

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

PUBLIC HEALTH PROGRAMME GUIDANCE

DRAFT SCOPE

1 Guidance title

School, college and community-based personal, social and health education, focusing on sexual health and alcohol

1.1 *Short title*

Personal, social and health education focusing on sexual health and alcohol

2 Background

- (a) The National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') has been asked by the Department of Health (DH) to develop public health programme guidance on school, college and community-based personal, social and health education, including health literacy, with particular reference to sexual behaviour and alcohol.
- (b) NICE public health programme guidance supports implementation of the preventive aspects of national service frameworks (NSFs) where a framework has been published. The statements in each NSF reflect the evidence that was used at the time the framework was prepared. The public health guidance published by the Institute after an NSF has been issued will have the effect of updating the framework. In this case, the guidance will support the NSF for children, young people and maternity services (DH 2004a).
- (c) This guidance will draw on a number of related policy documents and legislation including:

- 'Every child matters: change for children programme' (Department for Education and Skills 2004a)
 - 'Youth matters: next steps' (Department for Education and Skills 2006a)
 - 'Healthy living blueprint for schools' (Department for Education and Skills 2004b)
 - 'Extended schools and health services' (Department for Education and Skills 2006b)
 - 'National healthy school status – a guide for schools' (DH 2005)
 - 'Teenage pregnancy: accelerating the strategy to 2010' (Department for Education and Skills 2006c)
 - 'National strategy for sexual health and HIV' (DH 2001)
 - 'Safe, sensible, social. The next steps in the alcohol harm reduction strategy' (DH 2007)
 - 'Drugs: guidance for schools' (Department for Education and Skills 2004c)
 - 'Choosing health: making healthy choices easier' (DH 2004b).
- (d) This guidance will provide recommendations based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at professionals, practitioners, advisers and commissioners who have either a direct or indirect role in and/or responsibility for PSHE. This includes: those working in and with schools, sixth-form and further education colleges, children's centres, extended schools, youth services, children's trusts, local education authorities, the NHS, other public sector organisations, and the private, voluntary and community sectors.

3 The need for guidance

- a) PSHE is a planned programme of learning opportunities and experiences that helps young people develop as individuals and members of families and communities (PSHE Subject Association 2007). It aims to promote emotional and social development and health and wellbeing in order to equip children and young people with the PSHE focusing on sexual health and alcohol draft scope for consultation
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knowledge and practical skills for healthy, safe, fulfilled and responsible lives. A central component of PHSE is health literacy, which is the achievement of a level of knowledge, personal skills and confidence to take action to improve personal and community health by changing personal lifestyles and living conditions (WHO 1998). PSHE is taught in schools throughout years 1–11 (key stages 1 to 4). There is no formal framework for providing PHSE for those aged over 16 years.

- b) Schools and colleges can exert a positive influence on health outside the formal PSHE curriculum. This may be achieved through links with parents and the community and by involving children and young people (Department for Education and Skills 2004b). New duties on schools and local authorities from 2007/8 to promote pupil wellbeing and community cohesion emphasise the role of the whole school in the delivery of health outcomes for all children and young people. Schools are increasingly encouraged to become the focal point for care and support through extended schools, children's centres, youth outreach and access to networks of extended services (Department for Education and Skills 2007a).
- c) Almost two-thirds of young women and over half of young men aged 15–18 years (64% and 56%, respectively) ranked school as the preferred setting for sex and relationship education (SRE), irrespective of ethnic group (Testa and Coleman 2006). However, 40% of young people rated their school SRE as poor or very poor (UK Youth Parliament 2007). A recent report on PSHE for young people aged 11–16 acknowledges that despite improving provision, pupils' needs have not always been sufficiently identified or addressed (Ofsted 2007). Girls aged 13–21 years are more likely than boys to receive 'a lot or quite a lot' of information from parents (63% and 48% respectively), to use alternative sources of information such as friends (56% and 43% respectively) and written media (52% and 26% respectively) (British Market Research Bureau 2004).

