their perspectives and express what is important to them. Mental health and wellbeing education should be a journey young people actively participate in. There should be opportunities for young people to share their perspectives and guide what is important to them and they would value learning about.

There is a need for further consideration of the needs and experiences of some groups of children and young people in relation to their ability to understand and manage their own physical health. For example, young carers often struggle to prioritise their own health. Even managing to get a good night's sleep can be something not in their control, as many are woken up during the night to provide caring responsibilities. A recent Carers Trust survey found that 46% of young carers aged five to seven were getting up during the night to care for family members.ⁱ Young carers often struggle to have opportunities to exercise, to have time outside the home and to engage in hobbies and interests. While emphasising the importance of children and young people taking personal

responsibility for their own health, teaching should be mindful of the barriers that young carers face in doing so.

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?

Agree

Overall, the content is good and represents a broad and varied curriculum which reflects the skills and knowledge needed by pupils at secondary school. Again, there is emphasis on a topic-based approach which needs to be supported with skills development. Pupils should build on their learning in primary education including communication skills, managing failure and problem solving, emotional regulation, help-seeking and healthy coping.

It is important to acknowledge that pupils will arrive at secondary school with different degrees of skills and understanding depending on the quality of their primary PSHE provision. Therefore, schools should be encouraged to revisit key themes and skills with pupils entering secondary.

Common types of mental ill health to be addressed should include self-harm and eating disorders as well as anxiety and depression. Pupils would benefit from learning about how to manage stress and anxiety in objectively stressful situations (e.g. exams) as well as recognising and seeking help for a range of anxiety disorders.

The guidance with regards to 'eating disorders' is confusing. Eating disorders are included as a topic but a footnote suggests they should not be taught without expert guidance. This is a topic that has the potential to do harm if not taught safely; but deferring the teaching to a visitor does not negate this potential for harm. It would be better for the DfE to signpost schools to the guidance on the safe teaching of mental health issues written in conjunction with the PSHE Association which clearly outlines how to teach about self-harm and eating disorders safely.

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?

Agree

As stated by the PHSE association there are elements of the mental health and wellbeing guidance that will improve healthy behaviours and save lives.

The content on mental health and wellbeing, including on positive emotional and mental wellbeing, learning when and how to get help, tackling stigma, and the link between physical and mental health should be welcomed.

There is a focus on knowledge and information. This will not be effective unless there is skills development as well. Young people need to be taught risk management skills and decision-making skills.

There is a need to ensure the curriculum is re-balanced so it is not too focussed on risks but more asset based. The guidance on mental health and wellbeing should enable children and young people to be equipped to be fulfilled in their lives with a positive focus on wellbeing. Children and young people should feel uplifted and inspired about their emotional wellbeing as well as equipped to deal with challenges. Mental health and wellbeing education should not create anxiety amongst young people about the potential risks and dangers to their mental health. For example, mental

health and wellbeing education about social media and the online world should equip young people with the skills to make the most of the online realm as well as warn them of the risks.

Positive strides have been made in recent years to recognise the prevalence of loneliness, including amongst children and young people. We welcome the Government's new strategy on Loneliness and announcement of a named Minister for Loneliness.

Action for Children, in partnership with the Jo Cox Commission on Loneliness, have explored children and parent/carer's experiences of loneliness. Their research has shown that nearly two-thirds of parents and carers worry their child is lonely some or all the time. According to children themselves, more than a third reported feeling lonely in the last week. ⁱⁱ Evidence from Childline suggests that girls may be more likely to be reporting loneliness, of the 4,063 counselling sessions about loneliness recorded in the year 2016-17. Of these, 73% of counselling sessions were with girls. ⁱⁱⁱ Childline counsellors linked these reports to other issues such as poor body image and the impact of school or home moves. ^{iv}

The new curriculum must educate children and young people on some of the drivers of loneliness and the impact of other co-existing issues such as poor health, low self-esteem, and the consequences of multiple moves and mobility.

Staff in school should be aware of and link lessons about loneliness to local initiatives, where available, for example, services being offered part of the Big Lottery Fund's Building Connections Fund. ^v

Children and young people should be able to identify and self-manage needs as they transition out of secondary school as not all further education establishments will maintain RSE and Health education.

