

National Institute for Health and Clinical Excellence

PSHE Public Health Programme Guidance

Consultation on the Draft Scope – Stakeholder Response Table

Friday 14th September to Friday 12th October 2007

Stakeholder Organisation	Evidence submitted	Section	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Amethyst Resource Centre for Alcohol and Drug Education		General	The guidance has been requested by the Department of Health; but PSHE is first and foremost an education subject and any programme of study should reflect this.	Thank you for your comment.
Amethyst Resource Centre for Alcohol and Drug Education		General	Will researching sexual behaviour and alcohol together be the most effective way forward? They are both just two elements of the wider PSHE curriculum. Alcohol Education needs to be reviewed as part of a holistic programme, including life-skills etc.	The Scope reflects the referral which NICE received from the Department of Health which specified that the guidance should focus on sexual behaviour and alcohol. They will be considered together, separately and as part of the wider PSHE curriculum (Appendix A).
Amethyst Resource Centre for Alcohol and Drug Education		3 b	Both these elements need to be looked at in a wider context than just PSHE lessons. The Healthy Schools Initiative is a good example of whole school development.	Thank you for your comment. PSHE will be considered as part of the whole school approach.
Amethyst Resource Centre for Alcohol and Drug Education		3 g	OfSTED confirms the widely held view that knowledge alone does not necessarily change behaviour. After over twenty years of the sensible drinking message it is confirmed that some young people do not want to be sensible!	Thank you for your comment.
Amethyst Resource Centre for Alcohol and Drug Education		4.1.1	This scope covers a wide spectrum; but research with young people outside a formal educational setting would be beneficial.	PSHE with young people in community settings is included in the Final Scope.

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Amethyst Resource Centre for Alcohol and Drug Education		4.2.1	The word 'Interventions' sounds too much like treatment – we are looking at educational input here. It is important to research the role and value of outside agencies. ARCADE will look forward to submitting information for the guidance and would welcome the opportunity to present our initiatives in more detail to the Project Development Group.	The contribution of other agencies to PSHE in schools, further education and in community settings is included in the Final Scope. We will be inviting stakeholders to submit evidence as part of the consultation on the evidence, Dates can be found on the NICE website http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11673
Amethyst Resource Centre for Alcohol and Drug Education		4.2.2 a	It is difficult to know where to draw the line; but safety is one of the five Every Child Matters outcomes and very relevant to alcohol and sexual behaviour.	Thank you for your comment. Safety has now been added as a relevant ECM outcome to the Final Scope.
Amethyst Resource Centre for Alcohol and Drug Education		4.3	See above. It can be argued that alcohol is linked to all five outcomes of ECM.	Thank you for your comment.
Amethyst Resource Centre for Alcohol and Drug Education		4.3	A major problem is still the attitude some schools have towards PSHE. All too often it is the last subject to be timetabled and staffed. Despite the fact that having a dedicated staff team is recommended as best practise many schools subsume PSHE into tutor time. Quantative research results would be relevant here.	Delivery mechanisms will be one aspect of the evidence reviews; these are implicit in the key questions (Section 4.3) and the outcomes (Section 4.2) of the Final Scope.
Amethyst Resource Centre for Alcohol and Drug Education		4.4	It is important that pupil voice is heard.	Children's and young people's views on PSHE will be considered in the key questions in the Final Scope.
Amethyst Resource Centre for Alcohol and Drug Education		4.4	When researching effectiveness, including cost, it is important to identify best value rather than what's cheap!	NICE reviews evaluate both effectiveness and cost effectiveness. Cost effectiveness analysis compares the costs of an intervention with the benefits resulting from the intervention.

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<p>Association of Chief Police Officers (ACPO) – Drugs Committee</p>		<p>General</p>	<p>Having attended the NICE stakeholder event on 26 September; There is one overall comment that I would like to make, on behalf of ACPO Drugs:</p> <p>NICE have chosen to focus on Alcohol and Sexual Health in the development of this programme guidance on Personal and Social Health Education (PSHE).</p> <p>The current government consultation on the future National Drugs Strategy (Drugs: Our Community, Your Say) identifies an urgent need to ‘educate our young people so that they can resist drugs’. One of the key themes of the strategy will be to ‘reduce the harms drugs cause to the development and well-being of young people and families’</p> <p>In the government consultation document it is pointed out that ‘ Key themes emerging from the evidence base include: the important role played by schools; involving the family in interventions; training in substance misuse issues for the children’s workforce; and the need for integrated support, especially at transitional stages.....It is more effective to address all substances that are misused by young people, including illegal drugs, alcohol and volatile substances rather than focus on one type, because drug use is often linked to other problems.</p> <p>We find it questionable, therefore, that NICE have chosen to focus merely on Alcohol and Sexual Health for the development of PSHE guidance. We would urge the widening of the scope to ensure that your final guidance is supportive of developing government strategy.</p>	<p>Thank you for your comments. The focus on sexual health and alcohol was specified in the Department of Health referral; please see Appendix A of the Final Scope.</p> <p>You may be interested in the NICE guidance on interventions to reduce substance misuse among vulnerable young people which was published in March 2007. http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11379</p> <p>See response above. NICE did not choose to focus on alcohol and sexual health; this was clearly specified by the Department of Health.</p>
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Association of School and College Leaders		2 d	NICE may wish to consider the different audiences for their guidance and avoid using school, college or community specific terms in order to engage readers fully. To this end, the use of the term 'PSHE' should be recognised as primarily schools based. It is possible that separate sections of one document might be written for separate audiences.	Thank you for your comment. When making recommendations the programme development group will consider how to word and structure the recommendations so that the final guidance is suitable for all target groups and audiences.
Association of School and College Leaders		3:00 AM	Colleges will welcome guidance as part of the development of formal tutorial programmes. Although there is no legal formal framework for delivering PSHE for those aged over 16 years, much good practice exists and could be further developed.	Thank you for this observation.
Association of School and College Leaders		4.1.1	NICE may find it helpful to refer to the National Institute for Adult and Continuing Education (NIACE) guide on <i>Safeguarding Vulnerable Adults</i> (published July 2007) for a well-structured approach to meeting the needs of young people with learning difficulties. It contains examples and guidance on suitable terminology and reading levels that could be recommended to users of the NICE guidance.	Thank you for this information.
Association of School and College Leaders		4.2.1 b	Areas to be covered by the guidance might also specifically include church/religious affiliations, with specific reference to different approaches to sexual behaviour and attitudes to alcohol between different religions. (Not easy – but probably such information will be very necessary for those delivering the guidance, particularly in mixed groups).	Thank you for your comment. The role of faith groups in PSHE has been added to the Final Scope.
Association of School and College Leaders		4.2.2	There is a need for rigorous cross reference between areas not to be covered – particularly sexually transmitted infections and contraceptive advice and those that are to be covered. Otherwise there is a danger that excluded topics are seen as unrelated to those included. Sample schemes of work or session plans may assist here.	Thank you for your comment. The prevention of Sexually Transmitted Infections (STIs) and contraceptive advice will be considered as part of the SRE curriculum.

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Association of School and College Leaders		General	<p>On discussion of this response with member of ASCL's Learning and Skills committee, members raised the following points:</p> <ul style="list-style-type: none"> • They are concerned that there appears to be no reference to the mental health of students in relation to sexual health and alcohol and would like to see a consideration of this as it is becoming a serious problem in schools and colleges • There was strong support for the views expressed relating to 3.2.2. where separation of guidance for sexually transmitted infections and contraceptive advice from the scope of this guidance may lead to important omissions. • Committee members also requested that the use of drugs should be considered alongside alcohol in relation to sexual health. 	<p>Thank you for your comments.</p> <p>Mental health has been added to outcomes that will be considered.</p> <p>STIs and contraceptive advice will be considered as part of the SRE curriculum.</p> <p>The focus on sexual health and alcohol was specified in the Department of Health referral; please see Appendix A of the Final Scope. The referral does not focus on drugs.</p>
Association of School and College Leaders		General	ASCL will be pleased to assist further in the design of the public health programme.	Thank you.
British Association for Sexual Health and HIV		4.1.1	It is essential the children "out of/excluded from school" have their needs specifically addressed. This needs to be mentioned earlier in document (does not appear until 3.4). They often receive no PSHE as they are not there when it is delivered, and are the young people who are probably most at risk. There should be specific advice and obligations regarding this group.	Thank you for your comment. The Scope has been amended to reflect this.
British Association for Sexual Health and HIV		4.1.2	The needs of those educated at home should be considered. The assumption may be that they are not a high risk group, but this is not known. Can resources be provided for those home-educated?	Thank you for your comment. The Scope has been amended to include those educated at home.

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British Association for Sexual Health and HIV		4.2.1	BASHH particularly welcomes the inclusion of personal skills, as peer pressure is a major factor in risky behaviour in adolescents. It should also look at strategies for those that have already engaged in sex or alcohol but wish not to do so again until they are older. Young people should also be informed of the risks of grooming and sexual exploitation	Thank you for your observation.
British Association for Sexual Health and HIV		4.2.2 d	Does this mean that interventions delivered by GUM (STI) clinics will not be considered?	Thank you for your comment. Interventions delivered by Genito-Urinary Medicine (GUM/STI) clinics will only be considered if they are part of a PSHE programme.
British Association for Sexual Health and HIV		4.3	Changes in sexual health behaviour. A measure that may be useful is level of regret after first coitus.	Thank you for your comment.
British Association for Sexual Health and HIV		4.3	The STI gonorrhoea is a good indicator and should also be named. Ectopic pregnancy rates should also be considered.	Thank you for your comment. In order to keep the scope length within the prescribed limits it is not possible to include an exhaustive list of all possible outcomes. These two outcomes are subsumed under the final two bullet points of the Outcomes Section of the Final Scope.
British Association for Sexual Health and HIV		4.5	There needs to be a mechanism for updating information needed by those delivering PSHE.	Thank you for your comment.
CASPE Research		General	On this occasion we have no comments on the proposed scope.	Thank you.

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Catholic Education Service		2:00 AM	As this work will endeavour to bridge the disciplines of health and education, it will be important to avoid jargon.	Noted, thank you.
Catholic Education Service		2 c	The place of assessment needs to be acknowledged in this scoping documentation and subsequent drafts.	Thank you for your comment. Where there is rigorous evidence around PSHE assessment this will be considered.
Catholic Education Service		2 d	The target group listed should include providers of schools. As 'Faith in the System' recognised a third of current maintained schools provision is made up of schools with a religious character.	Thank you for your comment. All providers of schools and further education colleges are subsumed in Section 4 of the Final Scope.
Catholic Education Service	 Extract from Q P (2).pdf	3 f	Care needs to be taken when using unattributed and generic statistics. The Catholic Education Service would question the ascertainment that "this increases to 75% of young gay people attending faith schools". In 'Quality and Performance' OfSTED has indicated that the quality of care and relationships is better in the Catholic sector than other maintained schools.(see attachment).	Thank you for your comment. This statistic has now been referenced.
Catholic Education Service		General	The place of parents and how they are involved in this consultation and any subsequent documentation needs to be reviewed. The right of parents to withdraw their child has to be recognised and examination of why this occurs undertaken. There is a need to build consensus between the health, education and religious communities. Further attention needs to be given to values formation and how young people make the choices they do.	The role of parents in PSHE is included in the Final Scope.
			SRE/PHSE, more than any other areas of the curriculum, does not take place in a moral vacuum. The manner in which other areas of the curriculum may support delivery of this Public Health Programme Guidance, should be explored. For example, the work of Boston University and use of literature in helping students	The resources and time scale available for this programme of work limits the extent of the areas that can be covered.

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			<p>examine their emotional well being, and the role of religious education in developing students' capacity for moral reasoning etc.</p> <p>During the writing of 'All That I Am', a SRE project joint funded by the Archdiocese of Birmingham and Teenage Pregnancy Unit the building of consensus within the community between children and young people, parents/carers, teachers and clergy was of critical importance. Identifying strategies of how to do this locally in the implementation/dissemination of the programme in individual schools was recognised as a key factor in its success and will need to be addressed in this guidance to ensure effective dissemination. I will forward you separately a copy of 'All That I Am'.</p>	<p>Thank you for your comments and thank you for sending us these resources.</p>
Central Lancashire PCT		4.1.2	Why will this not affect children and young people educated at home?	The Final Scope now allows for inclusion of this group in response to stakeholder comments.
Central Lancashire PCT		4.2.2 a	Should this not link with personal safety/safeguarding?	The Final Scope has been amended.
Central Lancashire PCT		4.2.2 a	Citizenship such as rights and responsibilities and the law should be included.	The Scope reflects the referral from the Department of Health, for guidance on PSHE with a specific focus on alcohol and sexual health (Appendix A, of the final scope).
Central Lancashire PCT		4.2.2 b	This should be linked to the curriculum – schools could raise awareness of local schemes.	Raising awareness of the schemes may be part of the guidance depending on the evidence found. The programme of work will not be evaluating the effectiveness of such schemes.
Central Lancashire PCT		4.2.2 c	Should accepting lifts from persons under the influence be covered?	The ECM outcome 'Keeping Safe' has been added to the Final Scope.

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Central Lancashire PCT		4.2.2 d	What about accessing local treatment services – don't we need to include reference to how to access and what they do?	The wording in the Final Scope has been clarified. Signposting to services and how to access services would be integral to an SRE programme.
Central Lancashire PCT		4.2.2 e	Should we not be signposting to services in order to increase the number of young people attending?	Please see previous comment.
Central Lancashire PCT		4.4	Seems to contradict 4.2.2	Please see previous comment.
Central Lancashire PCT		4.4	<u>Second Point</u> Needs breaking down further – can't lump all these together.	There is limited space available on the scope document to separate out these groups; this will be done when devising the evidence review protocols. Depending on the evidence available, the guidance may make recommendations targeted at individual sectors, organisation, professions or practitioners, or groupings of the aforementioned.
Central Lancashire PCT		4.4	<u>Third Point</u> Need consistence and quality across the board.	Thank you for your comment.
Central Lancashire PCT		General	No mention of need - should we be using Public Health information to inform PSHE – link with Ofsted requirements?	Thank you for this suggestion, suggestions such as this will be covered in the key questions outlined in the Final scope. Recommendations will be made based on the evidence of effectiveness and cost effectiveness.
Child Accident Prevention Trust		General	Thank you for the opportunity to comment, and for the very helpful Stakeholder Meeting on 26 September.	Thank you.
Child Accident Prevention Trust		General (and 3 a)	The Child Accident Prevention Trust supports the view of many stakeholders that PSHE should be a statutory subject within the curriculum, not least because of the “central component” of health literacy, but also because of the “care” principle which underpins sustainable schools (see below). Many of these messages may also be transferable (e.g. understanding of alcohol risks and behaviour can also inform a better knowledge of the wider dangers of drugs).	Thank you for this observation.

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<p>Child Accident Prevention Trust</p>		<p>4.2.1 (and 4.4 & 4.5)</p>	<p>We recognise that the interventions are examples, but rather than just saying “other professionals and agencies”, it may assist the wider engagement, evidence gathering and subsequent application of the guidance if there is an explicit reference to those who are in the “community front line” in dealing with alcohol and its consequences: practitioners who in many cases have personal credibility and positive strategies for working with young people within a variety of local settings. This would clearly include the emergency services (police, fire and rescue, ambulance) who have an important practical contribution to make, yet so far appear to have limited representation on the list of registered stakeholders.</p>	<p>There is limited space available on the scope document so we can not identify all professional groups involved. The practitioners you refer to are included within in the wording ‘wider public, private, voluntary and community sectors’. These terms will be expanded when searching for the literature.</p>
<p>Child Accident Prevention Trust</p>		<p>4.2.2 a (and c)</p>	<p>We believe that the links between alcohol, risk awareness and safety, especially road safety, SHOULD be within the scope of this Public Health Programme Guidance, especially given the <i>Every Child Matters</i> outcomes and the renewed emphasis from the current DCSF <i>Staying safe</i> consultation.</p> <p>EVERY opportunity should be used to drive home these life-saving messages, and the guidance would be incomplete without addressing a connection which goes to the heart of the influences, experience and behaviour of so many young people.</p> <p>Attitudes to driving and driver responsibility are formed long before the legal age for driver training, at a time when there is also experimentation and potentially increasing levels of alcohol consumption (e.g.: see ONS synopsis on Drug Use – www.statistics.gov.uk/cci/nugget.asp?id=719)</p> <p>The opportunity should be taken to bring these concerns together in a way which can have impact, credibility and therefore greater “life skills” value. The linkage will also be important for engaging</p>	<p>Thank you for your comment. In response to stakeholder comments the Every Child Matters outcome 'Keeping Safe' has been added to the Final Scope.</p> <p>The Final Scope gives a list of areas where the efficacy of interventions and schemes will not be covered, that is the efficacy of drink driver schemes and driver training will not be addressed. Evaluation of such schemes is beyond the resources and time allocated to this programme of work. Attitudes towards drink driving are included under 'knowledge, values, attitudes and behaviour' to alcohol in the Final Scope.</p> <p>The prevention of accidents to children will be covered in future NICE public health guidance, which has recently been referred from the Department of Health. It may be that some of the issues you raise will be considered within the scope for that guidance</p>

