

PUBLIC HEALTH PROGRAMME GUIDANCE

Personal, social and health education focusing on sex and relationships and alcohol education Consultation on the Evidence – Stakeholder Comments and Response Table

24 February - 24 March 2010

Stakeholder Organisation	Evidence submitted	Document Name & Number	Section Number	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
FPA		General			<p>FPA notes the admission in the review documents that there is a lack of clear long-term and specifically UK-based evidence for the effectiveness and cost-effectiveness of PSHE education and SRE. We believe that this actually reflects a lack of research, rather than a lack of evidence. This may also have been affected by the decision to limit the review to peer-reviewed journal articles. This is demonstrated by the decision to exclude the Speakeasy programme for parents and carers, which is delivered by FPA, because of a lack of controlled trials or feedback from young people (Community review, section 2, Background). We are concerned that some potentially successful interventions have been excluded from the review not because of a lack of evidence but because of a lack of investigation. FPA therefore welcomes the inclusion of research recommendations in the evidence reviews but we strongly recommend that the guidance reflects that there is a lack of <i>research</i> rather than suggesting there is little or no evidence.</p>	<p>Thank you for your comment. There is a considerable amount of research and because of this a decision was made to exclude uncontrolled studies which are weaker at demonstrating that any changes are due to the intervention than trials which include a control.</p> <p>The review team evaluated a number of documents relating to the evaluation of the Speakeasy programme, all of which were excluded as they did not meet the inclusion criteria for the review.</p>

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FPA		General			Issues around sexual behaviour, and in particular sexual risk taking, can be extremely complex. We are concerned that the evidence reviews do not necessarily reflect the complexity of the issues being discussed and in particular the other factors that can affect how young people behave such as peer pressure, perceived pressure from the media and self-esteem. This may reflect the lack of complexity in the research but we are concerned that this is not possible for a single, often time-limited intervention in school, in the community or with parents to ensure, in isolation, that all young people delay sexual activity and use contraception correctly and consistently.	We agree these are complex issues. The PDG received expert testimony that covered these issues.

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FPA		PSHE education review – primary education	2	2	<p>FPA disputes the assertion that initiatives to reduce the rates of under-18 conceptions have been largely unsuccessful as stated in the background to this review. While it is true that the Teenage Pregnancy Strategy will not meet its ambitious target of reducing under-18 conceptions by 50 per cent by 2010, there has been significant progress in some local areas and research conducted by the Teenage Pregnancy Unit has highlighted the specific factors that can have the most effect, including comprehensive sex and relationships education in school and through youth services¹. We strongly recommend that this is reflected in the guidance.</p> <p>¹ Department for Education and Skills, <i>Teenage Pregnancy: Accelerating the Strategy to 2010</i> (London: DfES, 2006)</p>	<p>This statement is a general comment on the effectiveness of initiatives to meet the national target set by the Teenage Pregnancy Strategy. Many studies were too small or did not have enough statistical power to be able to demonstrate an impact. However the review team has amended the background to state that there are examples of progress in local areas.</p>

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FPA		PSHE Education review – primary education	2	2	More up to date statistics on teenage conception rates than those quoted in the background to this document are now available and FPA strongly recommends that these are used for accuracy.	Thank you for your comment. These rates were the most recent at the time the review was written and therefore were the most appropriate to use in the review. The guidance will use the most up to date statistics.
FPA		PSHE education review – primary education	2.2	6	PSHE education is expected to become statutory in schools from September 2011, not 2010 as stated in the review although the relevant legislation is expected to be passed in 2010.	Thank you for this clarification. We will ensure that the final version of the review is up to date. We are aware that situation has now changed.