- d) An estimated quarter to one third of all young people have sex before the age of 16 years (Department for Education and Skills 2007b). Sixty percent of boys and 47% of girls leaving school at 16 with no qualifications had sex before they were 16 years old. Sex before the age of 16 is associated with greater levels of regret for young women, poorer contraceptive use and higher rates of teenage pregnancy. Young people at risk of becoming parents in their teens include those from some black and minority ethnic groups, those in or leaving care, those with low educational achievement, those from disadvantaged areas and those who are socially excluded (Department for Education and Skills 2006c).
- e) Rates of sexually transmitted infections including HIV, chlamydia, syphilis, genital warts and genital herpes have continued to rise in people aged 16–24. In 2005, young men and women accounted for 57% and 75% of all chlamydia diagnoses and 39% and 70% of all gonorrhoea diagnoses, respectively (Health Protection Agency 2006). Poor sexual health knowledge is a factor in the incidence of sexually transmitted infections in young people from black and minority ethnic groups, particularly among those who are more sexually active (Testa and Coleman 2006).
- f) Almost two-thirds (65%) of young lesbian, gay and bisexual pupils in schools in England, Scotland and Wales have experienced direct homophobic bullying (Hunt and Jensen 2007). This increases to 75% of young gay people attending faith schools.
- g) Alcohol consumption among young people in the UK is growing faster than the use of any other drug and is causing widespread problems (Advisory Council on the Misuse of Drugs 2006). In 2006, 21% of children and young people aged 11–15 years had drunk alcohol in the previous week, consuming an average 11.4 units – an increase from 5.3 units in 1990 (Home Office 2007). Young people are aware of the health dangers and risks associated with the use of alcohol, but do not modify their behaviour accordingly (Ofsted 2007). In 2003, 8% of 15–16

year olds in the UK reported having unprotected sex after drinking alcohol (11% females, 6% males). In addition, 11% reported having sex they regretted the next day as a consequence of drinking alcohol (12% females, 9% males) (Hibbell et al. 2004).

3 The guidance

- a) Public health guidance will be developed according to NICE processes and methods. For details see section 5.
- b) This document is the scope. It defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the DH (see appendix A).

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3.1 Populations

3.1.1 Groups that will be covered

Children and young people aged 19 years and under in full-time education, children and young people who are looked after or leaving care aged 21 and under, and those aged 25 and under with learning difficulties. This includes those in:

- primary and secondary schools
- sixth form and further education colleges
- special schools
- city technology colleges, city academies, pupil referral units, secure training and local authority secure units, and young offender institutions

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3.1.2 Groups that will not be covered

Children aged 0–4 years and young people aged over 19, except those leaving care and/or with learning difficulties. Children and young people who are educated at home.

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3.2 Areas

3.2.1 Areas that will be covered

- a) School and college-based interventions that influence delivery of PSHE and influence children's and young people's knowledge, values, attitudes and behaviour concerning alcohol, sexual health and relationships. They will also cover health literacy and personal skills in order to improve resilience (such as resisting peer and social pressure) and deter early sexual activity and/or alcohol misuse. The interventions may include, but are not limited to:
- interventions delivered by teachers, advisory teachers, head teachers, lecturers, tutors, school nurses or other professionals
 - peer education
 - interventions delivered by external agencies and individuals (including health or other services, school or college-based sexual health services and theatre-in-education providers)
 - school and college policies
 - the informal and the extended school curriculum, which may include pastoral care, counselling, parental involvement and external visits.
- b) Family, social and community-based interventions to influence young people's knowledge, attitudes, and behaviour concerning alcohol, sexual health and relationships. These may include:
- coordinated programmes aimed at a particular geographical area or region, or groups of people who share common needs or interests
 - interventions for vulnerable groups of children and young people, for example, those from some black and minority ethnic groups, those with learning or physical disabilities or special educational needs, those from traveller communities, those living in disadvantaged areas and looked-after children

- multimedia interventions including websites, interactive and social networking websites and weblogs, telephone and text messaging, DVDs and magazines
 - interventions to encourage and support children and young people to reduce risky sexual behaviour and/or alcohol intake.
- c) Children and young people’s perspectives on school, family, and community-based PSHE, in particular concerning alcohol, sexual health and relationships.

3.2.2 Areas that will not be covered

- a) Components of the PSHE curriculum not directly related to sexual health and alcohol, for example personal finance, citizenship, nutrition, physical activity, safety and tobacco.
- b) Regulatory schemes including restrictions on alcohol sales and advertising, proof-of-age schemes and alcohol warning labels.
- c) Drink-driving schemes and driver training.
- d) Treatment of sexually transmitted infections, alcohol misuse or alcohol dependence, including psychosocial interventions.
- e) Contraceptive and family planning services.

School-based interventions on alcohol are the subject of separate NICE guidance, to be published in November 2007. The PSHE programme guidance will cross-reference the recommendations in that guidance.