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		<p>beyond health and education, for example, with the drinks industry and local community outlets.</p> <p>There is good evidence on the links between alcohol and road accidents (eg: see APHO Indications of Public Health in the English regions No 8 Alcohol). The APHO Young Person's Reference Group (aged from 11-18) cites alcohol and road safety as two of the issues that matter most to them.</p> <p>Moreover, the principle of "care" (for oneself, each other and the environment) is at the heart of the <i>Sustainable Schools</i> agenda, and school governors have a duty to ensure the well-being of students. The use (and abuse) of alcohol among a generation of future drivers provides a powerful case study and practical applications for making care on the roads a clear priority and responsibility.</p> <p>Many families, schools and most communities will know of the tragic consequences of road accidents – this guidance provides an important platform through which to demonstrate this aspect of the health, well-being and wider community concern, not just for young people themselves but also for the benefit of people of all ages who are exposed to the danger of alcohol-influenced driving within local neighbourhoods.</p>	
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<p>Child Accident Prevention Trust</p>		<p>4.2.2 a (and c)</p>	<p><i>Further to our earlier response in which we believe that the links between alcohol, risk awareness and road safety education and training SHOULD be within the scope of the guidance, we would also ask for the following point to be considered.</i></p> <p>Alcohol is a cross-cutting issue. Evidence at local level (from Sheffield) shows that working towards one priority will help to meet a number of others. Specifically “reducing alcohol related harm” contributes to more than one of the cross-cutting agendas in the Sheffield Local Area Agreement. In this context there was a clear connection between the direct health benefits and a reduction in alcohol-related accidents.</p> <p>Since local action and delivery will be essential to the effectiveness of the Guidance implementation, this demonstrates the value of integrating relevant safety education and training with health knowledge and interventions. (For more information, see <i>Negotiating New Local Area Agreements</i>, CLG, September 2007)</p>	<p>Please see above response.</p>
<p>Child Accident Prevention Trust</p>		<p>4.3</p>	<p>Outcomes – absence from school could be as a result of road traffic accident injuries sustained by children and young people. as a result of alcohol-related incidents. The new School Attendance Target Regulations provide an opportunity to make strong links between school management and the PSHE curriculum.</p>	<p>Alcohol related absence from school is listed as an outcome in the Final Scope.</p>

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<p>CPHVA (Community Practitioners' and Health Visitors' Association)</p>		<p>General</p>	<p>The draft scope is all encompassing and may be taking on too much, by trying to deal with both public health (i.e. prevention involving families and communities) as well as statutory education. At the beginning, we make a plea that this guidance is written in such a way as to be integral to existing work streams such as the healthy schools programme, every child matters, the national curriculum, the teenage pregnancy strategy, alcohol strategies etc. and takes into account evidence based practice, even where that is not supported by RCTs. Another 'stand alone' guidance is NOT needed.</p>	<p>The draft scope was written to allow stakeholders to highlight areas which might benefit most from guidance. The policy context section of the Final Scope reflects the existing work streams and policies. The programme development group will take these into consideration when making recommendations. NICE guidance is based on the best available evidence; where high quality evidence is available this will be used to inform the guidance.</p>
<p>CPHVA (Community Practitioners' and Health Visitors' Association)</p>		<p>General (and 4.3)</p>	<p>PHSE is often a lesson disliked by pupils and seen as a waste of their time. This may be because it is not statutory, and therefore is not seen as 'important' or it may be because it is generally badly taught. It would therefore be a useful exercise to draw together this sort of research, where children and young people have been consulted and asked what they think about PHSE. It may need to be renamed and socially marketed!</p>	<p>Thank you for your comment. Children's and young people's views on PSHE are the included in the key questions in the Final Scope.</p>
<p>CPHVA (Community Practitioners' and Health Visitors' Association)</p>		<p>General</p>	<p>Many PHSE topics are not linked well enough into the existing curricula. For example, it is no good talking to young people about sexually transmitted diseases, when they do not have a fundamental understanding of how diseases are transmitted, because either they have not been taught this in science lessons, or they did not understand it. Equally if they do not know important facts about bacteria and viruses, then they have difficulty differentiating between illnesses which can generally be cured (eg bacterial, syphilis) and those which can't (eg viral, HIV). Therefore they take risks as they think all diseases can be cured.</p>	<p>Thank you for your comment.</p>

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<p>CPHVA (Community Practitioners' and Health Visitors' Association)</p>		<p>General</p>	<p>One difficulty with alcohol education is that most people have no idea about how 'units' equate to alcohol levels. It would help all consumers if bars were forced to display the information, as a pint of beer or a glass of wine can vary considerably between brands. The number of units in a bottle should also be displayed (visibly)</p>	<p>Increasing children's and young people's knowledge and understanding of alcohol units and blood alcohol levels are likely to be components of alcohol education programmes that are evaluated to inform the guidance. Regulations covering points of sale are not within the scope of the guidance; please refer to Appendix A of the Final Scope for the Department of Health's referral to NICE.</p>
<p>CPHVA (Community Practitioners' and Health Visitors' Association)</p>		<p>General</p>	<p>In science lessons young people should be taught that alcohol is poisonous to the body, and has to be broken down by the liver to be absorbed. Many young people have only a hazy idea of where their liver is and what it does, and they do not know the rule '(one unit of alcohol an hour)'. </p>	<p>Increasing children's and young people's knowledge and understanding of alcohol units, blood alcohol levels and how it is processed by the body are likely to be components of alcohol education programmes that are evaluated to inform the guidance.</p>
<p>CPHVA (Community Practitioners' and Health Visitors' Association)</p>		<p>General</p>	<p>At the stakeholder meeting someone asked whether the goal was to educate, which teachers do, or to change behaviour. Obviously it is both, as one is required before the other, but teachers cannot be expected to be responsible for changing behaviour. School nurses however, working within a social model of public health, can build on what has been taught in order to motivate young people to change behaviour.</p>	<p>Thank you for your comment. The Key question section in the Final Scope covers how the different sectors and professionals may be integrated to provide effective and cost effective PSHE.</p>

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CPHVA (Community Practitioners' and Health Visitors' Association)		General	School nurses link across education and health in the way that no other professional group does, and are 'operational' rather than strategic. They are well received by school staff and students	Thank you for your comment. Please see above response.
CPHVA (Community Practitioners' and Health Visitors' Association)		General (and 4.3)	As we mentioned earlier, you will need outcomes for public health as well as individual health, and you need to be clear on this; the purpose of better health education is for young people to have better health, and it is no good measuring anything which is unrelated to this fact.	The Final Scope includes health related outcomes. However the scope also covers the strategic planning and delivery of PSHE and therefore process outcomes will also be appropriate.
CPHVA (Community Practitioners' and Health Visitors' Association)		General (and 4.3)	One measure would be classroom attendance. How many young people 'bunk off ' PHSE lessons before and after implementation of guidance	School attendance is listed as an outcome for the interrogation of the evidence. The NICE implementation team produce tools to assist practitioners in evaluating the impact of the guidance. Lesson attendance may be one outcome considered.
CPHVA (Community Practitioners' and Health Visitors' Association)		General (and 4.3)	It would be useful if you involved the police as one of the professional groups. They need to be able to offer 'brief interventions' on the health issues around alcohol, in a 'matter of fact' way.	There is limited space available on the scope document so we can not name all professional groups. The police are included within the term 'wider public, private, voluntary and community sectors'.

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CPHVA (Community Practitioners' and Health Visitors' Association)		General	Will you look into the 'social nurses' in Rotterdam please.	Thank you for this suggestion. Please would you supply references for this work. There are opportunities for stakeholders to submit new evidence during the later stages of the guidance development – see section 4 and particularly subsection 4.4 of NICE's overview for stakeholders at: http://www.nice.org.uk/guidance/index.jsp?action=download&true&o=31843
CPHVA (Community Practitioners' and Health Visitors' Association)		General	Will you take into account the World Health Organisation work around adolescents please	Thank you for this suggestion. Relevant WHO publications should be identified by the literature searches. There are opportunities for stakeholders to submit new evidence during the later stages of the guidance development – see section 4 and particularly subsection 4.4 of NICE's overview for stakeholders at: http://www.nice.org.uk/guidance/index.jsp?action=download&true&o=31843
CPHVA (Community Practitioners' and Health Visitors' Association)		General	In Iceland, the young people get just as drunk as ours, but there are lots of adults around to take care of them, and clear up after them; in the morning there is no evidence of last nights celebrations!	Noted, thank you.
CPHVA (Community Practitioners' and Health Visitors' Association)		4.4	Some young people, particularly those with special education needs, or those who are very troubled, such as those at the pupil referral service, need one to one holistic health education, support, guidance and follow up. They are just unable to access the information in a large group of others.	Thank you for your comment. Where evidence is available the guidance may make recommendations for these groups.

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CPHVA (Community Practitioners' and Health Visitors' Association)		4.4	Many SRE programmes are too 'slick', and not enough classroom time is devoted to teasing out the issues. This is where school nurses are very good at following on after teachers.	The key questions in the Final Scope cover the roles of different professions. Depending on the evidence available the guidance may make recommendations about the staff who should be involved in the delivery of PSHE and how services should be structured and integrated.
CPHVA (Community Practitioners' and Health Visitors' Association)		4.4	As well as traditional classroom activities, time needs to be given over to discussing what they have learnt and applying it to 'real live' issues in newspapers, magazines and TV programmes. This way, learning is consolidated. School nurses, who are trained in SRE are invaluable here, as they are trusted by young people to be confidential and non-judgemental, and are quite comfortable talking about bodies and sex.	Please see previous response.
CPHVA (Community Practitioners' and Health Visitors' Association)		4.4	Teenagers appreciate discussion on sex, and this needs to be two way; after all if I, as a nurse am asking them about their sex lives, then why shouldn't they be allowed to ask about mine? Whoever does SRE needs to treat young people as adults.	Thank you for your comment.
CPHVA (Community Practitioners' and Health Visitors' Association)		4.4	Schools should not be able to restrict what pupils talk about; they have a right to free speech in the same way as everyone else. Some SRE lessons will veer into discussion which teachers find very uncomfortable, because they are afraid parents will complain, or they will be pilloried in the press. It is nobody else's business, and this must be made plain to head teachers. If the local paper is 'up in arms' then they should be informed that it is the student's right to voice their opinions.	Thank you for your comment. Key questions outlined in the Final Scope cover how PSHE education and its providers may be best supported. Depending on the evidence this may include training and support for dealing with situations such as the one you outline.

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CPHVA (Community Practitioners' and Health Visitors' Association)		4.4	Young people need to be able to easily access further information. Although there is lots of on-line info, they usually prefer one to one when they have queries. This should be explored in their consultation sessions.	Thank you for your comment. Young people's views on PSHE will be considered as outlined in the key questions in the Final Scope.
CPHVA (Community Practitioners' and Health Visitors' Association)		4.4	At the moment young people complain that they get 'repeats' of some topics, especially clinical ones, but not anything about other more controversial topics. Regular audit throughout school might be the answer, asking the young people 'where they are at' with SRE	Thank you for your comment. Depending on the evidence available the guidance may include recommendations about assessment and audit of PSHE.
CPHVA (Community Practitioners' and Health Visitors' Association)		4.4	Topical input is extremely important. After all, if someone they know has been involved in a traffic accident where alcohol was implicated, then that is the time to discuss alcohol	Thank you for your comment.
CPHVA (Community Practitioners' and Health Visitors' Association)		4.4	The main policy which should be brought to bear on PHSE is the UN declaration of the rights of the child. If parents are allowed to remove their child from SRE, then this is not in their best interests and is not in agreement with this law.	Thank you for your comment.
CPHVA (Community Practitioners' and Health Visitors' Association)		4.4	Schools often have parent's meetings where the PHSE curriculum is discussed. The school nurse should always attend that meeting, to show parents how to communicate with their child on difficult issues	Thank you for your comment. The key question section in the Final Scope covers the roles of different professions in the delivery of PSHE.

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CPHVA (Community Practitioners' and Health Visitors' Association)		4.4	The local health services must provide a full time qualified school nurse for every secondary school, as per government guidelines. After all if this is good enough for private school children then why shouldn't vulnerable children get the same service?	Thank you for your comment. The key question section in the Final Scope covers the roles of different professions. Depending on the evidence available the guidance may make recommendations about type and number of staff who should be involved in the delivery of PSHE.
CPHVA (Community Practitioners' and Health Visitors' Association)		4.4	Qualified school nurses do an extra year post graduate university training for their qualification, so the guidance must state that the Nursing and Midwifery Council, which sets the standards for the courses must ensure that all newly qualified Specialist Community Public Health Nurses (to give school nurses their official title) are skilled to deliver effective inter-agency PHSE on SRE and alcohol.	Thank you for your comment. Depending on the evidence available the guidance may include recommendations about training.
CPHVA (Community Practitioners' and Health Visitors' Association)		4.4	Lots of health education needs to be very practical, and so it must be made clear that schools should invest in significant resources.	Thank you for your comment. The PDG will consider all the evidence and make recommendations accordingly.
CPHVA (Community Practitioners' and Health Visitors' Association)		4.4	Condom schemes are efficient and useful.	Thank you for your comment. It is not possible within the time and resources allocated to this programme to address the efficacy of this type of service. There is a facility on the NICE website to suggest topics to be considered for future NICE guidance, at: www.nice.org.uk/page.aspx?o=topicsuggest
CPHVA (Community Practitioners' and Health Visitors' Association)		4.4	Condoms should be cheaper!	Thank you for your comment. It is not possible within the time and resources allocated to this programme to address the effect of pricing. There is a facility on the NICE website to suggest topics to be considered for future NICE guidance, at: www.nice.org.uk/page.aspx?o=topicsuggest

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CPHVA (Community Practitioners' and Health Visitors' Association)		4.4	We need a campaign aimed at school governors and the press that 'it is healthy to talk about sex' and therefore do it well.	Thank you for your comment.
CPHVA (Community Practitioners' and Health Visitors' Association)		4.4	On the other hand, PHSE is often badly time tabled. How many adults want to discuss these issues before coffee break?	Thank you for your comment.
CPHVA (Community Practitioners' and Health Visitors' Association)		4.4	It is not realistic to offer classroom based PHSE in FE colleges, as many students also work, the lessons are not compulsory, and the uptake would be poor. It would be better to have a school/college nurse on site, in his/her own office, with a public health (ie preventative) remit, and good connections to social services etc	The key question section in the Final Scope covers the roles of different professions. Depending on the evidence available the guidance may make recommendations about the staff who should be involved in the delivery of PSHE and how services should be structured and integrated.
CPHVA (Community Practitioners' and Health Visitors' Association)		4.4	In FE colleges, 'health fairs' are good to raise awareness, but they cannot change behaviour. At this age, it is the one to one work with a health professional, such as a school/college nurse, which is most effective and cost effective.	Depending on the evidence available the guidance may make recommendations about delivery mechanisms.

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Department of Communities and Local Government		General	<p>We appreciate that NICE are disinclined to extend the scope of their guidance, for very good reasons. However, we believe that this guidance could also cover the closely related issue of substance misuse. At the least, it would be useful for the scope to set out what the rationale is for excluding this issue. Department of Health's 'Drugs: Guidance for schools' is mentioned in the Background section (at 2), but there is little mention elsewhere, especially as it is not specifically excluded in the 'Areas that will not be covered' at 3.2.2.</p> <p>The NICE guidance on community-based interventions to reduce substance misuse could be fed into this guidance by means of a cross-referencing exercise similar to that mentioned at 3.2.2 of this draft paper in relation to school-based interventions on alcohol.</p>	<p>The guidance will be informed by all relevant policy and guidance as mentioned in the Scope.</p> <p>NICE guidance on interventions to reduce substance misuse among vulnerable young people which was published in March 2007. http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11379</p> <p>There may be further referrals to NICE on this topic. There is a facility on the NICE website to suggest topics to be considered for future NICE guidance, at: www.nice.org.uk/page.aspx?o=topicsuggest</p>
Department of Communities and Local Government		General	<p>We believe it would be good if NICE drew out the wider preventative potential of this education around prevention of homelessness. Here is a recent paper with evidence relating to this.</p> <p>J Epidemiol Community Health. 2007 Oct;61(10):902-7. Related Articles. Adult outcomes of binge drinking in adolescence: findings from a UK national birth cohort. Viner RM, Taylor B. Department of Paediatrics, University College Hospital, 250 Euston Road, London NW1 2PG, UK; R.Viner@ich.ucl.ac.uk.</p>	<p>Thank you for this information.</p>
Department of Health		General	<p>For information:</p> <ul style="list-style-type: none"> ➤ A three year evaluation of the National Healthy Schools Programme (NHSP) is underway. 	<p>Thank you for this information.</p>

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			<ul style="list-style-type: none"> ➤ Thomas Coram Research Unit have being commissioned by DH to undertake a three month project looking at the health status of students in Further Education(FE), current FE practice in meeting health need and evidence in support of a 'Healthy College' approach. ➤ It is expected that DH will commission a rapid consultation with young people and staff in FE as to their views of what a healthy college may/should look like. 	
Department of Health		General	In our view, there is a need for clarity around who is the intended audience for this guidance. If it is not specifically written for head teachers they will pass it to health professionals eg school nurse.	Thank you. This has been clarified in the Final Scope.
Department of Health		General	With such a breadth of settings we would ask that recommendations are clearly contextualized for each setting rather than general principles of good practice	Thank you for your comment. When making recommendations the programme development group will consider how to word and structure the recommendations so that the final guidance is suitable for all target groups, audiences and settings.
Department of Health		General	There is no requirement in FE colleges for PSHE. We would welcome consideration of the appropriateness/effectiveness of a Healthy College approach, as a framework to ensure that PSHE is delivered and their are minimum standards for it.	The evidence on Healthy Schools and Healthy Colleges will be considered in the development of this guidance.
Department of Health		General	In our opinion focusing on thematic elements of PSHE we will miss the underlying cultural/structural elements that need to be in place to ensure effectiveness. Added value evidence, directly from students, will be the only real way to get this and it is important to put pupil voice in the centre of this work	Thank you for your comment. It is anticipated that structural and cultural elements will be considered in the review of the evidence. Young people's views will also be considered.
Department of Health		General	Dept of Innovation, Universities and Skills (DIUS) should be alerted to the intention to produce this guidance as they are key to the 14 – 19 agenda within education.	Thank you. Agreed.
Department of Health		General	Other potential stakeholders include Health Bytes (Web Based developers of PSHE within the FE setting).	Thank you for your suggestion. We will invite them to register as stakeholders for this guidance.