However, there is a need for further consideration of the needs and experiences of some groups of children and young people in relation to their ability to understand and manage their own physical health. For example, young carers often struggle to prioritise their own health. Even managing to get a good night's sleep can be something not in their control, as many are woken up during the night to provide caring responsibilities. A recent Carers Trust survey found that 46% of young carers aged five to seven were getting up during the night to care for family members. Young carers often struggle to have opportunities to exercise, to have time outside the home and to engage in hobbies and interests. While emphasising the importance of children and young people taking personal responsibility for their own health, teaching should be mindful of the barriers that young carers face in doing so.

It is important that guidance recognises the impact on children and young people with caring responsibilities, and education about relationships should consider the fact that children and young people may have relationships or may be living with families who have complex circumstances.

As well as gaining important knowledge, young people should get a chance to express their perspectives and express what is important to them. Mental health and wellbeing education should be a journey young people actively participate in. There should be opportunities for young people to share their perspectives

Centre for Mental Health research found clear interrelationships between the Economic element of PSHE (goal setting, choosing options, careers etc) and young people's higher levels of anxiety (particularly among young women). The guidance needs to be strengthened to recognise these links and support young people manage these anxieties.

NB Content relating to primary schools which is also applicable to secondary schools have been referenced in both sections.

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

Neither agree or disagree

Encouraging and empowering parents to be role models for their children would also be welcomed, both with regards to Relationships Education and Health Education. For example, parents can role model healthy positive relationships, seeking help, and promotion of physical and mental wellbeing.

The 2000 Sex and Relationship Education (SRE) Guidance emphasised the important role of parents/carers in educating their children about sex. We believe the updated guidance should reinstate some of these existing principles and therefore propose a new paragraph be added citing some of the following principles:

- Parents are the missing link in their children's sex-education learning.
- Statistics show that children and parents want to be able to talk openly about sex-education issues, but parents often lack the skills, tools, language and confidence.
- Open communication between children and parents both reinforces effective delivery of sex education in school and empowers parents to empower their children at home.

The 2000 SRE Guidance also stipulated that schools should be providing materials for parents who exercised the "right to withdraw" – *"The DfE will offer schools a standard pack of information for parents who withdraw their children from sex and relationship education"*. This should be reinstated in the current guidance.

However, rather than underscoring parents' wish to withdraw their children from sex education, head teachers should use the new guidance as a vehicle for being positive about RSE. The new guidance provides an ideal platform for head teachers to:

- promote the benefits and protective/preventative aspects of RSE for children
- stress the disadvantages of children not receiving RSE – as set out in the 2000 SRE Guidance

The Guidance should emphasise the benefits of parental engagement:

- in relation to school: in terms of reinforcing RSE lessons
- in relation to the home: in terms of safeguarding, mental health and a strong parent-child connection

The term "excused from sex education" – which evokes politeness and being shielded from something unpleasant – should be changed to the more forcible "withdrawn from sex education".

The guidance could also be strengthened by providing examples of barriers to engagement experienced by parents and carers (illness, disability and language etc).

Paragraph 36 should be amended to reference sex – thus: 'The role of parents in the development of their children's understanding about relationships and sex is vital. Parents are the first educators of their children. They have the most significant influence in enabling their children to grow and mature and to form healthy relationships.' It is important to mention sex here given that parents have been given the right to excuse their child from sex education in school.

Paragraph 38 should be amended to include Sex Education so that it reads: 'Parents should be given every opportunity to understand the purpose and content of Relationships Education and Sex Education'.

NB 'Parents' need to be updated to read 'parents and carers' or similar throughout. It is encouraging that the role of parents and carers is recognised and schools are being encouraged to proactively engage with trusted adults at home to support the development of children's skills and understanding. Sharing of best practice in this regard would be welcomed, with advice on how to reach harder to reach or vulnerable groups and how to tackle sensitive issues.

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?

Agree

We agree; however, it would be useful if schools are required to evidence that they have consulted pupils about their needs, and/or it is made clear that Ofsted will be looking for such evidence.