3.3 Outcomes

Outcomes will be considered in relation to improvement in health-related ‘Every child matters’ outcomes, that is for children to ‘be healthy’ and ‘make a positive contribution’.

This programme will identify:

- characteristics of successful PSHE programmes

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- factors supporting collaborative approaches to the successful delivery of PSHE
- barriers to the successful delivery of PSHE.

Outcomes may include:

- uptake of PSHE continuing professional development programmes by relevant professionals
- young people's perception of the relevance and quality of PSHE, in particular SRE and alcohol education
- changes in sexual health behaviour and alcohol consumption
- attitudes, knowledge and interpersonal skills related to sexual health and alcohol
- alcohol-related absence from school and poor school attainment, locally and nationally
- alcohol-related violence and crime, locally and nationally
- conceptions in people aged under 18, locally and nationally
- prevalence and incidence of sexually transmitted infections, for example, HIV and chlamydia.

3.4 *Key questions*

The following questions will be addressed:

- What are the elements of effective and cost-effective services, interventions, programmes, policies or strategies for children and young people that contribute to the achievement of 'Every child matters' outcomes for PSHE, particularly related to sexual health and/or alcohol?
- How can schools, colleges, governors, parents, families and communities contribute to the effective delivery of PSHE to achieve health-related 'Every child matters' outcomes, for example, being healthy and making a positive contribution?
- In what ways can health and other non-education professionals, practitioners, peers, volunteers and services provide effective and cost-

effective support for the delivery of PSHE on sexual health and alcohol in schools, colleges and communities?

- What are the most effective and cost-effective ways of delivering PSHE in schools, colleges and communities to meet the needs of the most disadvantaged and vulnerable groups of children and young people, for example, looked-after children and those excluded from school?
- What are children and young people's views and experiences of effective PSHE, particularly related to content; the method, timing and, place of delivery; and professional, parental and community involvement?

3.5 *Target audiences and settings*

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The guidance will be aimed at professionals, practitioners, advisers and commissioners who have either a direct or indirect role in and/or responsibility for PSHE. This will include those working in and with schools, sixth-form and further education colleges, children's centres, extended schools, youth services, children's trusts, local education authorities, the NHS, other public sector organisations, the private sector and the voluntary and community sectors.

3.6 *Status of this document*

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This is the draft scope, released for consultation on 14 September 2007 until 12 October 2007 to be discussed at a stakeholder meeting on 26 September 2007. Following consultation, the final version of the scope will be available at the NICE website in November 2007.

4 *Further information*

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The public health guidance development process and methods are described in 'Methods for development of NICE public health guidance' (NICE 2006) and 'The public health guidance development process: An overview for stakeholders, including public health practitioners, policy makers and the public' (NICE 2006) available at: www.nice.org.uk/page.aspx?o=299970

5 Related NICE guidance

Published

Community-based interventions to reduce substance misuse among vulnerable and disadvantaged children and young people. NICE public health intervention guidance 4 (2007). Available from www.nice.org.uk/PHI004

One to one interventions to reduce the transmission of sexually transmitted infections (STIs) including HIV, and to reduce the rate of under 18 conceptions, especially among vulnerable and at risk groups. NICE public health intervention guidance 3 (2007). Available from www.nice.org.uk/PHI003

Under development

Interventions delivered in primary and secondary schools to prevent and/or reduce alcohol use by young people under 18 years old. NICE public health intervention guidance (due November 2007).

Behaviour change at the population, community and individual levels. NICE public health programme guidance (due October 2007).

Promoting the mental wellbeing of children in primary education. NICE public health intervention guidance (due February 2008).

Appendix A Referral from the Department of Health

The Department of Health asked the Institute to:

‘Produce guidance on school, college and community-based personal, social and health education, including health literacy, with particular reference to sexual health behaviour and alcohol’.

Appendix B References

Advisory Council on the Misuse of Drugs (2006) Pathways to problems: hazardous use of tobacco, alcohol and other drugs by young people in the UK and its implications for policy. London: Advisory Council on the Misuse of Drugs.

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Department for Education and Skills (2006a) Youth matters: next steps. London: Department for Education and Skills.

Department for Education and Skills (2006b) Extended schools and health services – working together for better outcomes for children and families. London: Training and Development Agency.

Department for Education and Skills (2006c) Teenage pregnancy: accelerating the strategy to 2010. Nottingham: Department for Education and Skills.

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World Health Organization (1998) Health promotion glossary WHO/HPR/HEP/98.1. Switzerland: World Health Organization.