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Department of Health		General	The policy document for NHSP is 2005, but there is a need to identify with more recent developments. Additional NHSP guidance will be available in 2008. NICE guidance needs to reference both this guidance and the QCA's KS3+4 curriculum	Thank you. The Programme Development Group will be kept informed of new policy developments and publications.
Department of Health		2 c	<p>Documents to add to the list of related policy documents</p> <ul style="list-style-type: none"> ➤ Teenage Pregnancy Next Steps: Guidance for Local authorities and PCTs (July 06); ➤ Teenage Parents Next Steps: Guidance for Local authorities and PCTs (July 07); ➤ Improving Access to Sexual Health Advice Services for Young People in Further Education Settings; ➤ DfES SRE Guidance (2000); PSHE Framework; and the new Programme of Study for personal well being developed by QCA (07). ➤ PSHE assessment guidance issued by QCA. 	Thank you for your suggestions. The PDG will be informed of these documents. However, in order to keep the scope length within the prescribed limits it is not be possible to list every relevant document in the scope.
Department of Health		3 a-g	In a number of instances policy documents are given as sources for the research evidence discussed. Would it be more appropriate to reference the original source?	The evidence reviews that inform the guidance will cite the original sources.
Department of Health		4.1.1	We consider there is need to capture any PSHE provided to young people who are NEET through, for example, youth work.	Thank you for your comment. The Scope has been clarified to address this.
Department of Health		4.2.1	In general PSHE has relatively low status, the scope could consider the merits of making it statutory to strengthen it	The Programme Development Group will make their recommendations according to the evidence.
Department of Health		4.2.1	Will it be possible to include consideration of the effectiveness of 'resources' used to support the delivery of PSHE programmes. We would like to see this as part of the review.	Evidence relevant to the effectiveness of PSHE delivery, including evidence on the contribution made by resources, will be included in the review. However this is unlikely to include an in-depth evaluation of the effectiveness of the resources themselves.

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Department of Health		4.2.2 a	To disaggregate the elements of PSHE i.e. just SRE and Alcohol and not to include the others will skew the evidence because they are 'hot topics' with young people. The ' less ' important (eg safety) themes are in some ways more important if we are to address inequalities. It is important we look at PSHE as a cultural change model rather than a health education model	Thank you for this observation.
Department of Health		4.2.2	Although contraceptive and family planning services are identified as not being covered, in our opinion the review should look at the effectiveness of programmes which signpost young people to such services and encourage young people to use them.	Signposting to contraceptive services will be considered as part of a PSHE /SRE programme. The Final Scope has been amended to clarify that the effectiveness of these services will not be covered in the guidance.
Department of Health		4.3	Outcomes: Investigation as to how NHSP increases the effectiveness of PSHE within a school setting would be welcome. PSHE is one of the themes of NHSP and therefore, development of the 'whole school approach' will be key to the quality base of any PSHE programme.	The Final Scope has been amended and the number of schools gaining Healthy School Status has been added as an outcome.
Department of Health		4.3	As well as the 'be healthy' and 'make a positive contribution' ECM outcomes, in our opinion this guidance should also consider outcomes in relation to 'Staying Safe'.	Thank you for your comments. Staying Safe has been included as relevant ECM outcome in the Final Scope.
Department of Health		4.3	In our view there is a need to look at levels of young people's participation with regard to whole school and curriculum development, including content, delivery, teaching and learning methodology. There are a range of qualitative 'added value' outcomes that should be identified if we are to understand what the parameters for effective PSHE are i.e. not just curriculum based; which it is felt the document leans towards	Thank you for your observations. The available evidence on qualitative 'added value' outcomes will be considered as far as possible.

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Department of Health		3.4	A key question must be about clear needs assessment within PSHE, which is of paramount importance when we are looking at vulnerable children and the issues of personalised learning. Outcomes are only achieved through appropriate inputs. The effectiveness of those inputs needs to be sought from young people's experience.	The guidance will seek to address children's and young people's perceptions of their needs. Needs assessment, particularly for vulnerable children and young people, will be included as far as the evidence allows.
Department of Health		4.5	We feel that this is a great opportunity to work with young people to get a 'needs led' approach rather than a 'normative' professional one	Please see above response. Options for the involvement of young people at various stages of the development of the guidance are being considered.
Department of Health		4.5	This is a good opportunity to identify key roles and responsibilities for all partners (LAs, PCTS, children's trusts etc) to monitor and strengthen provision for PSHE	Thank you for your comment. The guidance may make recommendations about key roles and responsibilities depending on the evidence available.
East Sussex County Council		3	Statistics in the rationale need to reference narrower age bands (including primary ages where data is available) so work can be appropriately targeted, e.g. Statistics about young people's alcohol consumption need to reflect the gap between the majority who are non-drinkers aged 15 and the minority whose level of alcohol consumption is a concern. Teachers need support for normative work; data needs to reflect this.	Thank you for your suggestion. In order to keep the scope length within the prescribed limits it is not be possible to include all statistics.
East Sussex County Council		3 b	'Schools Can exert a positive influence on health outside the formal PSHE curriculum' - Needs to reference the role of the National Healthy Schools Programme.	Thank you for your comment. The Final Scope has been amended to reflect this.
East Sussex County Council		4.1.1	Will guidance cover the independent education sector? In particular agency placements for vulnerable SEN children? Also residential children's homes need to be taken into consideration given priorities re LAC.	Thank you for your comment. The guidance will cover all schools, including independent schools. PSHE for looked after children and those with special educational needs will also be considered where evidence is available.
East Sussex County Council		4.1.2	The omission of home-educated children is a concern; this cohort includes some very vulnerable children and young people. Perhaps guidance could address LEA supervisory/advisory duties for this cohort, and liaison with home educators' associations e.g.	Thank you for your comment. The Final Scope has been amended to include home-educated children.

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			'Education Otherwise' could be useful	
East Sussex County Council		4.2.1	The use of the term 'intervention' is not helpful in an education context: does it mean curriculum deliver and/or specific intervention programmes often delivered by agencies either to whole classes/year groups or to targeted especially vulnerable groups?	Thank you for your comment. The Final Scope has been changed to include programmes to cover both curriculum and input from all sectors.
East Sussex County Council		4.2.1 c	East Sussex PSHE and Healthy Schools Team has recently conducted consultation work with secondary school students on alcohol (2005/6) and SRE (2007). Further consultation with primary school pupils on SRE is planned. Reports supplied on request.	Thank you for bringing this work to our attention. We would be grateful to receive copies of it.
East Sussex County Council		4.3	Teachers repeatedly identify the competition for time and resources from the Citizenship curriculum as 'squeezing' PSHE, which as a non-statutory subject does not gain credit for schools and points for pupils via exams. This is not to suggest that PSHE should be formally examined – BUT Assessment is key in raising the profile of PSHE and is recommended as an accountability measure in the new QCA plan for Secondary Education. Maybe the development of a portfolio should be a recognized expectation	The guidance may include recommendations about PSHE assessment depending on the evidence available.
East Sussex County Council		4.4	The role of FE in dealing with 'early release' groups of 14 – 16 yr olds needs particular attention. These particularly vulnerable groups are at risk of missing out on KS4 PSHE delivery since the FE framework does not include PSHE. Training and CPD support for staff dealing with these groups is also an issue.	Thank you for your comment. The guidance may include recommendations about training depending on the evidence available.

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East Sussex County Council		4.4	There are concerns about what effects we measure and how, to establish effectiveness and cost-effectiveness. We need not just a narrow behavioural interpretation (uptake of services, teenage pregnancy rates, alcohol use reduction etc) but shifts in attitudes and values as measure in e.g. the Health Related Behaviour Survey managed by SHEU and any formative or summative assessment that takes place in the school.	Thank you for your comment. NICE primarily takes a cost utility approach to cost effectiveness, however the PDG may also consider a cost consequence approach that may encompass these outcomes when considering the evidence for recommendations.
East Sussex County Council		4.4	East Sussex is piloting a Self Evaluation tool and kitemark for schools to assess their performance against ECM standards: materials and reports supplied on request.	Thank you for this offer. We would be grateful to receive copies of this information.
East Sussex County Council		5	We are concerned that the NICE PSHE guidance should include and integrate aspects of guidance relating to alcohol and to emotional health and well being. Cross referencing to other guidance will be effective only insofar as users will have time (or bother) to do it. Perhaps the Quick Reference Guides from other related guidance should be incorporated/appended to the PSHE guidance.	Thank you for this suggestion.
East Sussex County Council		General	The guidance should reference the essential role of quality training in the development of skilled delivery of PSHE, in ITT, in the PSHE CPD programme, and in regular INSET for tutors involved in delivery.	The guidance may include recommendations about training depending on the evidence available.
East Sussex County Council		General	Will the Guidance include good practice examples?	The guidance will reflect what is found in the evidence.
East Sussex County Council		General	How will the PDG proactively seek consultation with parents and carers, including foster carers and residential social workers?	Thank you for your comment. Parents and carers are represented among the community members on the Programme Development Group (PDG) The PDG can also invite expert testimony from professionals and practitioners, including representatives of the groups mentioned.

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East Sussex County Council		General	Young people need to be consulted about the selection of resources for PSHE (c.f. ESCC YP consultation re alcohol)	Thank you for your comment. The Final Scope addresses children's and young people's perceptions of their needs. Where evidence is available this will cover vulnerable children and young people. Options for the involvement of young people at varying stages of the development of the guidance are being considered.
East Sussex County Council		General	Guidance needs to support institutions delivering PSHE to work proactively with parents/carers.	Thank you for your comment.
East Sussex County Council		General	Resourcing of PSHE is a major issue: how can the Guidance work to convince headteachers of the positive effect of good PSHE on academic results, as well as on personal and social outcomes? We need a PR job!	Thank you for your comment. The guidance will make recommendations for head teachers and others on the effectiveness of PSHE.
East Sussex County Council		General	Will the Guidance be published jointly with the DCFS? Would guidance with DCFS support have more credibility in schools?	Thank you for this suggestion.
East Sussex County Council		General	The SEAL programme needs to be recognised particularly in its development of resilience and mental health to underpin healthy lifestyle choices.	Thank you for your comment. Individual programmes may be recommended depending on the strength of the available evidence.
EduAction		3 b	Essential that Faith groups are invited to be part of consultation	Thank you for your comment. Faith groups have been invited to be stakeholders. A list of registered stakeholders for this programme can be viewed at http://www.nice.org.uk/guidance/index.jsp?action=download&o=34591
EduAction		3 f	Important that curriculum reflects this from an early stage eg different types of families in the primary years, and reference throughout secondary years to be made in terms of relationships	Thank you for your comment.

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EduAction		3g	Emphasise the need to start education on alcohol from an early stage as many children have had their first drink before the age of 11	Thank you for your comment.
EduAction		4.1.1	Alternative Provisions to be included	We are not sure what this comment is referring to.
EduAction		4.2.2	Although contraceptive and family planning services not covered in the guidance, it is vital that SRE programmes delivered in schools are linked to services in that young people would know where to get advice, condoms etc	Signposting to contraceptive services will be considered as part of the PSHE/SRE. The Final Scope has been amended to clarify that the effectiveness of these services will not be included.
EduAction		4.3	Relates to Stay Safe links with risk taking and coercion	Staying safe has been added to the outcomes in Section 4.3 of the Final Scope.
EduAction		General	No mention made of parental right to withdraw and guidance on working in partnership with parents.	The role of parents in PSHE/SRE/Alcohol will be considered and included in the Final Scope.
EduAction		General	An excellent opportunity to raise the profile of PSHE and encourage schools to recognise the importance of this vital area of children and young people's education.	Thank you.
Education for Choice		4.3	Outcomes could include something about the immediate impact of the intervention on a young person i.e. did participating in the lesson make the young person feel safe, happy, respected, listened to. Discussion of sexual health and alcohol use is likely to resonate with people's actual experiences and it is important that young people participating in this kind of lesson don't feel judged, stigmatised, singled out. This kind of negative experience represents a clear barrier to learning, but also goes against the purpose of Every Child Matters which is as much about emotional as physical health.	Thank you for your suggestion. Children's and young people's views and experiences on PSHE and its impact are included in the Final Scope.

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<p>Education for Choice</p>	 <p>Good Practice in Abortion Education .p</p>	<p>4.2.1 a</p>	<p>This should include ensuring that the key messages, ethos and themes of PSHE are reflected consistently in teaching in other parts of the curriculum.</p> <p>Any good practice within PSHE which includes provision of evidence-based information, and the creation of a safe learning environment in which different views and beliefs are acknowledged and valued, must be reinforced in other curriculum areas.</p> <p>Reason: It is common, for instance in religious education, for teachers to employ a debate format on controversial or moral issues. In this format arguments about sexual behaviour, sexual health and abortion are polarised into simplistic ‘for and against’ arguments. Often no sexual health information is included and sometimes inaccurate information is disseminated by visiting speakers. This format provides no opportunity for participants to develop negotiation skills, appropriate vocabulary or resilience. This is in direct contradiction of government guidance on the teaching of these issues, but is often the default for teachers who believe that a robust debate is the best way to provide balance.</p> <p>Best practice guidance developed by Education For Choice on teaching about abortion in schools recommends that balance is best provided by providing evidence-based unbiased information, by presenting all pregnancy choices as equally valid, by acknowledging a range of views and values on the issue... The same approach could apply to all aspects of the curriculum.</p>	<p>Noted. Thank you for the information.</p>
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<p>Faculty of Sexual and Reproductive Healthcare (FSRH)</p>		<p>General</p>	<p>We welcome the development of this guidance document, and recognition that issues around sexual health and alcohol impact greatly on a young person's wellbeing. FSRH was represented at the stakeholders meeting on 26th September, and contributed comments at that time. Points which we further wish to highlight are as follows: The document will be used by a wide-range of professionals, and the language needs to be clear and non-medicalised as possible. There is a lack of published evidence on this topic, and NICE may wish to consider a call for unpublished evidence prior to going to systematic review</p>	<p>Thank you for these comments.</p>
<p>Faculty of Sexual and Reproductive Healthcare (FSRH)</p>		<p>3:00 AM</p>	<p>Agree that PSHE needs to be taught throughout the school years. Although most young people will not be sexually active or consuming alcohol until into the secondary school years, values and attitudes will be developing throughout the primary school years. Young people need time to assimilate the ideas explored and to develop their own values. There is no comment made about ensuring that all children experience PSHE, and about ensuring that there is equity of access and comparable programmes across schools. Feedback at the stakeholders meeting suggested that a recommendation could be made that PSHE becomes compulsory</p>	<p>Thank you for your comment. Recommendations may be made depending on the evidence available.</p>
<p>Faculty of Sexual and Reproductive Healthcare (FSRH)</p>		<p>3 d</p>	<p>Including some figures here on the actual teenage pregnancy rates would be helpful if giving some perspective. Conceptions in under 18s is suggested as one of the outcome measures, and would need to include both pregnancies continuing to delivery, and those having abortion (including miscarriage). At risk groups for becoming a teenage parent are mentioned, of course there are also at risk groups for having an abortion as a teenager</p>	<p>The Final Scope now includes data on under 18 conceptions.</p>

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Faculty of Sexual and Reproductive Healthcare (FSRH)		4.2.2	We note that contraception and family planning services are not covered as part of the guidance. As was discussed at the stakeholders meeting, it is essential that PSHE will signpost to appropriate local services. These services will include contraception and sexual health or genito-urinary medicine services, and for example local projects which may provide free condoms	Thank you for your comment. Signposting to contraceptive services will be considered as part of the PSHE/SRE. The Final Scope has been amended to clarify that it is the effectiveness of these services that will not be included.
Faculty of Sexual and Reproductive Healthcare (FSRH)		4.3	One of the suggested outcomes is changes in sexual health behaviour. This would include, for those that do become sexually active, practicing safe sex to prevent STI transmission, and using contraception, to prevent pregnancy. For PSHE programmes to be effective in changing sexual health behaviour, options need to be presented for those who choose to be sexually active.	Thank you for your comments. These types of outcomes are encompassed within 'changes in sexual health behaviour' in the Final Scope.
fpa (Family Planning Association)		General	fpa welcomes the comprehensive nature of the draft scope. We believe this guidance will be extremely useful when it has been published.	Thank you.
fpa (Family Planning Association)		2 c	NICE may also want to consider referring to the guidance from the Department for Education and Skills (now the Department for Children, Schools and Families) <i>Extended Schools: Improving Access to Sexual Health Services</i> , which was published in January 2007	Thank you for this information.
fpa (Family Planning Association)		4.1.1	It might be helpful to clarify the use of the term full-time education when referring to the populations that will be covered by the guidance so that there is a clearly understood definition. Elsewhere in the document there are references to interventions delivered in community as well as education settings, which could mean that the young people involved may not be in full-time education, it would be helpful for this discrepancy to be addressed.	The Scope has been amended to clarify this point.

