

House of Commons Education Committee Inquiry

Personal, Social, Health and Economic education (PSHE) and Sex and Relationships Education (SRE) in schools.

Response from Christian Medical Fellowship June 2014

The Christian Medical Fellowship (CMF) is interdenominational and has as members around 4,000 doctors and 1,000 medical students throughout the United Kingdom and Ireland.

We regularly make submissions to governmental and other bodies on a whole range of ethical matters (available on our website at <http://www.cmf.org.uk/publicpolicy/submissions/>), so we welcome this opportunity to comment to the House of Commons Review of Sex and Relationship Education and Personal, Social, Health and Economics (PSHE) Education.

This response is prepared on behalf of the Christian Medical Fellowship by Philippa Taylor, Head of Public Policy.

Summary

- Parents are ultimately responsible for their children's moral maturity and, within broad limits, should be free to educate their children on moral matters, as they judge best.
- Personal, social, health and economic education should not be made a statutory part of the school curriculum. Primary school governing bodies should remain free to decide whether or not to provide sex and relationships education and secondary school governing bodies should remain free to formulate their own policies, in consultation with parents
- Many of the topics covered in PSHE, in particular SRE, are not morally neutral. We support the continued right of parents to withdraw their child(ren) from sex education lessons that they consider inappropriate for their child(ren).
- Schools should remain accountable to parents with regard to their PSHE and sex and relationships education provision.
- We support the balanced approach of *Sex and Relationship Education Guidance* from the DfEE (2011) which includes a strong emphasis on marriage and stable relationships.
- A significant proportion of the UK population has a faith background, therefore adopting a faith sensitive approach will increase relevance, promote understanding and capitalise on common ground and common goals.
- Government should make funding available to organisations, both religious and non-religious, to produce materials which support parents, and faith

groups, and do not expose children and teenagers to explicit sexual images and messages.

- The supplementary guidance should ensure that parents are consulted, not just children and teenagers, about what they would like to be taught. We strongly recommend that schools remain accountable to parents.
- We offer suggestions as to how to involve parents in measuring the effectiveness of SRE.

Should PSHE be statutory, either as part of the National Curriculum or through some other means of entitlement?

Personal, social, health and economic (PSHE) education should not be made a statutory part of the school curriculum, either by making it a National Curriculum subject or by any other provision.

Sex and relationships education is a particularly sensitive subject area. Therefore primary school governing bodies should remain free to decide whether or not to provide sex and relationships education and secondary school governing bodies should remain free to formulate their own policies, in consultation with parents.

Parents are ultimately responsible for their children's moral maturity and, within broad limits, should be free to educate their children on moral matters, as they judge best. Parents must be able to exercise the freedom to withdraw their children from sex education classes throughout their school careers, at both primary and secondary school.

We do not support making sex education compulsory for primary school aged children. We understand the obligation on primary schools to have a policy for Sex and Relationship Education (SRE) but this does not require that they teach SRE beyond national curriculum science requirements.

The state has a legitimate interest in reducing teenage pregnancy and the spread of sexually transmitted diseases but it is not unreasonable to limit the state's control over what one's children learn and think about sensitive issues of morality, especially when considering the provision of information and services to children below the age of consent.

Is the current accountability system sufficient to ensure that schools focus on PSHE?

We support the continued right of parents to withdraw their child(ren) from sex education lessons that they consider inappropriate for their child(ren).

We also consider that schools should remain accountable to parents with regard to their PSHE and sex and relationships education provision, as parents have the primary responsibility over the teaching of their own children.

A report by Ofsted in July 2010 found that too many schools are failing to consult parents in this important area of education. It also seems that many parents are confused by sex and relationships education in primary schools.

While primary school governors and head teachers should continue to remain in control of the teaching within their schools, in consultation with parents, we recommend increasing and strengthening the input of parents on what is included and how it is delivered in schools where their children are taught. Parents carry the legal responsibility for the education of their children and, as far as possible, pupils should be educated in accordance with the wishes of their parents, respecting their religious and philosophical convictions.

Many of the topics covered in PSHE, in particular SRE, are not morally neutral. Parents must be able to teach their own children about these sensitive issues in line with their own values and beliefs. Accordingly, schools should be accountable principally to *parents* in the delivery of PSHE.

In the UK research has found that parents feel strongly that there would be fewer teenage pregnancies if more parents were involved in talking to their child(ren) about relationships, sex and contraception. Among the first wave of the BMRB tracking survey sample of 600 parents of 10–17 year olds, 86% agreed with this statement. Moreover, just over three-quarters (78%) of parents surveyed felt it was easy to talk to their child about sex and relationships.¹ There is research evidence that including teenagers' **parents** in information and prevention programmes is effective. Further, young people whose parents discuss sexual matters with them are more likely to use contraception at first intercourse.²

Comments on the overall provision of Sex and Relationships Education in schools and the quality of its teaching, including in primary schools and academies.

If the desire from government is truly to prioritise relationships, we recommend using the term '**Relationships and Sex Education**', instead of the usual 'Sex and Relationships Education', because it puts relationships first and places sex in the context of relationship.

RSE should be about the physical, intellectual, emotional, social and spiritual aspects of the person, not just the mechanics of reproduction.