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FPA		PSHE education review – secondary education and FE	8.5	257	<p>FPA welcomes the fact that the research recommendations recognise the importance of conducting research into the links between alcohol use and sexual health. There is evidence that people who are under the influence of alcohol are more likely to take risks with their sexual health, and in some cases with their safety². In addition, young people who start drinking alcohol at a young age are more likely to engage in early sexual activity. However, in many cases the links between alcohol and risky sexual behaviour are not made in PSHE education, which can mean SRE does not appear to be relevant to young people’s lives.</p> <p>¹ Cook R L and Clark D B, ‘Is there an association between alcohol consumption and Sexually Transmitted Diseases? A systematic review’, <i>Sexually Transmitted Diseases</i> vol 32, no 3 (March 2005), 156-164 and Markos A R, ‘Alcohol and sexual behaviour’, <i>International Journal of STD and AIDS</i>, vol 16, no 2 (February 2005), 123-127</p>	Thank you for your comment. The PDG received expert testimony covering this association.

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Health Behaviour Group		6. UK Based studies	2.1 Overview of evidence identified	140	I would have thought that the Evaluation of A PAUSE by the NFER Blenkinsop et al, 2004 should be included. This was commissioned by the Department of Health Teenage Pregnancy Unit	The evaluation referred to (Blenkinsop et al, 2004) was not identified in the comprehensive literature searches conducted for the review. It was not found by the reviewers when they searched the DH, Teenage Pregnancy Unit and other relevant websites. It was subsequently found on the NFER website by NICE, in response to your enquiry. The paper is substantially qualitative, reporting process outcomes and opinions about the APAUSE programme and as such, would not meet the criteria for inclusion in this review. The quantitative element of the paper focuses on the factor analysis which does not fit the inclusion criteria. The very limited amount of quantitative data comparing between-group outcomes, while fitting the inclusion criteria, is unlikely to alter the findings of the evidence review.

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Health Behaviour Group		6. UK Based studies	2.1 Overview of evidence identified	141	Both the Mellanby interventions/studies were based on Social Learning Theory, but this is not recorded in the table. On page 140, they are correctly reported as being based in applied social learning theory. Their literature review which is cited in the original Mellanby et al paper of 1995 identifies Social Learning Theory as being the basis of most effective programmes which is what they based their intervention on.	Thank you for your comment. Mellanby et al. 2001 is reported as being based on social learning theory in table 6.2. The table has been amended to state that the 1995 study was also based on Social Learning Theory
Health Behaviour Group		6. UK Based studies	2.1 Overview of evidence identified	140	The RIPPLE Project is repeatedly referred to as being a 'comprehensive' SRE programme and bracketed with APAUSE and SHARE, but I don't think even the programme designers of RIPPLE would have classified it as 'comprehensive' given that it only comprised 3 one hour sessions. Kirby's work repeatedly concludes that for any SRE programme to be effective it has to be a minimum of 10 -12 hours of contact time	Thank you for your comment. The review team used the term 'comprehensive' in relation to the breadth of topics covered by the programme (to distinguish from the single session programmes included in this section). The term does not refer to the amount of contact time.

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Health Behaviour Group		153 Table 6.5. UK SRE studies:		153	Mellanby et al '95 demonstrates that there is a significant reduction in the beliefs about sexual prevalence, ie the intervention population were less likely to believe most teenagers had had sex by the age of 16. Although Mellanby describes this as an increase in knowledge of prevalence of sexual activity, in the table the arrow refer to 'perceived sexual prevalence' and should therefore be pointing downwards.	Thank you for your comment. As you point out there was an increase in knowledge compared to the controls therefore the arrow is in the correct direction. That the knowledge is about perceived lower sexual prevalence does not affect the arrow direction. To clarify, Tables 6.3 and 6.5 has been amended to "perceived normative sex prevalence"
Health Behaviour Group		6.2.4.2 Attitudes and values		149	See comments above	Please see previous response. These details are reported correctly.