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fpa (Family Planning Association)		4.1.1	There is no mention of children and young people who have been excluded from education. However, community based interventions can often be particularly helpful for delivering sex and relationships education to vulnerable young people who have been excluded.	Thank you for your comment. The Scope has been amended to include children and young people out of school.
fpa (Family Planning Association)		4.2.1	While we understand that NICE did not intend to develop an exhaustive list of vulnerable young people who may benefit from community based interventions, young women who have left education because of pregnancy or birth have particular needs and fpa recommends that this group of young women is included in the scope.	Thank you for your comment. Young parents and those not in education or training are included in the Final Scope.
fpa (Family Planning Association)		4.2.2	Contraceptive and family planning services are the same thing. It may be more helpful for the document to be amended to read 'contraceptive and sexually transmitted infections services', that is services for the diagnosis and treatment of sexually transmitted infections as well as the provision of contraception.	Thank you, the wording has been amended.
Greenwich PCT		3g (and 4.4)	I recommend the group look at the paper by John Tripp "ABC of Adolescence". "Young people assess risk differently to adults and health professionals: they would rather reduce the risk of being excluded from the "in group" or looking immature than take notice of any perceived health risk" I use this as central to my health promotion work with young people.	Thank you for bringing this work to our attention.
Greenwich PCT		4.4	Resources that use this approach are "Drunk in charge of a body" by Brook and "Sex drugs and alcohol" by TACADE. I promote the use of these in Greenwich.	Thank you for bringing this work to our attention.
Greenwich PCT		4.4	We ran a large scale health promotion event aimed at hard to reach young people .The event used informal education techniques. The event has been run 3 times and has been evaluated by the office of Public Management. The evaluation shows the learning that was attained by the young people. Please contact me for a copy if it would be informative.	Thank you for this information. There are opportunities for stakeholders to submit new evidence during the later stages of the guidance development – see subsection 4.4 of NICE's overview for stakeholders at: http://www.nice.org.uk/guidance/index.jsp?action=download&true&o=31843

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<p>Haringey tPCT (Haringey Children’s Service)</p>		<p>General</p>	<p>Cursory read suggests tobacco education should also be in scope. Plus something on clarification of aims of drug education. Namely that it’s about equipping children and yp with the skills, knowledge and understanding and self confidence to make informed choices, to identify risks and reduce harm. It is NOT about social engineering. Health workers might have an aim to reduce drug use but that is not aim of drug education, but may be a by-product. It’s important drug education is not used as a tool for political aims</p>	<p>Thank you for your comment. The Scope reflects the referral from the Department of Health (Please see Appendix A).</p>
<p>Health Behaviour Group (Apause)</p>		<p>General</p>	<p>As an organisation that both researches in the field of SRE and provides a comprehensive SRE programme we thoroughly welcome this process. There are few comments I can add, at this stage, that have not already been covered in your conference of 26 November.</p> <p>We have frequently described our programme as an ‘intervention’, particularly as it has emerged from the tradition of public health/medical interventions. However, we try our best to implement the programme through extensive collaboration with all stakeholders – including young people. It has long been our view that the vast majority of teenagers between 13 and 16 are extremely poorly served by way of SRE in schools and that without an ‘interventionist’ approach there is little chance of improving their chances of receiving adequate provision.</p>	<p>Noted and thank you for the information.</p>

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			<p>I therefore urge NICE to proceed undeterred in its assessment of SRE in schools and the kinds of interventions that might improve provision, but I feel compelled to warn you that you are likely to encounter a range of semantic and political obstacles. This is in terms of whether schools and the educational establishment perceive their SRE as being best served by an intervention as opposed to curricular development and provision. We have concerned ourselves with the challenge of identifying and providing a baseline of entitlement in SRE which has the potential to have positive health outcomes. This is in contrast to the rhetoric of a proposed curriculum that attempts to match the needs of the diversity of cultural and social groups that inevitably make up any classroom. Despite our rather modest aspirations we are still criticised for an interventionist 'one-size-fits-all' approach, whereas we are really trying to provide a minimal basic requirement or safety net of basic knowledge and understanding which has the potential to improve the sexual health of our young people.</p> <p>Reference: Evans, D. and Tripp, J. <i>Sex education: The case for primary prevention and peer education</i> Current Paediatrics Volume 16, Issue 2, April 2006</p>	Thank you.
		<p>We are, of course, very keen to be involved at any stage in this exercise and would delighted to provide data, findings, details of our 'intervention' and expert witnesses.</p>		
Healthcare Commission		General	Risks being very health focussed – need to join up whole community as education is needed to implement – ensure Ofsted is involved,	Thank you for your comment.
Healthcare Commission		2 d	Worth mentioning faith sector here?	Thank you for your comment. The guidance will cover all maintained schools including the faith sector.

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Healthcare Commission		4.1.2	CYP not educated at home may not be covered under the elements of the guidance which is delivered but perhaps (hopefully) they will have access to provision through youth, voluntary and community services. Information for home educators could still be provided through voluntary networks. Could explain provision for 0-4 is through other channels and cite (perhaps that's for the guidance when published!)	Young people not in education will be covered by the guidance. For more details, please see the Final Scope.
Healthcare Commission		4.2.1 b	Links with 3.2.1 (b) above. This guidance should seek to reach every child (they matter!) through these means.	The guidance will cover every child up to age 19 as highlighted in the Scope.
Healthcare Commission		4.3	Need to refer to "Staying Safe" criteria from DCSF – elements of the Every child Matters policy document	Staying safe has been added to the outcomes in the Final Scope.
Healthcare Commission		General	The scope does not look at assessment of need for services	Thank you for your comment. Assessment of need will be considered as part of this work.
Healthcare Commission		4.3	Outcomes requires a mechanism for assessment and evidence of learning as well as change of behaviour. The bullet points in the outcomes section do not specify what outcome is required. Are you educating or changing behaviour and how will you measure each?	The outcomes will consider changes in knowledge attitudes, skills and behaviour as outlined in the Final Scope.
Healthcare Commission		General	Note PHSE includes economics so recognise this aspect	Thank you for your comment. The Scope has been amended to reflect this.
Huddersfield New College / Kirklees Healthy College Standard		General	Further to commenting at the meeting last Wednesday 26 th September I would like to say how delighted I am that the college population has been recognised in the Scope. This is a particularly vulnerable section of the population and it is heartening to know that the Public Health Guidance will include them. I have contact with many 6 th Form and FE colleges through the Healthy College Network which I set up, so I am sure my opinion is echoed by many in colleges nationally.	Thank you.

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<p>Huddersfield New College / Kirklees Healthy College Standard</p>		<p>3 b</p>	<p>I pointed out at the meeting that there is no formal PHSE programme in colleges nationally and this is also mentioned in the Scope. There are many examples of good practice, however these occur in an ad hoc way and are driven by the commitment of individuals since colleges have no statutory obligation to provide PSHE.</p> <p>The inclusion of Every Child Matters outcomes on the college Ofsted Inspection Framework in 2005 has increased the interest in colleges on health issues generally and also the Healthy College settings approach.</p> <p>Colleges such as my own are using the tutorial programme to deliver health education and this is complemented by sexual health and other services on site (Chlamydia screening, free condoms, pregnancy testing, emergency contraception, hormonal contraception, brief counselling, sign posting to drugs, alcohol and other outside agencies). We also have strong links and partnership working with our PCT.</p> <p>Other colleges may well not have services on site and the input into the tutorial programme is patchy. This is often related to the priorities of senior managers who see teaching & learning as the main issues, despite the fact that health impacts on academic performance. This view is gradually changing.</p> <p>Delivery of PSHE focussing on sexual health and alcohol in colleges therefore presents many more challenges than would be encountered in a school setting for the following reasons</p> <ul style="list-style-type: none"> • No existing national college PSHE programme • Lack of funding supporting a national college PSHE programme • No PSHE or Health Champions in colleges to co ordinate and promote delivery in colleges (although the Healthy College approach is generating health related posts or part posts) 	<p>Thank you for this information. The PDG will consider the provision of PSHE in colleges.</p>
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			<ul style="list-style-type: none"> • Staff training need in colleges for delivery of what would be a new dimension to the curriculum • No local PSHE support network such as that provided for schools • Diverse & in some cases disenchanted learners requiring different approaches to PSHE to that in schools • Lack of engagement of some colleges with their PCT, this may be related to the college, the PCT or both. • It can be difficult for professionals in either sector to find a 'hook' into the other 	
Huddersfield New College / Kirklees Healthy College Standard		General	I note that Teacher Training is not included in the Scope and since new teachers will be delivering PSHE, it would be helpful if this was an obligatory part of training as in other countries such as Sweden. This should be applicable at all levels, not just Primary so that there is a clear message about the importance and value of PSHE and the role all teachers have to play whether directly or indirectly by example.	Thank you for your comment. The guidance may make recommendations about training depending on the evidence available.
Institute of Alcohol Studies		General	It is important to clarify the relationship between education and health improvement. It is likely that the goals of PSHE relate to both, but there appears to be some confusion in the draft scope. This is highlighted by the discrepancy between section 2a, which states that NICE has been asked to develop public health programme guidance for PSHE, and Appendix A, Referral from the Dept. of Health, which does not include the phrase 'public health programme.' Section 3a clarifies that PSHE is a programme of 'learning opportunities and experiences.'	Thank you for your comment. The outcomes will consider change in knowledge attitudes, skills and behaviour.

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			<p>The goal of public health is to change behaviour whereas the goal of education is to impart knowledge, understanding and skills. Whilst the former may follow from the latter, the two are distinct and should not be confused. Therefore, both the guidance and each of the outcomes should be considered in the light of which of these goals they address.</p>	
Institute of Alcohol Studies		3 g	<p>Whilst the quantity of alcohol drunk by young people is growing at an alarming rate, the proportion of young people who drink has remained fairly stable for the last 20 years.</p>	Thank you for your comments. The relevant sentence has been amended in the Final Scope.
			<p>The last sentence starts, "In addition," which is misleading because it implies that the percentages may be summed, giving a total of 19% of 15-16 year olds reporting either unprotected or regretted sex. In fact, respondents were able to report any number of problems, so there is likely to be considerable overlap between the two groups.</p>	
Institute of Alcohol Studies		General	<p>Please clarify the relationship between this consultation and the recent consultation on interventions in schools and other settings to reduce alcohol use among children and young people. In particular, will the review of evidence produced for the previous consultation be made available to panel members for the current consultation?</p>	Thank you for your comment. This guidance will cross reference the evidence and recommendations in the alcohol and school guidance.

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<p>Institute of Alcohol Studies</p>		<p>General</p>	<p>At the stakeholders' meeting on 26th September 2007, much emphasis was placed on the breadth of evidence that would be considered, not being restricted to controlled studies published in peer-reviewed journals. It was acknowledged that the reason for this is the dearth of high-quality evidence, forcing the reliance on more anecdotal sources.</p> <p>It could be argued that the laudable goal of evidence based practice is futile in the absence of adequate evidence and that money spent on consultation might be better spent commissioning research to generate the evidence that is needed.</p>	<p>Thank you for your comment. The guidance will rely on the assessment of various forms of evidence: scientific, systematically derived evidence of effectiveness; context-sensitive evidence on economic costs and benefits and evidence from practice including resources, professional opinion and expert judgement. The programme development group will assess and interpret this evidence, after consultations with a wide range of stakeholders in order to draw up the recommendations. .</p>
<p>Jo's Trust</p>		<p>General</p>	<p>Jo's Trust is concerned at the lack of awareness about the causes of cervical cancer and the impact of HPV infection amongst teenage girls and boys currently attending secondary schools throughout the UK. It is also concerned that there is little reference to or education on the subject in PHSE.</p>	<p>Thank you for this information. HPV will be considered in the context of PSHE/SRE, as will other sexually transmitted diseases.</p>
<p>Jo's Trust</p>		<p>General</p>	<p>The charity is also concerned at the lack of reference, information and education about the importance of young women attending for regular cervical screening, when invited by the NHS in England, Scotland, Wales and Northern Ireland.</p> <p><i>The Sex Education provisions of the Learning and Skills Act 2000 came into force on 1 November 2000. From that date schools have a legal duty to ensure that pupils are protected from teaching and materials which are inappropriate, having regard to the age, religion and cultural background of the pupils concerned. ...Their sex education policy should contain a statement that a parent may request that a pupil is withdrawn from Sex Education.</i></p>	<p>Thank you for these suggestions, depending on the evidence available these types of interventions may be covered by the social and community focus as set out in the Final Scope.</p>

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			<p>Jo's Trust believes that there are loopholes in these provisions, which can result in 'ineffectual' sex education in some schools. There is a need to provide good and independent information for parents in appropriate languages. This should be available through schools but also available elsewhere (perhaps in Libraries) because if it includes information, language, terminology, graphics etc deemed to be 'offensive' by teachers, governors, parents on religious or cultural grounds then it may not be distributed in schools, which could exclude those pupils or parents of pupils who may not agree with their objections.</p>	
Jo's Trust		General	<p>Jo's Trust believes PSHE should include discussion on HPV related infection, immunisation and screening. It is particularly amongst the young and disadvantaged groups that screening rates are dropping and where HPV infection and related conditions such as cervical cancer are most prevalent.</p>	<p>Thank you for this suggestion. HPV will be considered, as will other sexually transmitted diseases, in the context of PSHE/SRE. Disadvantaged groups are included in the Final Scope.</p>
Jo's Trust		3 c	<p>Jo's Trust believes that quoting negative Ofsted statistics could be counter productive in engaging teachers on these issues.</p> <p>The charity would like to see PSHE attain a higher profile within the school curriculum. If it became a 'core' examinable subject then schools (including teachers, governors, parents and students) would treat it more seriously. Also, schools are permitted to teach outside the sex education policy, if it is proven to be part of the syllabus of an examinable subject.</p> <p>Too often the teacher/person responsible for PSHE is dedicated, but frequently, unqualified to talk or teach on this subject.</p>	<p>Thank you for your comment.</p> <p>Thank you for your comment.</p> <p>The guidance may make recommendations about training depending on the evidence available.</p>

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Jo's Trust		3 d	Jo's Trust has concerns about using these statistics as they may be of dubious provenance, for example would a teenager really admit to being a virgin?	Thank you for your comment. All the statistics used in the Scope have been referenced. The review team will take the strengths and weaknesses of different outcome measures into account when interrogating the evidence.
Jo's Trust		3 g	Research has shown that HPV infection reduces the ability of the immune system to perform effectively as does the consumption of alcohol. Casual/unplanned/forced sexual acts are higher under the influence of alcohol	Thank you for this information.
Jo's Trust		4.1.2	Children and young people educated at home should be covered by any guidance	Thank you for your comment. The Final Scope has been amended to include young people educated at home..
Jo's Trust		4.2.2	While 3.2.2 excludes the treatment of STIs the prevention should be covered as a key component of any guidance. This should include an explanation of the impact and prevalence of Human papillomavirus infection, the cervical screening programme, any immunisation programme that may be in place and the fact that condoms do not offer 100% protection against HPV related disease as it is spread via skin to skin contact and can cause genital infection after "heavy petting".	Thank you for your comment. The prevention of STIs would be considered in the context of an SRE programme.
Jo's Trust		4.3	Outcomes should include a decrease in the number of HPV related incidence, for example genital warts and abnormal smear results.	Thank you for your comment. Changes in prevalence and incidence of STIs are included in the outcomes section of the Final Scope.
Lesbian and Gay Christian Movement (LGCM)		General	My view of the scoping is positive. The only immediate suggestion I would have would be that under 'Outcomes' at 4.3, a measure is added regarding reports of self harm/suicide among young gay/bisexual people. Also under 4.4 (key questions) I think there might be a need to add something about how negative response from some parents/media may be addressed.	Thank you for your comment. An outcome concerning the reduction of homophobic bullying has been included in the outcomes section of the Final Scope.

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Life Education		General	Life Education welcomes this opportunity to comment on the draft specification for the NICE work on PSHE.	Thank you
			We would like to raise a few points for consideration before the specification is finalised and the committee begins work:	
Life Education		General	We feel there will be some confusion when looking at the evidence base around the work programme, particularly on alcohol. Since the DfES definition of drugs includes alcohol there will be inevitable unhelpful and possibly confusing cross over with drugs (including alcohol) work. This is particularly so with UK research evidence. We would ask that this issue is reconsidered and the broader definition of drugs (including alcohol) is the basis for the committee to work with.	The Scope reflects the referral from the Department of Health; please see Appendix A of the Final Scope. It is not possible within the time and resources allocated to this programme to address misuse of other substances.
Life Education		General	We would encourage a high level of representation from academic research bodies - a sub group to run concurrently with the full committee may be a worthwhile consideration.	Thank you for your comment. Academic researchers will be members of the PDG.
Life Education		4.1.1	We would encourage NICE to consider the role that Foundation / Nursery Education can play in the lifelong learning of pupils. Early patterns of behaviour can be a major influence on child development and as most pupils begin school well before they are five years old we feel this is a key time to begin the personal and social education programmes with young children.	Thank you for your comment. To ensure the guidance could be delivered to time and within resources it was necessary to prioritise an age range.
Life Education		4.2.1 b	We would suggest emphasising the importance of parents' involvement in programmes to increase effectiveness.	Where evidence is available the role of parents in PSHE will be considered.
Life Education		General	We are very happy to offer evidence to the committee on the work of Life Education and await with interest the outcomes.	Thank you.
Liverpool PCT		2 c	Include reference to the following DfES guidance in list of related documents:	Thank you for this information. This has been included.