The *Sex and Relationship Education Guidance* from the DfEE (2011) states of sex and relationship education that:

'It is lifelong learning about physical, moral and emotional development. It is about understanding of the importance of marriage for family life, stable and loving relationships, respect, love and care. It is also about the teaching of sex, sexuality and sexual health. It is not about the promotion of sexual orientation or sexual activity – this would be inappropriate teaching.'

We support this balanced approach, which includes a strong emphasis on marriage and stable relationships.

Faith sensitive teaching is also essential. A significant proportion of the UK population has a faith background, therefore adopting a faith sensitive approach will increase relevance, promote understanding and capitalise on common ground and common goals. The experience of *The Alternatives Education* Team working in the London borough of Newham,³ is that faith sensitive relationships education engages hard-to-reach groups. Government should be careful not to force (overtly or indirectly) parents to send their children to classes that may contradict their moral and religious values on matters of intimacy and personal conduct. Such policies violate parents' rights, whether they are Muslim, Jewish, Christian, Hindu, Buddhist or of no religion at all.

To cite a practical illustration, the *Alternatives Education* team reported that in one

¹ BMRB International (2001). Evaluation of the Teenage Pregnancy Strategy. Tracking survey. Report of results of benchmark wave. January 2001.

www.teenagepregnancyunit.gov.uk

² Swann, C., Bowe, K., McCormick, G. and Kosmin, M. (2003).

Teenage pregnancy and parenthood: a review of reviews. Evidence briefing. London: Health Development Agency. www.hda.nhs.uk/evidence

³ <http://www.alternativesnewham.org.uk/home/AlternativesEducation>

school their lesson was the first time that one group of (Muslim) girls had engaged in the health and social care classes about relationships and sexual health, **because all lesson content was put within a faith context.**⁴

Pupils must be protected from inappropriate teaching and materials in sex and relationships education classes. As stated above, **we therefore support the continued right of parents to withdraw their child(ren) from sex education lessons that they consider inappropriate for their child(ren).**

Some of the provision of SRE in schools we consider to be unsatisfactory because of the explicit nature of the materials used to teach children and teenagers. Some schools are using materials that are inappropriate and devoid of moral considerations.

We suggest that Government should make funding available to organisations, both religious and non-religious, to produce materials which support parents, and faith groups, and do not expose children and teenagers to explicit sexual images and messages.

Are recent Government steps to supplement the guidance on teaching about sex and relationships, including consent, abuse between teenagers and cyber-bullying adequate?

We have some concerns with the supplementary guidance.

Whereas the statutory guidance contains many references to the importance of consultation with parents, and taking into account their wishes and concerns, the supplementary guidance plays down the role of parents and fails to make any mention of morality, marriage or family life.

There is also no suggestion that parents should be consulted. Instead schools are advised to ask children and teenagers what they would like to be taught. We strongly disagree with this approach and recommend that school remain accountable to parents, as noted above.

How should, or could, the effectiveness of SRE be measured?

Whilst research findings are important and instructive, the limitations in the quantity and/or quality of research means there should be caution in relying heavily on them for policy conclusions. In particular, the academic evidence that direct interventions such as more explicit school sex education and confidential access to family planning services help to lower teenage pregnancy rates is mixed, and at best weak. Moreover, there are naturally variations in the quality of programmes and interventions which must also be taken into account.⁵

⁴ Faith, Relationships and Young People: Report of a Conference in Newham, 2008, p48. [http://www.newish.org.uk/836%20Report%20Pages%20\(4\).pdf](http://www.newish.org.uk/836%20Report%20Pages%20(4).pdf)

⁵ Research carried out in 2002, showed that 60% of boys and 80% of girls regretted the first time they had sex. Faith, Relationships and Young People: Report of a Conference in Newham, 2008. [http://www.newish.org.uk/836%20Report%20Pages%20\(4\).pdf](http://www.newish.org.uk/836%20Report%20Pages%20(4).pdf)

Relationship and sex education guidance should have the goal of preparing young people for healthy adolescence and long-term, committed, exclusive adult relationships (see our comments above). **This can be achieved by developing their self-esteem, values, life skills and knowledge so that they are able to consider media messages and the impact of actions and choices on themselves and others.** A number of research studies have shown that teenagers often regret the age when they started having intercourse.⁶ And over 40% of teenagers in the UK give peer pressure as the reason for first intercourse.⁷

One approach to measuring the effectiveness of SRE would be to focus on parents. For example, parents could be asked about whether the school explained fully the SRE programme, whether they were involved at any stage of the planning and delivery of SRE. Parents could be given the opportunity to express confidentially their view of the materials used to teach their children and what they feel would most help their children. Parents should also be asked about the way their children and teenagers behave following SRE lessons.

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⁷ Wellings et al state that earlier (than age 16) first intercourse is less likely to be an autonomous and a consensual event, and more likely to be regretted and unprotected against pregnancy and infection. Wellings K, Nanchahal K., Macdowall W., McManus S., Erens R., et al, 2001, "Sexual behaviour in Britain: early heterosexual experience," *Lancet* Vol. 358, pp. 1843-50.