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Health Behaviour Group		Table 6.3.		152	<p>Mellanby et al 2001 - In this table all the arrows should be pointing downwards, because in the peer-led intervention compared with the adult-led version the effect was to reduced the perception of sexual prevalence (although this reported by Mellanby increased knowledge). The same applies to the stereotypes about females having sex.</p> <p>It is important to note that although the peer-led intervention had a smaller effect on STI knowledge as compared with the adult, nevertheless, it did have a significant before and after effect.</p>	<p>Please see previous response. To clarify, Tables 6.3 and 6.5 has been amended to “perceived normative sex prevalence”</p> <p>This is made clear in the review text on p149. The table correctly summarises the comparisons made in the trial.</p>

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Health Behaviour Group		UK SRE studies:			<p>Overall it would seem that this review has not fully understood the programme effects of APAUSE. These effects are reiterated in the NFER Study of 2004 (Blenkinsop et al)</p> <p>Perhaps someone would like to talk to me or Dr Tripp a co-author with Mellanby.</p> <p>I may be contacted by email*</p>	<p>It is our belief that the review correctly reports the outcomes of the A PAUSE studies as reported in the published papers. Please see our response on p 6 of this table.</p> <p>*NICE has removed your personal email address before this table is published on the NICE website</p>
Health Behaviour Group		9. Sex and relationship s education programme s	2	258	<p>I believe that if the reviewers had understood the programme effect of A pause as published by Mellanby et al 1995 and 2001 they might not have been so inconclusive.</p> <p>This would have been reiterated by Blenkinsop et 2004</p> <p>A pause incorporates, peer-led and adult-led components including classroom visits by health professionals. In that sense, it is distinct from RIPPLE and SHARE.</p>	<p>Please see previous response.</p> <p>Thank you for this clarification.</p>

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Royal College of Paediatrics and Child Health			General		<p>The RCPCH is very concerned that, in terms of equality and diversity, the specific needs of disabled children and young people for PHSE programmes have been omitted.</p> <p>We note the evidence review in community settings includes a section on vulnerable groups; however, this concerns young homeless people. The very significant and specific needs of disabled young people have not been included at all.</p> <p>We think that this omission needs to be addressed. Otherwise, the documents are <u>not</u> inclusive and the needs of disabled children and young people are at risk of being neglected, which would be discriminatory.</p>	<p>Thank you for your comments. These children were not excluded, unfortunately none of the evidence was clear whether they were included in the study samples or made reference to their needs.</p> <p>This does not mean that the needs of disabled children will be ignored by the PDG in the development of the guidance.</p>
Royal College of Physicians		Evidence Review	General		The Royal College of Physicians is grateful for the opportunity to comment. We would like to make the following comments	

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Royal College of Physicians		Evidence Review	General		Overall, we believe this to be an important report that should shape behaviour, interventions and give impetus to robust research of interventions and campaigns designed to effect behaviour change. The graphical plots of evidence are particularly useful.	Thank you for your comment.
Royal College of Physicians		Evidence Review	General		We very much welcome the recommendation that UK based evaluations of interventions are required. In particular the evidence for family based interventions to impact on alcohol intake and risk of STI.	Thank you for your comment.
Royal College of Physicians		Evidence Review	General		The lack of evidence for the impact of mass media campaigns suggests that more should be done to commission appropriate studies linked to UK campaigns. This must be rectified both for scientific rigour and to demonstrate value for money.	Thank you for your comment. The PDG may make research recommendations in this area.
Royal College of Physicians		Evidence Review	General		There is a reliance on data from US but less European comparison. A recommendation would be useful with regard to the funding of a European wide research network to evaluate interventions.	Thank you for your comment. The PDG may make research recommendations in this area.

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Royal College of Physicians		Evidence Review	General		There is an omission within the Review. Namely, the lack of reference to existing NHS services as capable of being utilised to allow implementation of findings through schools health, primary care and sexual health clinics. This should be addressed.	Thank you for your comment. Regrettably there was very little literature about NHS providers in schools. The PDG may make research recommendations in this area.
Youth in Action UK					Please find attached my submission of relevant evidence for your current consultation on 'school, college and community-based personal, social and health education'.	Thank you for submitting this evidence. This work was completed after the literature search and screening process for this review. Published papers from this work may be suitable to inform future updates of the guidance.