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			Sex and Relationship Education Guidance Ref DfEE 0116/2000	
London School of Hygiene & Tropical Medicine		General	<p>I and my colleagues welcome this new initiative to provide better guidance of personal, social and health education (PSHE) and the opportunities for consultation.</p> <p>The draft scope is extremely wide-ranging and aims to include evidence relating to PSHE for a wide range of populations across several different settings. Bearing this is in mind, <i>we suggest that the review of the existing evidence focuses most of all on those outcomes that PSHE can exert effects on.</i> Young people's health-related behaviours, such as drinking and sexual behaviour, are shaped by a wide range of social, economic, cultural and environmental factors therefore PSHE, although vitally important, is insufficient on its own to have significant population-level effects on these behaviours. On its own it is more likely to be able to influence more 'proximal' outcomes, such as young people's health-related attitudes, knowledge, skills and norms. We therefore suggest that the review clearly focuses on what PSHE <i>can</i> and <i>should</i> do – provide young people with the information and skills they need to make positive choices – in order to improve future provision.</p>	<p>Thank you.</p> <p>Thank you for your comments on the focus of the evidence reviews.</p> <p>The draft scope was written to allow stakeholders to identify areas which might benefit most from guidance. NICE guidance is based on the best available evidence; where high quality evidence is available this will be used to inform the guidance.</p>
Marie Stopes International		General	As a parent of 3 teenagers I hope that the paper will result in information that both my children and I could share. Maybe a parental/carer handout with points for discussion. I need as much help as they do!	Thank you for your comment. We recognise the importance of parental involvement in PSHE. However although the guidance is primarily aims to help public health professionals and practitioners in local government, education and NHS organisations, it will also be relevant to parents.
Marie Stopes International		General	My children received their contraception education from their Science teacher who was informative but factual about the body, no relationship discussion, no discussion on feelings.	Thank you for your comment.

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Marie Stopes International		General	Will the person delivering your new guidance be experienced in Sex Education or could it be another Science Teacher? Will you be able to push to educate the educator?	Thank you for your comment. It is not known at this stage what the evidence will suggest.
Marie Stopes International		General	Could be kept basic, clear and very much to the point. Listening to all the comments at the meeting (which were great) I imagined if everyone had their groups points of view included in the guidance it would become so diverse it would loose the basic point.	Thank you for your comment.
Merton Youth Awareness Programme		General	I think the Draft is well put together and agree with all sections.. The scope is very wide and focuses on the things that are important. The only point I would like to make is the lack of reference to the healthy schools programme. I think it is mentioned once as a reference. I feel it should be more closely linked.	Thank you for your comment. The Final Scope has been amended to reflect the role of Healthy Schools in PSHE.
MRC Social and Public Health Sciences Unit		3 b	Does this paragraph cover possible 'school effects' on sexual behaviour and drinking, that is impact of generic aspects of the institution other than the taught curriculum or specific health promotion initiatives, e.g. the effect of general ethos of the school.	Thank you for your comment. The Scope now refers to the whole school approach which includes the school ethos.
MRC Social and Public Health Sciences Unit		3 c	Young people's evaluations of their SRE can be limited by social desirability bias (in front of fellow pupils it is not cool to say they found SRE useful), and by poor recall. We have found young people sometimes cannot recall lessons that they received within the previous three months.	Thank you for your comment. The review team will take the strengths and weaknesses of different outcome measures into account when interrogating the evidence.
MRC Social and Public Health Sciences Unit		3 d	Early sexual activity and early childbirth are also strongly associated with particular family structures and parenting processes.	Thank you for your comment.
MRC Social and Public Health Sciences Unit		4.1.1 (and 4.1.2)	This formulation would exclude youth work with early school leavers (16+) (unless in care). Surely that is not intended? This group is at greater sexual risk than those who stay on in school.	Thank you for your comment. The Final Scope has been amended to include those not in education, employment or training.

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MRC Social and Public Health Sciences Unit		4.2.1a	Surely it would be valuable to include generic interventions intended to modify a wide range of (health) outcomes, including alcohol and sex? E.g. would the Gatehouse Project (Australia) be included in current criteria? More generally, could you consider interventions that are not primarily intended to have an impact on health outcomes (e.g. youth development programmes and youth service programmes) that have been demonstrated to influence sexual behaviour?	Thank you for this information. Where there evidence is available relevant interventions which modify behaviour in relation to sex and alcohol will be considered.
MRC Social and Public Health Sciences Unit		4.2.1 a (and b)	Will review include programmes primarily intended to improve parents' influence on children?	The role of parents in PSHE will be included in the Final Scope.
MRC Social and Public Health Sciences Unit		4.3	I think the different outcomes need to be prioritised, otherwise a programme that changes knowledge, or that young people like, could be rated as being as important as a programme that achieves significant behavioural change.	Thank you for this suggestion. Prioritisation of outcome measures is important, as is an understanding of what PSHE sets out to achieve. NICE public health guidance aims to help public health professionals and practitioners in local government and NHS organisations achieve the targets set out in the 2004 white paper 'Choosing health: making healthy choices easier'. (For clarification, visit: www.nice.org.uk/page.aspx?o=295876).
MRC Social and Public Health Sciences Unit		4.4	<u>First bullet point</u> I think you need to be precise about what you mean by an 'effective' service. In terms of behavioural outcomes or in changing knowledge?	With regard to behavioural and knowledge outcomes we intend to use those which reflect changes in knowledge, attitudes and skills as well as behaviour change.
MRC Social and Public Health Sciences Unit		4.4	<u>Last bullet point</u> Important to recognise that young people's evaluations of their SRE can be limited by social desirability bias (in front of fellow pupils it is not cool to say they found SRE useful), and by poor recall.	Thank you for your comment. The review team will take the strengths and weaknesses of different outcome measures into account when interrogating the evidence.

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<p>National AIDS Trust</p>		<p>General</p>	<p>The guidance should ensure it considers the needs of children living with HIV in relation to sexual health education. There are currently around 1,200 children under the age of 18 living with HIV in the UK. It is important that those delivering sexual health education remember that some children will have personal experiences of the issue.</p> <p>Whilst homophobic bullying is mentioned by way of background, it would also be useful to make quite clear that issues of sexual orientation and equality must be addressed in PSHE.</p>	<p>Thank you for your comments.</p> <p>Equality is of fundamental importance to the development of this guidance.</p>
<p>National AIDS Trust</p>		<p>4.2.2</p>	<p>The most effective PSHE will cover wider issues than simply the facts around transmission and treatment. Particularly where HIV is concerned, there is a significant need to educate young people about the realities of living with HIV and the stigma and discrimination people living with HIV can face. Educating young people properly will help to reduce stigma and discrimination in the future. Education around HIV-related stigma and discrimination in Citizenship lessons would both reinforce sexual health messages and better educate young people. The exclusion of Citizenship from the scope of the guidance will miss the opportunity to ensure young people receive fully rounded sexual health education.</p> <p>If Citizenship is not be included in the guidance the guidance should at the least have a robust definition of sexual health education that includes teaching about stigma and discrimination, particularly around HIV.</p>	<p>Thank you for your comment. The Scope reflects the referral from the Department of Health, please see Appendix A.</p>

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National AIDS Trust		4.2.2	The scope states that contraceptive and family planning services will not be covered. Our question would be if this includes the provision of contraceptives within schools. This would be an intervention delivered by school nurses, which is covered by 3.2.1, and it would make sense for it to be covered as it is an integral part of a schools response to sexual health provision.	Thank you for your comment. The contribution of health clinics including sexual health clinics in schools and colleges to PSHE/SRE will be considered as part of the Scope.
National Health Education Group		General	Need to stress that PSHE in the school colleage setting is about learning – need to include pedagogy – has impact on how things are delivered in the school/college.	Thank you for your comment.
National Health Education Group		General	Don't assume a deficit model – the attitudes and behaviour of some young people is good and this should be acknowledged However PSHE programme may help them to consider why the think/feel//do what they do and accept that other people may think/feel/act differently.	Thank you for your comment. It is not the intention of the Scope to provide a deficit model of young people but to make the case for the need for the guidance.
National Health Education Group		General	Ofsted reports have some good examples of what works ie. best practice. But be mindful that Ofsted has reported on PSHE on two separate occasions that there is still some unsatisfactory (or as they said dire) Also once on SRE in its SRE survey.	Thank you for your comment. A wide ranging search for relevant evidence will be undertaken.
National Health Education Group		General	Involvement of young people is key e.g. UKYP report on SRE, and recent research on school councils. But must be more than tokenism. Show that you really listen. Need to feedback to the young people and give them permission to take action.	The Final Scope will include children's and young people's perceptions of their needs. Where evidence is available this will cover vulnerable children and young people. Options for the involvement of young people at varying stages of the development of the guidance are being considered.
National Health Education Group		General	Important to involve young people in assessment: what do they need: what do they think of what they are learning/are being taught; is it age and stage appropriate; are they involved in reviewing the content and methodology of the teaching programmes at the end of the unit of work, at the end of the year	Please see above response.

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National Health Education Group		General	Don't put too much emphasis on making PSHE statutory. Stress opportunities that the statutory requirement for wellbeing in schools provides. Making it statutory won't necessary make it better.	Thank you for your comment.
National Health Education Group		General	Key success factor is the leadership and management: including headteachers perceptions; status of the subject area in the school; its strategic position in the timetabling/in funding/in CPD; how it is staffed and is there a career structure for the staff that teach it (this was seen as a key factor for success in the NFER Beacon Council Healthy Schools)	Thank you for your comment. The guidance seeks to address these issues. Please see the Key Question in Section 4.3 of the Final Scope.
National Health Education Group		General	<u>PDG</u> Because of the above point important to get headteachers involved. They need to think about (as QCA said) what makes a school successful beyond the academic – health, participation, self-esteem.	Thank you for your comment. When appointing PDG members we seek to ensure that appropriate sectors are represented by those applicants with the necessary experience and expertise. The PDG membership list will be available on the PSHE page of the NICE website http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11673
National Health Education Group		General	Ensure that terminology is consistent throughout and that it is understood by both health and education professionals. Also that it reflects the current new curriculum language.	Thank you for your comment. Changes have been made to reflect the new curriculum in the Final Scope.
National Health Education Group		General	Resources: Check if the PSHE Association are producing something on how to chose a good PSHE resource – there is some old, but still valid, guidance for drug resources called 'The Right Choice' which would be a starting point.	Thank you for your comment. However the remit of the guidance does not cover the recommendation of specific resources. We will pass this suggestion on to the Implementation Team at NICE who may signpost to resources in their implementation tools.

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National Health Education Group		General	Access to this education is an entitlement for all and that ethnicity/religion/culture is not a barrier – it is more about how things are delivered. It is the adults that are the gatekeepers. Children and young people are just that, not Catholics, Muslims etc. and as such have a basic entitlement to knowledge, information and opportunities to develop skills, consider their own attitudes and behaviours as well as those of others.	Thank you for your comment.
National Health Education Group		General	Whilst being mindful to include sexual orientation issues i.e. lesbian, gay but also remember that some people chose never to be sexually activity and as such they have as much right to this education as those who practice whatever.	Thank you for your comment.
National Health Education Group		4.3	Ensure that outcomes are measurable. Many are behaviour related and have a time span as behaviour does not change overnight. Can schools really be responsible for changing behaviour – is so are they destined to fail?	Outcomes which improve knowledge, attitudes and skills as well as behaviour change will be included. Please see the Final Scope.
National Health Education Group		4.3	Outcome – update of CPD programme would be better linked to what is the impact of following and successfully completing this programme – what has changed in school, what has improved?	Thank you for your comment.
National Health Education Group		General	Importance of initial teaching training as there are few if any HEI that have special PSHE programme. Some teachers have little or no training before going into school as a Newly Qualified Teacher.	Thank you for your comment. The guidance may make recommendations about training depending on the evidence available.
National Youth Agency		2 c (and 4.5)	We would expect to see Connexions included. Many PA's are working with young people on programmes of health education, especially around sex and alcohol.	The Final Scope has been amended to be more explicit about the inclusion of the youth service and Connexions.
National Youth Agency		3 b	We would like to see greater recognition of PHSE work done outside of formal school settings through non-formal educators including youth workers, detached health workers, Connexions PA's etc.	Please see above comment.

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National Youth Agency		4.1.1	Groups to be covered – Many of the young people most at risk of poor health outcomes may have limited contact with formal schooling - either because of truancy or exclusion. These “hardest to reach” groups are often in contact with alternative education and youth work provision and should be receiving PHSE through these contacts.	The Final Scope has been amended to include children and young people not in education and young parents.
National Youth Agency		4.2.1	Why limit to school and college based interventions only? The whole range of professionals working with young people on their social and personal development should be included. This is not really picked up in b.	The Final Scope has been amended to be more explicit about the inclusion of the youth service and Connexions.
National Youth Agency		4.2.1 b	We would like to see young parents and those excluded from mainstream education in this list as specific groups in need of interventions	The Final Scope has been amended to include children and young people not in education, and young parents.
National Youth Agency		4.2.1 c (and General)	Whilst we welcome the fact that young people's views and experiences will be sought as a part of the guidance, we would like to see a far greater participation by young people in the scoping, design and development of the guidance, including either directly or indirectly taking part in the Programme Development Group.	Thank you for your comment. It is anticipated that the community members of the PDG will include young people. The PDG will also decide if further consultation with young people is required. Options for the involvement of young people at various stages of the development of the guidance are being considered.
NHS Health Scotland		General	Much of the evidence around the effectiveness of health promotion in schools shows that curricular elements are more effective when provided as part of a more holistic approach involving a number of the elements identified for health promoting schools such as ethos and leadership within the school. It is appreciated that this lies within the informal curriculum but must be viewed as part of a whole in terms of effectiveness.	The evidence on the effectiveness of the health-promoting school approach will be considered.
NHS Health Scotland		4.2.1	Evaluation of the effectiveness of drugs education in Scottish Schools highlighted a lack of effective methodologies employed by teaching staff and external agencies, and the prevailing pick and mix approach in taking forward health interventions, both of which impact significantly on the effectiveness of the overall intervention.	Thank you for bringing this work to our attention. We would be grateful to receive a copy of this report.

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NHS Health Scotland		4.2.2 a	Safety – requires a definition of what this refers to, as personal safety and safe behaviours would be an important aspect of PSHE particularly in relation to risk taking behaviours and should be considered an integral aspect of any programme or intervention.	Thank you for your comment. This will be clearly specified in the reviews and in the guidance.
NHS Health Scotland		4.2.2 d (and e)	Treatment and access to appropriate services should be covered in a PHSE programme and within a whole school approach and should be seen as integral.	The Final Scope has been amended to clarify that it is the effectiveness of treatment for STIs and contraceptive services that will not be considered.
Norfolk Children’s Services		1	Title is confusing/ambiguous: should it be “...focusing on the link between sexual health and alcohol use” ??	Thank you for your comment. The title has been amended.
Norfolk Children’s Services		3:00 AM	2 nd from last sentence is incorrect/misleading. PSHE is discretionary and schools do NOT have to teach it. While many schools do teach PSHE, many do not or only teach selected “topics”/themes from the PSHE Framework (National Curriculum).	Thank you for bringing this to our attention. The wording has been amended to reflect this.
Norfolk Children’s Services		3 g	Line 6. Sentence should read “ Some young people are aware of the health dangers...” Sentence as it is implies all young people “are aware...” and do not modify behaviour, this is clearly not the case! Some are aware, some modify behaviour!	Thank you for bringing this to our attention. The wording has been amended to reflect this.
Norfolk Children’s Services		4.1.1	Should this be amended to “in full-time education or training ”	Thank you for bringing this to our attention. The wording has been amended to reflect this.
Norfolk Children’s Services		4.3	Page 8, “Outcomes” section needs to be reworded. Surely “outcomes” would need to be prefaced by “improved”/“increased”/ “decreased”/ “reduced” etc for them to be meaningful!	The PDG will wish to look at qualitative data as well as quantitative data which may result in different outcomes being described.
Norfolk Children’s Services		4.4	Second bullet point ECM outcome “Staying Safe” should be added.	The outcomes in the Final Scope have been amended to include safety.

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NSCoPSE		General	NSCoPSE (the professional organisation for LEA advisers, independent consultants inspectors and advisory teachers with responsibility for all aspects of personal and social education, including health education and citizenship throughout England and Wales) is a registered stakeholder with the NICE PHG on PSHE, welcomes this review and offers full support through the Executive Committee (Secretary: John Rees) forum of members and as individual members.	Noted.
NSCoPSE		1.1	Clarification is needed about whether this is two pieces of work – to improve sexual health, and / or improve young people's knowledge, attitudes and behaviour regarding alcohol consumption. In some programmes the intended learning outcomes will also focus on alcohol-influenced sexual risk-taking behaviour.	Thank you for your comment. Outcomes capturing changes in knowledge, attitudes and skills, as well as those capturing behaviour changes will be included.
NSCoPSE		2:00 AM	The review must work works in consultation with current DCSF guidance, recent OfSTED briefings and the QCA and review of KS3 curriculum and responds to changes recommended by such bodies and the way that schools Las and others respond to these changes during the review period.	Thank you for your comment. The review will focus on the evidence. However, the Programme Development Group will take the current educational context and national curriculum into consideration when formulating its recommendations.
NSCoPSE		2 d	We need to clarify what is meant by effectiveness – is this evidence of behaviour change, measured by reduced rates of teenage pregnancy / STIs / alcohol related violence etc? Are proxy indicators sufficient eg self reported changes in behaviour, attitudes or knowledge? Teachers (or even young people's) comments about students' participation, apparent enjoyment of, or satisfaction with, lessons are <i>not</i> sufficient. Previous meta-analysis, such as Kirby 2002, should be noted as the components of behaviourally effective programmes.	Outcome measures will be fully specified in the review protocols. The review team will take the strengths and weaknesses of different outcome measures into account when interrogating the evidence.
NSCoPSE		3:00 AM	The report through-out should now be referring to PSHE Education to help schools appreciate the inclusively of this work. We should also note that PSHE aims to promote attainment and school	Thank you for bringing this work to our attention. The Final Scope has been amended.