We welcome schools being given the freedom to adapt the curriculum to meet the needs of the local context, however, there is a danger that some topics are incorrectly considered unimportant. For example, FGM is a topic that many schools may incorrectly assume their pupils are not at risk so whilst schools should be free to adapt the curriculum, minimum standards must apply.

Furthermore, it is important too much flexibility does not mean children missing out on key content. There is also a risk that children moving between schools will miss important topics due to discrepancies between what different schools consider "age-appropriate".

There are a multitude of ways to learn about these issues: school can play an important role. But in addition, for those that partake in the classes or who opt out, it is important to collate a list of useful resources for this, from on-line resources to books that are available in school libraries, and also for parents to make resources available at home. Parents and children might prefer small group teaching and so schools should explore a variety of options to best meet their need.

It would be worth noting here that this education is especially important for vulnerable groups. In particular, children with learning disabilities must be taught RSE skills and knowledge needed to keep them safe.

The curriculum should be developed in consultation with pupils as well as parents and the local community.

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?

Disagree

The safeguarding risk for the child or young person not receiving elements of their entitlement would be very important to consider. Being excluded from lessons can have a detrimental impact on children and can mean that children are more likely to learn their RSE and mental health and wellbeing education second-hand from peers. Those with special educational needs and disabilities (SEND), including mental health challenges, may in fact be particularly vulnerable, and therefore it may be particularly important they receive their educational entitlement. The education should be adapted to be suitable to their needs.

Rather there should be a focus through the guidance on how *all* RSE and Health Education can be made suitable to those children and young people with SEND, including those with mental health challenges. See answer to question 23. below for more detail on how this could be done.

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?

Disagree

The guidance should be made appropriate for those with SEND, including mental health challenges, throughout, not just referred to in specific sections. There is concern about the lack of consideration towards children and young people with SEND, as they feature very little throughout the guidance. Pupils with SEND should not just be mentioned in relation to specific issues.

RSE and Health Education guidance needs to be made accessible for all pupils with SEND. Through the guidance there is no detail about the practical application of RSE and mental health and wellbeing education for pupils with SEND. Such learning should be age-appropriate for those with SEND. RSE and mental health and wellbeing education should start early on in a pupil's education and be reinforced regularly, as there is great importance in repetition for pupils with SEND. There is a need for greater clarity that learning must be timely, which means starting at the beginning of school and repeating regularly.

Other issues, for example sexual orientation and gender identity need to be taught in a way which is accessible for pupils with SEND. There can be intersectionality between these issues.

The guidance does not give clarity that teaching should include correct medical terms for genitalia. This is a safeguarding issue for those with SEND, especially those with learning disabilities, some of who may not be familiar with appropriate terminology.

There needs to be more money put into teacher training and Continuing Professional Development for schools to implement RSE and mental health and wellbeing education for pupils with SEND to a high standard. Teaching resources and materials that are suitable for teaching RSE and mental health and wellbeing education to pupils with SEND need to be made more widely available, including case study material. There should be a companion guide to the RSE guidance with good practice examples of schools teaching RSE and mental health and wellbeing education to pupils with SEND. Training and resources for teaching RSE and mental health and wellbeing education to pupils with SEND should be developed in conjunction with the Council for Disabled Children.

There is a need for lifelong learning for pupils with SEND as learning is a continual process and the point at which learning is put into practice in real-life situations varies for everyone

There is a role for further education colleges in teaching RSE and mental health and wellbeing education to pupils with SEND. What has been missing from a young person's knowledge when they arrive at college must be considered.

Finally, the guidance needs to address how those with English as an additional language are supported to ensure they fully benefit from their educational entitlement. The guidance should refer to additional support that might be needed to engage families and parents in many of the complexities around culturally different perspectives and how to most sensitively address these.

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.