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			improvement rather than restricting its function to supporting emotional and social development – which may well support school improvement but suggest that the links need to be explicit not implicit.	
NSCoPSE		3:00 AM	Although PSHE education is taught in schools throughout Years 1-11, it should be noted that it is not statutory at KS3 or KS4 and that the statutory components of SRE are limited minimal biological input described in NC Science.	Thank you for bringing this work to our attention. The Final Scope has been amended.
NSCoPSE		3 b	Suggest changing ‘duties’ on schools to read ‘statutory responsibility’ to encourage this emphasis with organisations and individuals.	Thank you for this suggestion, the Final Scope has been amended.
NSCoPSE		4.1.1	Although laudable that the brief should include ‘ <i>young people who are looked after or leaving care aged 21 and under</i> ’ and those ‘ <i>aged 25 and under with learning difficulties</i> ’, the practicalities and difficulties of accessing such young people need to be acknowledged and may set the investigation for limited success. Although the needs of this vulnerable group are important and specialist such concerns must not be allowed to distract the review from work with the wider population – the entitlement of all young people to high quality PSHE. Suggest that this is reworded as an inspirational target.	Thank you for your comment. The PDG will consider the evidence where it is available.
NSCoPSE		4.2.1 a	‘Interventions’ is not a word that many schools will use and may be disregarded as being too medical – ‘programmes’, ‘courses’ or ‘curriculum’ may be more widely accepted.	Thank you for bringing this work to our attention. The Final Scope has been amended to reflect these terms.
NSCoPSE		4.2.1 a	Such approaches, however described, should also be very clear in their intended learning outcomes, even if these are not made explicit to learners. If ‘teachers’ (any professional managing the delivery of SRE / alcohol education’) are not clear about the intended learning outcomes, it is unlikely to have any behavioural outcome.	Thank you for your comment.

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NSCoPSE		4.2.1 a	<i>'School and college based interventions (see above)' that provide evidence or even proxy indicators of influencing young people's knowledge, values and behaviour are very rare – suggest rewording this to read 'interventions that are designed to influence...'</i> ?	Thank you for your comment. The Final Scope has been amended as suggested.
NSCoPSE		4.2.1 a	Similarly there should be a distinction made between deterring 'early' (this needs clarification – under aged 16?) sexual behaviour and young people's resilience to resist unwelcome pressure to be sexually active or consume alcohol. Terms such as 'sexual behaviour' and even 'sexually active' also need to be clarified. Is this restricted to (heterosexual?) vaginal (or anal?) intercourse, recognising that many young people may regard oral sex as sexual behaviour and certainly in terms of STI transference, may be significant. A phrase such as 'genital intercourse' may have to be promoted	Thank you for your comment. These terms will be defined in the review protocol.
NSCoPSE		4.2.1 a	Suggest deleting 'head teachers' – they are still teachers but perhaps acknowledge (with concern) that despite much criticism, not least by OfSTED, many schools persist in tutor-based PSHE delivery and increasing numbers of schools are leaving their PSHE delivery to High level teaching assistants.	Thank you for your comment. We prefer to leave Head Teachers in here because of their strategic role in PSHE education.
NSCoPSE		4.2.1 a	The concept of 'health literacy' is a useful phrase to use and develop but may need some clarification to enable teachers and other professionals to support it's adoption and encourage usage. Similarly we may need to acknowledge the limitations of the word 'contraception' which should be restricted to preventing conception. To encourage the 'double dutch' concept and usage, we may need to develop a phrase such as 'contrafection'. This is important as the most effective forms of contraception do not prevent infection.	A definition of health literacy has been added to the Scope. Prevention of STIs is given equal prominence in the scope to contraception. While acknowledging that some behaviours may protect against both outcomes we consider it in the interest of clarity to keep the two outcomes separate.

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NSCoPSE		4.2.1 b	Careful consideration will need to be given as to how much time is spent investigating multi-media interventions – the efficacy of those used in schools should be considered as should the possible influences of the media in terms of messages about sex, relationships and alcohol use but this is a huge area and could consume quantities of time that could be better focussed.	Thank you for your comment. The PDG will consider the evidence where it is available.
NSCoPSE		4.3	As noted above, the investigation needs to clarify terms such as ‘ <i>characteristics of successful PSHE programmes</i> ’ - is this evidence of behaviour change, measured by reduced rates of teenage pregnancy / STIs / alcohol related accidents etc? Are proxy indicators sufficient e.g. self reported changes in behaviour, attitudes or knowledge? Teachers (or even young people’s) comments about students apparent enjoyment of or satisfaction with lessons are <i>not</i> sufficient.	Thank you for your comment. Please see earlier comment about defining outcomes in the protocol for the evidence reviews A range of outcomes will be included to capture information of interest to the differing sectors constituting the target audience for the guidance.
NSCoPSE		4.3 (and General)	It is important to ‘ <i>identify factors supporting collaborative approaches to the successful delivery of PSHE</i> ’ – such supportive factors need to be clearly identified and examples given but factors supporting collaborative delivery (such as training for peer educators or resourcing of community nurses maybe distinct from (behaviourally effective) outcomes.	Thank you for your comment. Please see earlier comment about defining outcomes.
NSCoPSE		4.4 (and General)	There may need to be a distinction drawn between programmes which are effective (in terms of behavioural outcome?) and those which are cost effective – which may not be the same thing!	Thank you for your comment. NICE conducts separate reviews of cost effectiveness to determine the extent to which this might be the case.
Parentline Plus		General	It should be pointed out that young people say they first want to talk about sex and relationships with their parents so there must be a partnership between school and parent around each role.	Thank you for your comment. The role of parents will be considered.
Parentline Plus		3:00 AM	PHSE has a key role in enhancing the family dynamic by helping to shape a young person’s understanding and choices made about their behaviours over and above choices around health literacy.	Thank you for your comment. The scope refers to personal skills; these would include the ability to make informed choices.

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			We also feel that the emphasis here should be about making informed choices rather than just knowledge and practical skills building	
Parentline Plus		4.2.1 b	Consider including: Interventions that support and inform parents and carers to talk more freely with their children about informed choices around sex and relationships plus parents being conversant with sexual health messages .Such interventions could including guidance on training those working at a community level with parents	Thank you for your comment. The role of parents will be considered.
Parentline Plus		4.3	Outcome on parents being able to give advice on the issues with resultant changes in behaviour	Thank you for your comment.
Parentline Plus		4.4	The second key question needs to address how these various bodies can work together around delivering health related ECM outcomes. In our experience parents feel they are very much out of the loop here despite the fact that schools should engage and inform parents where PHSE covers sex education as parents till have the right to remove children from sex education.	Thank you for your comment. The role of parents will be considered.
Parentline Plus		4.4	Should include the VCS on a national and local level who support the delivery of PHSE in a number of ways. For instance Parentline Plus runs an awareness raising campaign funded by the TPU to give tips and strategies aimed at increasing discussion in the family re sexual health and risky behaviours	Thank you for your comment. The role of the voluntary and community sector will be considered.
Qualifications and Curriculum Authority (QCA)		General	QCA welcomes this public health guidance and sees it as part of a strategy to strengthen provision in key areas of PSHE Education and personal wellbeing.	Thank you.

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Qualifications and Curriculum Authority (QCA)		General	While the scope of the Guidance must have limits in order to be focused, QCA also recognises the need for professionals to join up their thinking, in the spirit of ECM, so that terminology is clear and empowering. This applies to SEAL skills, ECM and personal, learning and thinking skills. More generally it applies to the difference between PSHE Education and personal wellbeing.	Thank you for your comment. The PDG will consider this when developing the guidance.
Qualifications and Curriculum Authority (QCA)		General	QCA will be inviting schools to comment particularly on assessment of personal wellbeing provision, so that teachers and others can be clear about how their interventions are changing high-risk behaviour around sex, relationships, alcohol and other areas connected to healthy lifestyles.	Thank you for bringing this work to our attention.
Qualifications and Curriculum Authority (QCA)		General	The healthy schools programme needs to be included in the thinking for this.	Thank you for your comment. The scope has been amended to include reference to the Healthy Schools Programme.
Qualifications and Curriculum Authority (QCA)		3	Perhaps we could highlight here that PSHE Education is a non-statutory programme of study, although it delivers several statutory requirements.	Thank you for your comment. The wording has been amended in the Final Scope.
Qualifications and Curriculum Authority (QCA)		3	The term 'health literacy' is not widely known, and could perhaps be replaced by 'healthy lifestyles'.	Thank you for your comment. The concept of health literacy differs from that of healthy lifestyles. A definition of health literacy has been added to the Final Scope.
Qualifications and Curriculum Authority (QCA)		4.2	It would be important to include contraception.	The importance of contraception will be considered within the context of PSHE/SRE.

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Re-Solv		General	I strongly believe that it is essential that PSEH becomes statutory or compulsory within the education system.	Thank you for your comment. The PDG will consider all the available evidence when making recommendations.
Re-Solv		General	<p><u>Age Restricted Sales</u> As a member of the PASS Board, I think it is very important that we should be encouraging PASS accredited cards.</p> <p>Most of the large card holders are registered under the scheme already.</p> <p>I enclose a flyer regarding the scheme (am posting a copy to Melinda Kay, Manchester office)</p>	Thank you for your comment. The Scope reflects the referral from the Department of Health. Addressing point of sale measures would deviate from the referral. There is the facility on the NICE website to suggest topics for future NICE guidance at: www.nice.org.uk/page.aspx?o=topicsuggest
Royal College of Midwives		General	This is a useful, clear and informative draft scope. The College acknowledges that the PDG will face challenges to produce guidance that impacts on the image, delivery and outcomes of PSHE. The College would hope that there is adequate funding for consulting with a variety of young people. It is important to have a young person on the PDG who is willing to share the reality of current PSHE and influence and impact on the development of the programme.	Thank you. It is anticipated that the community members of the PDG will include young people. The PDG will also decide if further consultation with young people is needed. Options for the involvement of young people at various stages of the development of the guidance are being considered.
Royal College of Midwives		General	It is acknowledged that the scope is addressing Children's Centres, but the role of the midwife working with teenagers needs highlighted, specifically as midwives are in direct contact with pregnant teenagers. Midwives have a unique window of opportunity to deliver PSHE. This means they cannot be left out of the loop when the specific packages and training of PSHE is implemented.	Thank you for your comment. The scope has been amended to exclude Children's Centres as these are predominately for children under 4 years. The Scope has been amended to include young parents.
Royal College of Midwives		General	The College requests that the implementation of the guidance addresses reaching the parents of young people so that they can work in unison with educators delivering the same messages.	Thank you for your comment. The role of parents in PSHE will be considered.

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Royal College of Midwives		General	Consideration should be given to recommending PSHE as a compulsory component of the education curriculum, and if Further Education Colleges must deliver PSHE, this will have resource implications that must be considered.	Thank you for your comment.
Royal College of Midwives		4.3	The College agrees that outcomes should include measuring conceptions in people aged under 18, locally and nationally.	Thank you for your comment.
Royal College of Nursing		General	We are glad to see that the programme is to be extended to sixth form colleges and other settings and does not stop at 16 years.	Thank you for your comment.
Royal College of Nursing		General	PSHE is not a compulsory subject like the rest of the subjects in schools - why not? It should be.	Thank you for your comment.
Royal College of Nursing		General	How do we make PSHE a higher status subject? At the moment it is of low status in the classroom. In our view, not enough assessments of what children have learnt are carried out.	Thank you for your comment.
Royal College of Nursing		General	Some faith schools are reluctant to teach PSHE, so implementation may not be universal if not addressed.	Thank you for your comment. The target audience for the guidance includes schools from all sectors and therefore includes faith schools.
Royal College of Nursing		General	Why are parents allowed to withdraw children from PSHE, what about the rights of the child?	Thank you for your comment. The role of parents will be considered.
Royal College of Nursing		General	Why are there no PSHE specialist teachers like there are for other subjects?	Thank you for your comment. The guidance may make recommendations about training depending on the evidence available.

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Royal College of Nursing		General	It should be noted that some teachers are embarrassed to teach sexual health.	Thank you for your comment. The guidance may make recommendations about training depending on the evidence available.
Royal College of Nursing		3.2.2 (e)	We would question why contraceptive and Family planning services are not to be included 3.2.2e.	Thank you for your comment. The wording of this section has been altered to clarify that the guidance will not include an assessment of the effectiveness of these services.
Royal College of Nursing		4.4	<p>Key Questions – one of the points asks how health professionals can support the delivery of PSHE in schools, communities and colleges.</p> <p>School nurses are well place to support delivery but at present, they cannot because there is a dire shortage of them. The government made a commitment to increase school nurses, but the funding in many cases has gone into the deficits.</p> <p>School nurses in many cases are experts in sexual health and in dealing with young people, but in many cases have caseloads of 10-12 schools, so therefore cannot possibly address their needs.</p> <p>We consider that this shortage will have an impact on the implementation of this guidance.</p>	Noted. Thank you for your comment. The guidance may make recommendations about the role of health professionals including school nurses depending on the evidence available.
Royal College of Nursing		4.5	Target audience for the guidance - teachers and health professionals probably require different types of guidance.	Thank you for your comment. When making recommendations the programme development group will consider how to word and structure the recommendations so that the final guidance is suitable for all target groups.
Royal College of Paediatrics and Child Health		General	Scope seems appropriate for the task set.	Thank you for your comment.

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Royal Society of Health		General	The Royal Society of Health welcomes public health programme guidance on personal, social and health education.	Thank you for your comment.
Royal Society of Health		General	<p>The RSH expresses concern that the complex relationship between the public health and education elements of personal, social and health education is not adequately addressed by the scope.</p> <p>This lack of clarity within the scope could artificially divide public health and education within PSHE and could result in guidance weighted on the side of a health or education approach. The RSH asks that the scope takes an integrated approach to health and education.</p> <p>PSHE suffers at present from lack of trained, experienced and specialist teachers and other staff. Specialist training programmes are now essential and should be targeted through a multidisciplinary approach to involve health, education and social services staff.</p>	<p>Thank you for your comments. It is the intention of the Scope to take an integrated approach to PSHE across health and education. The PDG will be mindful of this when considering the evidence.</p> <p>The guidance may make recommendations about training depending on the evidence available.</p>
Royal Society of Health		4.1	In this statutory context of special needs, the term learning 'difficulties' should not be used: use learning disabilities in 4.1.1 & 2 (On page 6 the correct term is used).	Thank you for bringing this to our attention, we have amended the text.
Royal Society of Health		4.1	Will NICE issue guidance on these groups at high risk of harm, truants and adolescents already involved in 'antisocial behaviour' in pupil referral units, secure units or youth offending teams? The most at-risk group for youth suicide are those in young offenders' institutes - it is important at some point to look at the close link between alcohol intoxication and youth suicide.	<p>Thank you for bringing this issue to our attention. It is not within the time and resources allocated to this programme to address it. There is the facility on the NICE website to suggest future topics for NICE guidance at:</p> <p>www.nice.org.uk/page.aspx?o=topicsuggest</p>

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Royal Society of Health		4.2.1 b	The guidance should include those in contact with the Youth Justice system, and recognise that many adolescents move between categories e.g. from looked-after to locked-up.	Thank you for your comment. This group will be included depending on the evidence.
Royal Society of Health		4.1.1	The RSH seeks clarification on whether the scope allows for the guidance to examine the provision of personal, social and health education in faith and secular schools.	Thank you for your comment. The Scope covers all maintained schools.
Royal Society of Health		4.2.1 a	<p>Given the introduction of the new secondary education curriculum the RSH would encourage the guidance to take a cross-curricular approach embedding PSHE within the curriculum.</p> <p>The RSH regrets that PSHE has not been made part of the statutory National Curriculum. In order to fully deliver the objectives set out in the scope, it will be essential for PSHE to be guaranteed adequate curriculum time (not merely short periods at the start and end of school days, often covered by non-specialist form teachers), for actual lessons to be delivered by specialist teachers and for individual school programmes to be inspected by OFSTED and reported on annually by Governing Bodies.</p> <p>The guidance should take account of providing adequate PSHE for pupils who change schools frequently.</p> <p>In many schools PSHE lacks status because it is seen as peripheral to the mainstream assessed programmes of work for students. More needs to be done on finding ways of assessing the progress of individual students in PSHE. This will allow for better targeted interventions in schools. Much progress has already been made in developing programmes of study with assessment objectives in religious education, another area deemed to be difficult to assess, and the models that have been used here are</p>	Thank you for your comments. Depending on the evidence the guidance may make recommendations about these issues.