About the Children and Young People's Mental Health Coalition:

The Coalition is open to all those working to improve infant, children and young people's mental health. Our current membership comprises around 190 organisations from across the charitable sector. Through our collective voice, we influence and shape policy, systems and practice by listening to, and learning from our members, supporters, children, young people and families. Further information can be found here: <http://cypmhc.org.uk/>

About the Partnership for Well-being and Mental Health in Schools:

Our vision is an education system where good well-being and mental health are at the heart of the culture and ethos of all schools, so that children and young people – supported by their teachers – can build confidence and flourish.

We work to:

- Increase awareness of the importance of promoting and protecting children’s emotional well-being and good health
- Share advice and best practice of what works
- Inspire schools and services to incorporate measures that will improve children’s emotional well-being and mental health
- Equip teachers, adults working with children, and children and young people themselves with the skills and knowledge to address emotional well-being and mental health needs.

The Partnership is hosted by National Children’s Bureau (NCB).

Further information can be found here: <https://www.ncb.org.uk/what-we-do/our-priorities/health-and-well-being/projects-and-programmes/partnership-well-being-and>

The statutory mental health and wellbeing education is welcomed, as is physical education and RSE. However, these subjects should be taught within context of a wider statutory PSHE curriculum to ensure consistency and whole school approach.

Mental health and wellbeing is at the heart of PHSE. Mental health and wellbeing run through RSE, physical education and financial education. In this context it is important to have whole programme of PHSE, it is not enough to have part of PHSE optional and part of it not optional.

Having mental health on par with physical health is greatly welcomed, as is the acknowledgement of the relationships between physical and mental health. We welcome the expectation that mental health and wellbeing education should have the same high expectations for children as other subjects. We welcome mental health and wellbeing education being properly staffed and timetabled, the facilitation of a safe learning environment and using external visitors to teach. We also welcome the recognition of the effect bullying, both on and offline, has on mental health. The suggestion that LGBT issues should be ‘integral’ is also welcome.

The Minister’s foreword states that teaching of RSE and Health Education should be “complemented by development of virtues like kindness, generosity, self-sacrifice and honesty” (p3). It is important not to give young carers the false impression that it is reasonable and normal for them to be undertaking an excessive or inappropriate caring role, or that it is wrong to ask for help and support when it feels like things are getting too much.

This consultation response draws on the following sources:

- A joint meeting of over 60 members of the Partnership for Mental Health and Wellbeing in Schools and the Children and Young People’s Mental Health Coalition
- Resources from the PHSE Association, including a presentation to the above meeting
- Resources from the Sex Education Forum (SEF), which in particular informed the responses to the sex and relationships education questions
- Resources from the Anti-Bullying Alliance (ABA)
- Resources from the Child Bereavement Network (CBN)
- Resources from Stonewall on the guidance
- Input from Family Links: Centre for Emotional Health

- Resources from Outspoken Sex Ed
- Input from other Steering Group members of the Partnership for Mental Health and Wellbeing in Schools and the Children and Young People's Mental Health Coalition.

The Partnership for Mental Health and Wellbeing in Schools and the Children and Young People's Mental Health Coalition endorse the responses to this consultation of the SEF, the CBN and the ABA on their respective specialist areas.

25. Do you agree that more is required on financial education for post-16 pupils?

Agree

Overall, we agree that more is required. In England, 19 per cent of 16–24-year-olds experience a mental health condition, up from 15 per cent in 2003. There is a growing body of evidence showing that financial difficulties experienced by young people is having a detrimental impact on their mental health and wellbeing. This is often due to poor financial education and skills leaving young people at risk of making poor decisions about money.

According to a 2016 NUS Insight survey, just under two-thirds of students worry about their finances all the time or very often. More than one-third of students say that financial worries have an impact on their mental health.

Financial education can also form a crucial part of PSHE education, helping children and young people to develop vital skills in money management and to prevent them getting into debt when they become young adults. The Children's Society's campaign, The Debt Trap, raised concerns about the level of financial education provided in schools, with nearly 9 out of 10 parents saying that schools should do more to teach children about debt and money management. It has found there are around 2.4 million children living in families with problem debt in England and Wales and has exposed the impact of debt on the mental health and well-being of children.

Some vulnerable groups of young people, such as care leavers, are particularly at risk of falling into debt when managing money for the first time. Yet, the research by The Children's Society also found that almost half of local authorities in England fail to offer care leavers financial education and debt advice.

Some young carers support parents or take responsibility for household budgeting and managing the family finances. "The Lives of Young Carers in England", a report from TNS BMRB and Loughborough University for the Department for Education, found that these young carers "young people wanted to be able to make more informed decisions about money management."

Previously, the All Party Parliamentary Group on Financial Education report concluded, PSHE education covers the important personal and behavioural aspects of financial education that Mathematics and Citizenship are unable to cover in as much detail.

26. The department believes that primary schools should be able to access appropriate resources and training in order to teach effectively. Do you agree that the resources and support currently available to primary schools will be sufficient to enable them to teach the new subjects?

Disagree

If you disagree or strongly disagree, please rank the options below to indicate the most useful type of support we could provide to enable primary schools to teach the new subjects. Please briefly explain in the text box below if you think other support options are needed. (5 = most useful, 1 = least useful).

Provision of, or signposting to, curriculum planning resources	4
Provision of, or signposting to, teacher guides or training in the new subject knowledge	3
Provision of, or signposting to, teacher guides or training in pedagogy for the new subject	5
Guidance or training in how to select appropriate teaching resources for Relationships Education and Health Education	2
Guidance on how to select appropriate training	1

Extra resources will be needed in terms of case studies, lesson plans and training. The Guidance provides an outline but much more information will be needed. A companion guide to the Guidance would be valuable. The success of the mental health and wellbeing education will depend on how it is implemented by professionals in schools. Schools and teachers will need support to deliver mental health and wellbeing education. Resources for schools will both be needed to support the initial set up and also to maintain ongoing high standards, especially to keep up with developments, for instance with online and social media. Poorly taught mental health and wellbeing education could be harmful to pupils, especially around issues such as self-harm and suicide and the risks around ideation. It is essential support for schools is provided to avoid this.

Teaching of mental health and wellbeing education is likely to be emotionally demanding and challenging for teachers, including involving disclosures from pupils around their own mental health. Teachers will need support to manage their own stress, emotional wellbeing and build their resilience. In addition to the importance of this for teachers' own wellbeing, a whole school approach to mental health and wellbeing, including teachers and other school professionals, is important to enable an environment of healthy relationships, through which pupils can learn about developing respectful, positive relationships.

Training for teachers in mental health and wellbeing education will need to link in with other initiatives on mental health such as mental health first aid programmes in schools and the Designated Senior Leads for Mental Health in Schools as announced in Transforming Children and Young People's Mental Health Provision: A Green Paper. Quite rightly the Guidance on Health Education emphasises the important of knowing where and how to get help with mental health challenges and are encouraged to do so. It is key that if a child or young person does seek help, that appropriate support, including counselling or therapeutic support, is available to them. Young people must not be in a position where they are encouraged to seek support for mental health challenges, but that support is not available.

The Ofsted inspection framework for schools, must make sure that mental health and wellbeing education is taught to the same high standard as other subjects, whilst also encouraging an environment where teachers are supported in teaching this challenging subject.

27. The department believes that secondary schools should be able to access appropriate resources and training in order to teach effectively. Do you agree that the resources and support currently available to secondary schools will be sufficient to enable them to teach the new subjects?

Disagree

If you disagree or strongly disagree, please rank the options below to indicate the most useful type of support we could provide to enable primary schools to teach the new subjects. Please briefly explain in the text box below if you think other support options are needed. (5 = most useful, 1 = least useful).

Provision of, or signposting to, curriculum planning resources	4
Provision of, or signposting to, teacher guides or training in the new subject knowledge	3
Provision of, or signposting to, teacher guides or training in pedagogy for the new subject	5
Guidance or training in how to select appropriate teaching resources for Relationships Education and Health Education	2
Guidance on how to select appropriate training	1

Extra resources will be needed in terms of case studies, lesson plans and training. The Guidance provides an outline but much more information will be needed. A companion guide to the Guidance would be valuable. The success of the mental health and wellbeing education will depend on how it is implemented by professionals in schools. Schools and teachers will need support to deliver mental health and wellbeing education. Resources for schools will both be needed to support the initial set up and also to maintain ongoing high standards, especially to keep up with developments, for instance with online and social media. Poorly taught mental health and wellbeing education could be harmful to pupils, especially around issues such as self-harm and suicide and the risks around ideation. It is essential support for schools is provided to avoid this.