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			<p>potentially transferable. Previous attempts to assess PSHE progress have tended to follow a record of achievement model which does not adequately measure individual progress and skills.</p>	
			<p>Active engagement with the school and college community, not just PSHE teachers, is vitally important to achieve this whole school approach to PSHE. The RSH proposes that adequate support and guidance should be provided to enable lecturers, tutors etc to undertake this role. This support could be provided through the local health promotion team and the various local authority specialist staff employed to work on school improvement. Many of these are funded by DoH/DCSF grants such as Standards Fund, and include reducing teenage conception advisers, Healthy Schools' coordinators, PSHE advisers and drugs education coordinators.</p>	
Royal Society of Health		4.2.1	<p>Given the current movement towards commercial involvement in education, for example City Academies, the RSH would like to see interventions delivered by the for-profit sector (in schools, colleges and communities) investigated in the guidance including those that work in partnership with other external agencies.</p>	<p>Thank you for your comment. A wide range of evidence will be considered during the guidance development process.</p>
Royal Society of Health		4.2.1	<p>The RSH considers it of the up most importance that there is coherency between school and college-based interventions and family, social and community based interventions. These two areas covered by the guidance should not be viewed in isolation. The guidance should examine the sharing of best practice between these two areas as well as interventions designed to ensure a</p>	<p>Thank you for your comment. This will be considered where the evidence is available.</p>

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			<p>consistent and coordinated message across the school/college and community settings.</p> <p>This joined up approach between the two areas of intervention is also important to ensure all groups of children and young people are reached by programmes, including disadvantaged groups.</p>	
Royal Society of Health		4.3	<p>Programme outcomes could include increased partnership working between educationalists and health professionals and practitioners in the local area. This will need to be extended particularly to the work in schools, in terms of staff training, programme planning and delivery of objectives.</p>	<p>The Scope has been amended with an additional outcome added on the number of schools achieving Healthy School Status as an indicator of partnership working between health and education.</p>
Royal Society of Health		4.3	<p>Programme outcomes should include an outcome relating to health inequalities.</p>	<p>Thank you for your comment. The effect of programmes on health inequalities will be an important consideration.</p>
Sefton Council		General	<p>The proposed guidance provides an opportunity to bring together prevention and education approaches across various young people's setting. This should go some way to encouraging and establishing cohesive and mutually supportive practice. However the settings are significantly different and the breadth of the guidance is immense</p>	<p>Thank you for your comment. The settings follow the remit of the referral from the Department of Health (Appendix A).</p>

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Sefton Council		General	Will the guidance take account of the practical issues of implementation? Schools for example need to join –up their thinking and their provision to implement effectively with limited resources and time. Documents that focus on only one or two issue often fail to recognise this.	Thank you for your comment. The Programme Development Group will consider the practicalities of implementation when making recommendations. The NICE Implementation team will provide materials to support implementation, information about their role is available on the NICE website http://www.nice.org.uk/usingguidance/niceimplementationprogramme/nice_implementation_programme.jsp
Sefton Council		3:00 AM	The need for definition – you quote the PSHE Subject Association definition However there is another definition in the <u>Initial Guidance for PSHE QCA 2000</u> that many organisations and schools may well be more familiar with.	Thank you for this information. This will be brought to the attention of the PDG.
Sefton Council		3 b	You mention the <i>formal curriculum</i> (3b) but without a definition of either curriculum or formal and how these terms apply to PSHE.	Thank you for your comment. These terms will be defined in the programme protocol.
Sefton Council		3 c (and d,e,f & g)	You quote a number of statistics illustrating a problem. It may be useful considering the data from the Exeter HRB survey (SHEU) However it is also important that schools do not start with a deficit model. Educational approaches should be enabling and empowering not about stopping or preventing but building and enhancing self worth and improving a range of skills including cognitive skills to support decision making.	Thank you for your comment. It is not the intention of the Scope to start from a deficit model but to build a case for the need for the guidance.
Sefton Council		4.2 1 a	It will be helpful to distinguish between promotion, education, prevention, treatment and care in the different settings. Similarly “delivery “is used frequently through the document. It will be helpful to use <i>teaching</i> and <i>implementation</i> when talking about the processes of developing programmes in school	Thank you. The Scope refers to PSHE in a wider context of colleges and community settings not just schools as dictated by the referral from the Department of Health (Appendix A).

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Sefton Council		4.2.1	<i>Health literacy</i> is not yet a term used in educational documentation or in schools and is it PSHE, PHSE or PSHEE! Please clarify terms with other educational organisations providing schools with guidance	Thank you for your comment. A definition of Health Literacy has been included.
Sefton Council		4.3	<p>Relevant outcomes appropriate to the setting - is crucial as the emphases in this draft scope is on defining successful programmes and value for money.</p> <p>If schools are to develop “pupil’s integrity and autonomy” (National Curriculum Handbook DfES 1999, p11) we need programmes that enable pupils to think for themselves and have the skills to critically assess “messages” propaganda, manipulation and marketing approaches no matter where they originate from. I would also suggest if the aim is to develop pupil autonomy we would expect behaviour outcomes for individual pupils to be different although we would expect that pupils will utilise similar skills during decision making. In this context it is worth mentioning that in preparing pupils “for the opportunities and responsibilities and experiences of life” there should be a pupil entitlement for this provision.</p>	Thank you for your comments.
Sex Education Forum		General	We welcome this document, especially its focus on evidence. This document has the possibility of clarifying what is good quality, effective, school based sex and relationships education /PSHE and its equivalent in FE colleges and community settings.	Thank you.
Sex Education		General	Realistic scope?	Thank you for your comment. The Scope reflects the breadth

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Forum			<p>However this is an ambitious document with a huge scope, massive target audience, settings and wide age range. Can this document achieve this? Will there be separate sections for different settings or will common themes be identified. If common themes are identified care must be taken not to over simplify complex issues. Also the authors will need to be realistic about the desired 'Outcomes' – perhaps too broad and too varied. More focus is necessary.</p>	<p>of the referral from the Department of Health (Appendix A). The programme development group will consider the prioritisation of recommendations and structuring of the final guidance document so that it is user friendly.</p>
Sex Education Forum		General	<p>Credibility and leadership At this time these schools, FE and community settings need leadership and direction with dealing with PSHE, especially sexual health issues. The more weight and credibility behind this document the better. Language and concepts must be consistent and accessible to the users of the Guidance i.e. avoiding medical /health terminology if the users are education professionals.</p>	<p>Thank you for your comment. The final guidance will be for both health and education professionals.</p>
Sex Education Forum		General	<p>Defining PSHE PSHE will need to be clearly and broadly defined. Within schools a clear definition already exists however in further education settings PSHE may be delivered under a different name – for example within the tutorial programme, as part of induction or the enrichment programme. There is no PSHE curriculum for young people aged 16-19.</p> <p>Furthermore there are many changes occurring in the education sector e.g. QCA work on the National Curriculum, new statutory requirement to ensure wellbeing, Secondary SEAL. How will they fit in/be cross referenced?</p>	<p>Thank you for your comment.</p> <p>Current and new developments which impact on PSHE will be cross referenced in the final guidance document.</p>
Sex Education		General	<p>Meeting the needs of young people</p>	

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<p>Forum</p>			<p>The Sex Education Forum believes that all children and young people are entitled to comprehensive sex and relationships education regardless of background, community or circumstance. Currently there exists a wide-range of 'programmes', methodologies and content. The challenge for the Guidance is to identify programmes which all stakeholders consider "appropriate" and effective. There maybe a discrepancy between what young people want, what their parents want and what community leaders want...</p> <p>Will the parental right to withdraw and its impact be considered? Will the different faith perspectives be considered?</p>	<p>Thank you for your comment.</p> <p>Thank you for your comment. It is anticipated that parental right to withdraw and different faith perspectives will be considered.</p>
<p>Sex Education Forum</p>		<p>General</p>	<p>Links between health and education Although sexual health services are not the focus of this guidance, the fluid links between education and services should be made clear. PSHE needs to provide information about local sexual health services and empower young people with the skills to access services. Professionals from local services can also complement the PSHE programme.</p> <p>If the term 'health literacy' is going to be used it needs to be defined. This is an opportunity to recognise that information about, and skills to access local services is part of 'health literacy'. Ability to access services should also be included as an outcome from PSHE.</p>	<p>Thank you for your comment. Signposting to sexual health and contraceptive services will be considered as part of a PSHE /SRE programme, as will the contribution of sexual health services to PSHE in schools and colleges.</p> <p>A definition of Health Literacy has been added to the Scope.</p>

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			Key documents that focus on improving access to sexual health services for young people should be referenced. For example 'Improving Access to Sexual Health Services for Young People in Further Education Settings' (DCSF, 2007) – which emphasises the importance of 'PSHE' as a location for educating young people about services.	Thank you for this suggestion which will inform the development of the guidance. However there may not be room for us to list every relevant policy document in the Final Scope.
Sex Education Forum		General	<p>Other settings Work-based learning providers deliver education and training to some of the most vulnerable young people aged 16-19. Work-based learning providers should be included in the Guidance alongside further education colleges and sixth form colleges.</p> <p>There is emerging evidence of 'PSHE' type programmes being delivered by work-based learning providers, often as part of induction or 'PSD (personal and social development). Work-based learning provider 'Biscom' in Birmingham delivers sexual health sessions as part of student induction. They also provide young people with information about local services and distribute free condoms on-site.</p>	Thank you for your comment. Although we acknowledge that PSHE work based learning is very important for 16 - 19's, it falls outside the remit of this Scope. You may wish to suggest this as a topic for consideration for future NICE guidance through the NICE website www.nice.org.uk
Sex Education Forum		General	<p>Statutory PSHE In the development of this Guidance, the Sex Education Forum would like the PDG to consider the impact the non-statutory status of PSHE has on the delivery of this topic in schools.</p>	Thank you for your comment. The Programme Development Group will consider the evidence and the context in which PSHE is delivered when making recommendations.

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Sex Education Forum		1	'School, college and community-based' Very different 'settings'. Can one document be useful to all? Sexual health maybe the outcome but the educational process is sex and relationships education (in schools)- consistency of language needs to be considered	Thank you for your comment. The Scope reflects the breadth of the referral from the Department of Health (Appendix A). The Scope reflects an important opportunity to co-ordinate the efforts of the various practitioners who are involved in PSHE, SRE and alcohol education.
Sex Education Forum		2 d	This is a massive target audience. All with very different information needs.	Thank you for your comment. The Scope reflects the breadth of the referral from the Department of Health (Appendix A). The programme development group will consider the prioritisation of recommendations and structuring of the final guidance document so that it is helpful for practitioners from the different sectors.
Sex Education Forum		4.1.1	Definition of 'full time education' needs to be looked at.	Thank you for your comment. The Final Scope has been amended to those in education.
Sex Education Forum		4.1.2	"Groups not covered". It is unclear why this document would not be relevant to children educated at home.	Thank you for your comment. The Final Scope has been amended to include children educated at home.
Sex Education Forum		4.2.1 a	"Interventions" - Medical language – is this appropriate for education settings? Please ensure document is written using accessible language.	Thank you for your comment. The language has been amended.
Sex Education Forum		4.2.1 a	"School and college policies" – is this a practical or strategic document? Clarity needed.	Thank you for your comment. This guidance allows a range of issues to be considered. It is anticipated that the guidance will consider strategic as well as practical issues.

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Sex Education Forum		4.2.1 a	Group 'interventions' are very different from 'one to one' interventions i.e. different boundaries, methods, expectations etc...- will this document really look at both? Will need to define what you mean by one to one interventions- i.e. will it include a meeting between a school nurse and a young person where health education takes place?	This guidance allows a range of issues to be considered. It is anticipated that the guidance will cover both one to one and group interventions.
Sex Education Forum		4.2.1 b	Interventions listed – is it realistic to try and cover them all in one document?	Thank you for your comment. This guidance allows a range of issues to be considered. For more information on the different types of NICE guidance please visit our website http://www.nice.org.uk/guidance/index.jsp
Sex Education Forum		4.3	What about "Staying safe"- this is a very important ECM outcome in terms of sex and relationships education. When considering the evidence need to be clear from the beginning the expected purpose of these programmes. Must be clear whether programmes are expected to <u>educate</u> or <u>change health behaviour</u> or both. Assessment must also be built into scope.	Thank you for your comment. Staying Safe has been added to the Final Scope. Where evidence is available assessment will be considered.
Sex Education Forum		4.4	"What are the elements of effective and cost-effective services" – Chlamydia screening in colleges is cost effective and advertising these services in education sessions is extremely important – this is a good example of how education and services are linked – and the cost-effectiveness here is particularly for the Primary Care Trust.	Thank you for this information.
Swindon Borough Council		General	To make explicit that it is the links between alcohol and sexual behaviour – not just two unrelated topics.	Thank you for your comment. These links will be considered.
Swindon Borough Council		General	To link PSHE with Citizenship as there is a link between Citizenship and alcohol and sexual behaviour.	Thank you for your comment. The Scope reflects the referral from the Department of Health (Appendix A), Citizenship is not part of the referral.

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Swindon Borough Council		2 d	Include education other than at school (EOTAs) and other establishments offering education to young people.	Thank you for your comment. The Final Scope has been amended.
Swindon Borough Council		General	It is PSHE not PHSE (3a)	Thank you for spotting this error, it has been corrected.
Swindon Borough Council		4.1.1	As 2d above.	Thank you for your comment. The Scope has been amended.
Swindon Borough Council		4.3	'Staying Safe' is another outcome of this project.	Thank you for your comment. Staying Safe has been added to the Final Scope.
Swindon Borough Council		4.4 (and 4.5)	As 2d above.	Thank you for your comment. The Final Scope has been amended.
Swindon Borough Council		General	This could also take place in other curriculum areas eg RE and in assemblies, collapsed timetable days etc. Needs to be much wider than PSHE.	Thank you for your comment. A whole school approach will be considered.
Terence Higgins Trust		General	PSHE can provide an invaluable wealth of information for children and young people. THT welcomes the upcoming DfES Consultation on Personal, Social and Health Education focusing on Sexual Health and Alcohol. The consultation is an opportunity to improve existing guidelines, impact positively on children and young people, and support the decisions that they make everyday.	Thank you.

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Terence Higgins Trust		General	THT would like to suggest that guidelines on minimum standards for PSHE are introduced within the scope of the consultation. The consultation is an opportunity to provide specific guidelines on defined topics to assist Head Teachers and Governors in the development of PSHE curriculum. Especially in regard to sexual health, to effectively control the spread of STIs and HIV and to reduce teen pregnancy, every school must be required provide a thorough and comprehensive SRE curriculum to assist students in making informed decisions. THT would like to see the addition of minimum standards on the content and quality of PSHE to guide the curriculum of schools and colleges.	Thank you for your comment. The Programme Development Group will consider all the relevant evidence available when making recommendations.
Terence Higgins Trust		3 f	THT is well aware of cases of discrimination against lesbian, gay and bisexual individuals. As 65% of young LGB pupils in schools across England, Scotland and Wales have experienced direct discrimination, this consultation provides the opportunity for the evaluation of PSHE programmes to confront this issue. THT welcomes the discussion on discrimination against LGB individuals and asks for guidelines to be within the PSHE consultation.	Thank you for your comment.
Terence Higgins Trust		4.1.1	THT welcomes the inclusion of children and young people aged 25 and under with learning difficulties in the guidance. For effective PSHE it is essential that the needs of all children and young people, including those with learning difficulties and disabilities, are considered in the scope of the consultation.	Thank you for your comment.

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Terence Higgins Trust		4.2.2	THT is disappointed to see that neither treatment of sexually transmitted infections nor contraceptive and family planning services are covered in the scope of this consultation. The development of a strong, comprehensive and effective PSHE curriculum must include guidelines on both so that teachers can provide students with all the information necessary to make safe and informed decisions regarding both sexual health and relationships. A holistic approach to sexual health should encompass all areas in which schools and various external actors can intervene to positively shape the development and experiences of young people. THT recommends that sexually transmitted diseases, contraceptive and family planning services should be included in the scope of the consultation to foster the development of an inclusive and effective PSHE programme.	Thank you for your comment. The wording of the Final Scope has been clarified. Signposting to these services will be considered as part of PSHE/SRE. The effectiveness of treatment for STIs and effectiveness of sexual health and contraceptive services is beyond the scope and remit of this guidance.
Terence Higgins Trust		4.4	In addition to the proposed Key Questions, THT would like to suggest a discussion of the role that school nurses play in effective delivery of PSHE. Many schools do not have a school nurse at all or share one with several other schools which limits the medical and emotional support services that they can offer to students. Students who wish to make informed decisions on sexual health practices can benefit from the services and expertise of school nurses. THT recommends the addition of a Key Question to discuss the role of school nurses.	Thank you for your comment. The role of the school nurse in the delivery of PSHE will be considered in the evidence reviews.
Terence Higgins Trust		General	THT is surprised that the scope does not include any reference to STI prevention in the upcoming PSHE consultation. The scope mentions the increasing numbers of STIs and HIV infections and the relationship between rising infection rates and poor sexual health knowledge but does not suggest any discussion of STI or HIV prevention. If the Department of Health is serious about improving PSHE and reducing rates of STIs and HIV it must focus on strengthening STI education and prevention programmes. For	Thank you for your comment. STI and HIV prevention will be considered as part of PSHE/SRE.