Teaching of mental health and wellbeing education is likely to be emotionally demanding and challenging for teachers, including involving disclosures from pupils around their own mental health. Teachers will need support to manage their own stress, emotional wellbeing and build their resilience. In addition to the importance of this for teachers' own wellbeing, a whole school approach to mental health and wellbeing, including teachers and other school professionals, is important to enable an environment of healthy relationships, through which pupils can learn about developing respectful, positive relationships.

Training for teachers in mental health and wellbeing education will need to link in with other initiatives on mental health such as mental health first aid programmes in schools and the Designated Senior Leads for Mental Health in Schools as announced in Transforming Children and Young People's Mental Health Provision: A Green Paper. Quite rightly the Guidance on Health Education emphasises the important of knowing where and how to get help with mental health challenges and are encouraged to do so. It is key that if a child or young person does seek help, that appropriate support, including counselling or therapeutic support, is available to them. Young people must not be in a position where they are encouraged to seek support for mental health challenges, and then that support is not available to them.

The Ofsted inspection framework for schools, must make sure that mental health and wellbeing education is taught to the same high standard as other subjects, whilst also encouraging an environment where teachers are supported in teaching this challenging subject.

We welcome the Government's on-going commitment to children and young people's mental health and wellbeing, including improving access to support. The new RSE and Health Education curriculum needs to sit within a wider whole-school approach to mental health and wellbeing. The Government's recent green paper on young people's mental health commits to introducing new mental health support teams to identify and respond to emerging needs and introduce a new role of a Designated Senior Lead (DSL). The DSL will oversee a whole-school approach, including on prevention and promotion and we would expect for them to play a key role in ensuring the curriculum is implemented as effectively as it pertains to mental health and wellbeing.

Any teaching of mental and physical health education and RSE must be in the context of a whole school approach to mental health and wellbeing. The Partnership for Mental Health and Wellbeing in Schools has developed [guiding principles](#) for emotional well-being and mental health in school. This is applicable for both primary and secondary school.

NB Content relating to primary schools which is also applicable to secondary schools have been referenced in both sections.

Draft Regulations

28. Do you agree that the draft regulations clearly set out the requirements on schools to teach the new subjects of Relationships Education, RSE and Health Education?
29. We are required to set out in the regulations the circumstances in which a pupil (or a pupil below a specified age) is to be excused from receiving RSE or specified elements of it. The draft regulations provide that parents have a right to request that their child be withdrawn from sex education in RSE and that this request should be granted unless, or to the extent that the headteacher considers that it should not be.
Taking into account the advice to schools on how headteachers should take this decision, in paragraphs 41-46 of the guidance, do you agree that this is an appropriate and workable option?
30. Do you have any other views on the draft regulations that you would like to share with the department? Please include this information in the text box below.

Regulatory Impact Assessment

31. Tables (6-8) in section F of the draft assessment set out the assumptions we have made in estimating the cost burden for schools to implement the new requirements. Do you agree with our assumptions and the estimated additional costs to schools?
32. Are there any other cost burdens on schools, which you believe should be included in the regulatory impact assessment?
33. Please state in the text box below if you have any further comments on the regulatory impact assessment.

ⁱ Carers Trust, 2018. Young Carers Awareness Day 2018. <https://carers.org/young-carers-awareness-day-2018>

ⁱⁱ <https://www.actionforchildren.org.uk/news-and-blogs/press-releases/2017/november/charity-reveals-devastating-impact-of-loneliness-on-uk-parents-children/>

ⁱⁱⁱ <https://www.nspcc.org.uk/what-we-do/news-opinion/loneliness-key-concern-thousands-children/>

^{iv} *ibid*

^v <https://www.biglotteryfund.org.uk/funding/programmes/building-connections-fund>