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			<p>this reason THT would like to see the scope expand to specifically include STI prevention.</p>	
Terence Higgins Trust		General	<p>Within the general scope of PSHE and more specifically with respect to SRE it is important that some consideration of sexuality is included in the scope of this consultation. Policy makers must be aware that not all sexual relations are heterosexual and PSHE curriculum must ensure that all students, regardless of their sexual orientation, are provided with effective and comprehensive PSHE.</p>	<p>Thank you for your comment. Consideration of sexuality is included in the Final Scope.</p>
Tower Hamlets Children's Services		General	<p>Tower Hamlets Healthy Schools Team welcomes the proposal to develop public health programme guidance on personal social and health education.</p> <p>We regard this as an area of provision for children and young people which is of great importance in supporting and shaping the lives and well-being of young people. We are also aware of the demands which this aspect of curriculum provision is making on schools and other formal settings.</p> <p>We hope that the development of this guidance will assist all concerned - young people, practitioners, policy makers and politicians - to better understand what PSHE is and can be; want it can realistically be expected to achieve and contribute; and how it can be best supported, consolidated and sustained.</p> <p>We welcome the opportunity to contribute to the development of</p>	<p>Thank you.</p>

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			<p>this guidance from local experience. Our first contribution is in these comments.</p>	
<p>Tower Hamlets Children's Services</p>		<p>General</p>	<p>Additionally, we have the following general comments to make:</p> <ol style="list-style-type: none"> 1. Identify examples of excellence and core characteristics but avoid references to 'best practice.' 2. Identify realistic outcomes for PSHE 3. In any curriculum recommendations, include an emphasis on 'personal safety' as a linking and constant PSHE theme which can support this work. Personal safety is already a theme running through the QCA PSHE Framework at all four Key Stages. 	<p>Thank you for your comments. Staying Safe has been added to the Final Scope.</p>

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Tower Hamlets Children's Services		1.1	We note the reference to sexual behaviour and alcohol, with the later (4.2.2) clarifying exclusion of tobacco. We are aware of the evidence and locally reported experience linking sexual activity and alcohol. In statistical terms this is the predominant linkage of behaviours. However, we also see a role in sexual behaviour and sexual awareness of tobacco and its associations with 'coolness' and adult-hood - image and peer status; and the persistent association of tobacco smoking with weight-loss, body image and sexual attractiveness. There are similar links between some illegal drug use and later regretted sexual behaviour and activity. We acknowledge that the extent of this link is less than that between alcohol and unwanted or regretted sexual activity.	Thank you for your comment. The Scope reflects the referral from the Department of Health (Appendix A). Addressing substances other than alcohol is not possible within the time and resources allocated to this programme. NICE is in the process of producing guidance on the Preventing the Uptake of Smoking by Children which may address some of the issues you raise, for more information please visit our website http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11665 . There is the facility on the NICE website to suggest topics for future NICE guidance at: www.nice.org.uk/page.aspx?o=topicsuggest
Tower Hamlets Children's Services		2:00 AM	We are attracted by the term 'health literacy.' We would welcome clearer definition of this term - which may arise from the process of developing the guidance.	Thank you for your comment. A definition of health literacy has been included in the Final Scope.
Tower Hamlets Children's Services		3	We would add to the opening sentences that PSHE is the planned way in which schools and other institutions can contribute to young people's personal and social development - PSHE is the medium, PSD the aim.	Thank you for your comment.

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<p>Tower Hamlets Children's Services</p>		<p>3 c</p>	<p>We note the view expressed by young people that their school PSHE and SRE are often poor and insufficient. The focus of the Tower Hamlets Healthy Schools Team is to improve this situation, through a combination of 'student voice' activity, staff training and awareness and whole-school discussion and policy making, including the involvement of school governors and managers. Our general experience is that schools are supportive of such involvement from the Team and elsewhere in the local authority and have been responsive to pupil needs and situations when they have been able to reflect on and review school practice and provision. However, government priorities often inhibit schools from involvement in PSHE work. We are at present unclear how the publication of the NICE guidance might affect this balance. We refer also to our comments under section 4.5.</p>	<p>Thank you for your comment.</p>
<p>Tower Hamlets Children's Services</p>		<p>3 d</p>	<p>We note the text referring to early sexual initiation and to teenage pregnancy. We are aware of the arguments and evidence in this field. We would point out that some communities and cultures value and prize early marriage and parenthood, especially motherhood. Culture and attitudinal change here cannot be achieved by schools alone but requires wider community activity.</p>	<p>Thank you for your comment. The Final Scope outlines areas that have been identified as requiring consideration in the development of the guidance, cultural affiliations are referred to. The referral from the Department of Health (Appendix A) requests that community based activity is part of the programme of work.</p>
<p>Tower Hamlets Children's Services</p>		<p>3 f</p>	<p>We note the reference to homophobic bullying. We note the suggestions (in the recent House of Commons Select Committee on Education report on bullying) made by representatives of the Catholic Church that homophobic bullying should not be identified separately in school policies and responses to bullying. Some Tower Hamlets schools report that some pupils who are members of certain Christian congregations regard homophobia as part of their religious teaching and principles. Our view is that while such 'community' views need to be recognised and understood they should not be deferred to or accepted, as general principles or as</p>	<p>Thank you for your comment.</p>

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			specific concessions. While accepting that most references to 'community' are positive and inclusive, we are also aware that some 'community' voices and views are excluding, stereotypical and prejudicial.	
Tower Hamlets Children's Services		4.2.2	We regard the inclusion of contraceptive and family planning services as part of PSHE curriculum and practice as core to this guidance. We accept the comments made at the consultation event that the guidance will not be concerned with the effectiveness of these services.	Thank you for your comment. The wording of the Final Scope has been clarified. Signposting to these services will be considered as part of PSHE/SRE. The effectiveness of treatment for STIs and effectiveness of sexual health and contraceptive services will not be considered.
Tower Hamlets Children's Services		4.3	We would like to suggest some additional outcomes: i) incorporation of aspects of PSHE and PSD into initial professional training. ii) influences on Ministerial thinking and awareness of what PSHE can and cannot achieve We note the emphasis here on institutions and would like to raise an initial question about the role of the family in 'PSHE' outcomes. This is about the family as PSHE partner; and as a specific topic for the evidence base to be examined.	Thank you for your suggestions. Thank you for your comment. It is anticipated that the role of the family in PSHE will be considered as part of the evidence.
Tower Hamlets Children's Services		4.5	We note the emphasis on practitioners. Our experience suggests that practitioners in formal educational settings for children aged 3 to 16 are predominantly guided by guidance and other publications originating from the DfCSF, QCA and OFSTED. Such guidance is comprehensive and increasingly plentiful.	Thank you for your comment. The PDG will work with the NICE Implementation team to ensure that the guidance reaches the most appropriate people. For more information on NICE implementation please visit our website http://www.nice.org.uk/usingguidance/using_guidance.jsp

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			<p>We are unsure how receptive this audience might be to guidance from an agency which has a health rather than an education background; and of which few will be aware. This is not intended to be a criticism of the extent or quality of the NICE guidance, rather a question of the most appropriate audience; and the audience most likely to take note of the content and conclusions of such guidance. With the emphasis being made on evidence base, we suggest that an appropriate audience might include high-level decision and policy makers, including Ministers; and those responsible for the content on initial professional training of teachers. It seems to us that the status of PSHE and the confidence and competence of teachers in contributing to PSHE will be greatly enhanced if aspects of PSHE, including communication skills, public health epidemiology and awareness and child and adolescent psychology and development became a core part of future initial teacher training.</p>	<p>Thank you for these observations.</p>
Tower Hamlets Children's Services		General	<p><u>Tower Hamlets Children's Services</u></p> <p>We noted the comments made at the consultation event asking for additional evidence to be made known to NICE. We have the following texts to add to the range of relevant evidence base, in particular that concerning behaviour change.</p>	<p>Thank you.</p>
Tower Hamlets Children's Services		General	<p><u>References</u></p> <p>Bullying: House of Commons Education and Skills Committee: London, The Stationery Office: 2007 Teenage Pregnancy: Social Exclusion Unit: London: 1999</p>	<p>Thank you for bringing this paper to our attention.</p>
Tower Hamlets Children's Services		General	<p><u>Evidence</u></p> <p>After the promise: the STD consequences of adolescent virginity pledges: Brückner H & Bearman P: Journal of Adolescent Health: 36 (2005): Pp. 271 - 278.</p>	<p>Thank you for bringing these papers to our attention.</p>

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			<p>A league table of teenage births in rich countries: Innocenti Report Card: Florence, United Nations Children's Fund Innocenti Research Centre: 2001</p> <p>Promising the future: virginity pledges and first intercourse: Bearman P & Brückner H: American Journal of Sociology: 106 (4) (January 2001): Pp. 859 - 912.</p> <p>Systematic review of abstinence-plus HIV prevention programmes in high-income countries: Underhill et. al.: Public Library of Science: 4 (9): (September 2007): Pp. 15471 - 1485.</p>	
University of Central Lancashire		General	<p>It will also be important to ensure that the guidance takes account of the different settings for delivery of PSHE – recognising the differences between the contexts/systems characterising schools, FE and communities.</p>	<p>Thank you for your comment. The context in which PSHE is delivered will be taken in to consideration by the PDG when making recommendations.</p>
University of Central Lancashire		General (and 1, and 4.3)	<p>We would suggest that consideration be given to ensuring that the title of the Guidance and the outcomes specified reflect the actual focus and content – feel that it will be guidance on SRE and Alcohol aspects of PSHE and not PSHE as a whole (and this needs to be clear).</p> <p>This is important because while there is a need to have topic specific guidance it would also be very useful to have general guidance to support practitioners in developing a whole school PSHE programme (e.g. time allocations for topics, what to run in each year, methodologies in genera). This would also go a long way in moving to a slightly more standardised way of approaching PSHE.</p>	<p>Thank you for your comment. The wording of the title in the Final Scope has been amended.</p>
University of Central Lancashire		4.2.1	<p>We would suggest that the 2nd bullet point under b) on p6 includes Lesbian, Gay, Bisexual children and young people as a specific example, given the evidence given on p4 re. bullying.</p>	<p>Thank you for your comment. The Final Scope has been amended.</p>

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University of Central Lancashire	4.2.1	There needs to be further clarity over what is and isn't included. It is clear that sexual health and alcohol are the key focus topics and clear what isn't included – but it's not clear where mental health and illegal drugs fit within this (and mental health particularly is central to understanding and tackling sexual health and alcohol).	Thank you for your comment. Illegal drugs will not be covered in this programme. Measures of mental health will be considered as an outcome due to the associations you outline.
University of Central Lancashire	4.2.2	We would suggest that Safety as a topic <i>should</i> be considered and included, as a lot of teaching around Safety includes alcohol, sexual health and the safety consequences.	Thank you for your comments. Staying Safe has been added to the Final Scope.
University of Central Lancashire	4.4	Given the context provided by Healthy Schools (and Healthy Colleges, which reflect a commitment to 'whole system' settings-based public health, we would suggest that an additional question be added relating to the context of PSHE delivery – to ensure that the guidance relates to this and captures its influence and effectiveness...e.g. "How does context influence the effectiveness of PSHE, and in particular, what value is added when PSHE is delivered within 'whole system' Healthy School, Healthy College and other settings-based programmes?"	Thank you for your comments. The role of the whole school approach will be considered.
Victim Support	4.2.2 (and 4.3)	<u>4.2.2 Areas that will not be covered - 'safety' (p7)</u> <u>4.3 Outcomes (p7) – omits the 'Every Child Matters' outcome 'stay safe'</u> <u>Alcohol and sexual health are inextricably linked to issues of safety for young people. The Cross Government Action Plan on Sexual Violence and Abuse (2007) notes that young men and women aged between 16 & 19 are significantly more likely to experience sexual assault than older people. Women aged 16–24 are almost 4 times more likely to report having experienced sexual assault in the last year than women aged from 45-59 (p.4). Many victims are sexually assaulted when they have been drinking and alcohol has been found to be involved in 34% of rapes reported to the police[1].</u>	Thank you for your comments. Staying Safe has been added to the Final Scope. Thank you for bringing this information to our attention.

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		<p>Other research also suggests that abuse in dating relationships is a significant problem among adolescents. Studies show between 32% and 46% of young people report being abused by an intimate partner[2]. Being in an abusive relationship puts a young person at risk for emotional and physical harm within the relationship and is also associated with high levels of involvement in other risk behaviours including involvement in sexual intercourse and pregnancy. Patterns of abusive relationships established during adolescence persist into adulthood in both genders.</p>	
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<p>Victim Support</p>		<p>4.2.2 (and 4.3)</p>	<p>(...continued) Research suggests that adolescents probably account for up to one third of all sexual crime^[3]. Sexual abuse and violence is associated with poor mental health, alcohol and drug misuse and teenage pregnancy^[4] (p.39).</p> <p>There is evidence of a strong correlation between holding beliefs supportive of domestic violence and committing violent acts against partners[5]. The literature suggests that relationships among younger individuals are more likely to be violent and it is important to understand the beliefs and attitudes of young people if education is to be effective.</p> <p>A key objective of the Government's Cross Department Action Plan on Sexual Violence and Abuse is to maximise the prevention of sexual violence and childhood sexual abuse. School is seen as a key source of information and education on relationships. A study on 'Safe Dates' in the US included a school based programme on developing healthy relationships, how to stay safe and sources of help. A four year follow up of the programme noted a reduction in the perpetration and victimisation of sexual and physical dating violence.[6]</p> <p>This evidence makes it clear that that sex and relationships education and public health interventions related to alcohol use in young people are essential components in reducing sexual and physical violence in this age group. It is therefore essential that outcomes should be considered in relation to improvement in the 'Every Child Matters' outcome 'stay safe' as well as 'be healthy' and 'make a positive contribution'.</p>	<p>Thank you for bringing this information to our attention.</p>
<p>Victim Support</p>		<p>4.3</p>	<p>4.3 Outcomes (p.8)</p>	<p>Thank you for suggesting these outcome measures.</p>

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			<p>The suggested list of outcomes already includes 'alcohol-related violence and crime, locally and nationally'. It could also consider including an outcome of decreased sexual violence or increased reporting of sexual violence and increased knowledge of /access to support services for victims of sexual and physical violence and abuse. Another appropriate outcome could be a reduction in homophobic bullying or increased acceptance of lesbian, bisexual and gay young people.</p>	<p>Homophobic bullying is listed as an outcome of Section 4.3 in the Final Scope.</p>
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<p>Victim Support</p>		<p>4.2.1 a</p>	<p><u>4.2.1 a - Resisting peer pressure and increasing self-confidence</u> Victim Support's own research report 'Hoodie or goodie? The link between violent victimisation and offending' (2007) identified the need for education and awareness-raising to help young people identify less 'risky' ways to stay safe.</p> <p>Although this research focussed on the cycle of violent victimisation and offending it sheds light on why young people engage in risky behaviour more generally. The ability of friends to provide protection was given as a reason for spending time with older children who were considered more capable of protecting themselves and others. Young people who were socially isolated with weak social networks and low social positioning were more likely to look to friends as a source of protection from victimisation. However, older friends frequently engaged in risky behaviours themselves, such as petty delinquency, drinking alcohol or smoking cannabis.</p> <p>Getting involved in risky behaviour and committing violent acts was partly affected by a desire to gain respect from the group. The kind of behaviours displayed depended upon the young person's perception of the type of behaviour that would gain respect from others. Peers may be more important than adults in terms of influence if parental relationships are weak.</p>	<p>Thank you for bringing this work to our attention.</p>
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<p>Victim Support</p>		<p>4.2.1 a</p>	<p>(...continued) The young people interviewed as part of this study[7] suggested that the promotion of self-confidence and confidence-building exercises were important as they could encourage young people to do what they know is right, rather than being strongly influenced by their peers. It was also suggested that young people's confidence would increase through sharing experiences with their peers.</p> <p><i>"I have always wanted to have the confidence to go up to someone and explain that you don't have to be, you don't have to have the same life as everybody else, to be yourself." (Male aged 14)</i></p> <p>Practitioners in the field who took part in a focus group suggested that support services could promote a young person's self-confidence by providing an outlet to express feelings; having someone to talk to – thus signifying to a young person that someone thought they were worth taking an interest in; and group work exercises in which young people told each other about their experiences thus encouraging them to feel accepted by their peers, and in turn increase their confidence.</p>	<p>Thank you for bringing this work to our attention.</p>
<p>Victim Support</p>		<p>General</p>	<p><u>User involvement</u> We think it is essential to consult and involve young people directly in the development of the guidance. This involvement should be from the start.</p>	<p>Thank you for your comment. The key question section of the Final Scope will address children and young people's perceptions of their needs. Where evidence is available this will cover vulnerable children and young people. Options for the involvement of young people at varying stages of the development of the guidance are being considered.</p>

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Victim Support		General	<p><u>Gender issues</u> The particular needs of boys and girls should be considered separately as well as together.</p>	Thank you for your comment. This will be done where data is presented separately.
Victim Support		General	<p><u>Other research – VVAPP</u> The Programme Development Group for the guidance may also benefit from looking at research and guidance produced by the Victims of Violence and Abuse Prevention Programme (a joint DH and Home Office initiative).</p>	Thank you for bringing this work to our attention.
Victim Support		General	<p><u>Resources</u> The voluntary and community sector is ideally placed to contribute to the development and delivery of awareness-raising lessons in schools[8] (p39). Victim Support has developed an Education Resource Pack that contains activities and flexible session plans for use in awareness-raising and preventive work in schools/youth groups. The Education Resource Pack includes modules for Keystages 2 and 3 on 'Bullying', 'Healthy relationships' and 'Personal safety'.</p>	Thank you for bringing this work to our attention.
Victim Support		General	<p><u>Learning disabilities</u> It is very important that young people with a learning disability are considered separately. They may have a difficulty recognising when emotional or sexual abuse is taking place within relationships. Health education around sex and relationships with this group is a specialised area and there are specialist providers of education to this group who need to be consulted.</p>	Thank you for your comment.

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[\[3\] Lovell, E. \(2002\) 'I think I may need help with this problem. Responding to children and young people who display sexually harmful behaviour.' NSPCC London](#)

[\[4\]HM Government \(2007\) Cross Government Action Plan on Sexual Violence and Abuse](#)

[\[5\] Nabors , EL., Dietz, TL. and Jasinski, JL. \(2006\) 'Domestic violence beliefs and perceptions among college students'. Violence and Victims, volume 21, \(6\) 779-795](#)

[\[7\] Victim Support \(2007\) 'Hoodie or goodie? The link between violent victimisation and offending in young people: a research report'](#)

[\[8\] HM Government \(2007\) Cross Government Action Plan on Sexual Violence and Abuse](#)
