

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

# PUBLIC HEALTH PROGRAMME GUIDANCE

## FINAL SCOPE

### 1 Guidance title

School, college and community-based personal, social and health education focusing on sex and relationships and alcohol education.

#### 1.1 *Short title*

Personal, social and health education focusing on sex and relationships and alcohol education.

### 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 guidance on a public health programme aimed at promoting school, college and community-based personal, social and health education, including health literacy<sup>1</sup>, with particular reference to sexual health 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. Specifically, in this case, the guidance will support the NSF for children, young people and maternity services (DH 2004).

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<sup>1</sup> Health literacy is defined as "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).

(c) This guidance will support a number of related policy documents including:

- 'Every child matters: change for children programme' (Department for Education and Skills 2004a)
- 'Extended schools and health services – working together for better outcomes for children and families' (Department for Education and Skills 2006a)
- 'Extended schools: improving access to sexual health advice services' (Department for Education and Skills 2007a)
- 'Healthy living blueprint for schools' (Department for Education and Skills 2004b)
- 'National healthy school status – a guide for schools' (DH 2005)
- 'PSHE at key stages 1–4: guidance on assessment, recording and reporting' (Qualification and Curriculum Authority 2005)
- 'Youth matters: next steps' (Department for Education and Skills 2006b)
- 'Improving access to sexual health advice services for young people in further education settings' (Department for Education and Skills 2007b)
- 'Sex and relationship education guidance' (Department for Education and Employment 2000)
- 'Teenage pregnancy: accelerating the strategy to 2010' (Department for Education and Skills 2006c)
- 'Safe, sensible, social. The next steps in the alcohol harm reduction strategy' (DH 2007)
- 'Drugs: guidance for schools' (Department for Education and Skills 2004c)

(d) This guidance will provide recommendations for good practice based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at professionals [and managers]

with public health as part of their remit working within the NHS, local authorities and the wider public, private, voluntary and community sectors. It is particularly aimed at people responsible for personal social and health education (PSHE) and personal social, health and economic education (PSHE education) in schools, colleges, youth and connexions services, and local education authorities, the NHS and the voluntary and community sector. It will also be of interest to young people, their families and other members of the public.

This guidance will be developed using the NICE public health programme process.

### **3 The need for guidance**

- a) PSHE in primary schools and PSHE education in secondary schools are planned programmes of learning opportunities and experiences that help children and young people to develop as individuals and members of families and communities (PSHE Subject Association 2007). The programmes aim to promote emotional and social development and health and wellbeing so that children and young people have the knowledge and practical skills for a healthy, safe, fulfilled and responsible life. Health literacy – the attainment of a level of knowledge, personal skills and confidence that allows improvements to personal and community health – is central to PSHE education (WHO 1998).
- b) PSHE and PSHE education in schools is non-statutory. However, many schools use the PSHE framework to help meet their statutory obligations to promote the wellbeing of pupils and social cohesion, and to provide sex and relationships and drugs and alcohol education. There is no formal framework for providing PSHE education for children over 16 years in sixth forms or colleges.

PSHE and PSHE education in schools and colleges extends beyond the formal academic curriculum. Schools may adopt the whole school approach as promoted by the Healthy Schools Programme (Department of Health 2005) to extend the influence of PSHE. PSHE is also provided by health professionals such as nurses, youth workers and Connexions personal advisors. Schools and colleges are encouraged to become the focal point for care and support through extended schools, youth outreach and access to networks of extended services in the wider community (Department for Education and Skills 2006a, 2007a, 2007b).

- 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, irrespective of ethnic group (Testa and Coleman 2006). However, 40% of young people rated their school sex and relationship education as poor or very poor (UK Youth Parliament 2007). A recent report on PSHE for 11–16 year olds says that despite improved provision, pupils' needs have not always been sufficiently identified or addressed (Ofsted 2007).
- d) An estimated quarter to one third of young people has sex before the age of 16 (Department for Education and Skills 2006d). Sixty percent of boys and 47% of girls who leave school at 16 without qualifications had sex before they were 16. 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.
- e) The UK under-18 conception rate dropped by 12% between 1998 (the baseline for the Government's Teenage Pregnancy Strategy) and 2005 (the latest year for which data are available) to its lowest rate in 20 years. The under-16 conception rate dropped by 12% over the same period (Teenage Pregnancy Unit 2007). However, the UK has one of the highest rates of teenage pregnancy in

Europe. In 2005 there were 39,683 conceptions to women under the age of 18, of which 47% ended in legal abortion. Of these, 7,462 conceptions were to women under the age of 16, of which 57% ended in legal abortion (Teenage Pregnancy Unit 2007). Young people at greater 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 2006d).

- f) Rates of sexually transmitted infections, including HIV, chlamydia, syphilis, genital warts and genital herpes, continue to increase in people aged 16–24. In 2005, young men and women accounted for 57% and 75%, respectively, of all chlamydia diagnoses and 39% and 70%, respectively, of all gonorrhoea diagnoses (Health Protection Agency 2006).
- g) Almost two-thirds (65%) of young lesbian, gay and bisexual pupils in schools in England, Scotland and Wales have experienced direct homophobic bullying. This rate increases to 75% of young lesbian, gay and bisexual pupils in faith schools (Hunt and Jensen 2007).
- h) Alcohol consumption among young people in the UK is increasing faster than the use of any other drug and causes widespread problems (Advisory Council on the Misuse of Drugs 2006). In 2006, 21% of 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). The proportion of young women aged 16–24 whose drinking exceeded the recommendations for adults almost doubled, to 33%, between 1992 and 2002, while consumption by young men showed little change (Advisory Council on the Misuse of Drugs 2006). In 2003, 8% of 15–16 year olds in the UK reported having unprotected sex after drinking alcohol (11% girls, 6% boys). Eleven percent of

young people from the UK in the European school project on alcohol and other drugs (ESPAD) survey reported engaging in sexual intercourse as a consequence of drinking alcohol, behaviour that they regretted the next day (12% girls, 9% boys) (Hibbell et al 2004).

## **4 The guidance**

Public health guidance will be developed according to NICE processes and methods. For details see section 5.

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).

### **4.1 Populations**

#### **4.1.1 Groups that will be covered**

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

- primary and secondary schools
- sixth form and further education colleges
- special schools
- city technology colleges, city academies, secure training and local authority secure units, and young offender institutions
- education other than at school, including home education and pupil referral units.

#### **4.1.2 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 disabilities.

## **4.2 Activities/interventions**

### **4.2.1 Activities/interventions that will be covered**

- a) Initiatives designed to influence the delivery of school and college-based PSHE and PSHE education, and children's and young people's knowledge, values, attitudes and behaviour concerning alcohol, sexual health and relationships. These programmes will address health literacy and personal skills to improve resilience (such as to resist peer and social pressure), delay sexual activity and reduce alcohol use. The interventions may include, but are not limited to:
- Interventions and programmes agreed, planned and/or delivered by head teachers, governors, teachers, lecturers, tutors, school nurses or other professionals.
  - Interventions and programmes planned and/or delivered by external agencies and individuals (including health or other services, school or college-based sexual health services and theatre-in-education providers).
  - The informal and the extended school curriculum, which may include pastoral care, counselling, parental involvement and external visits.
  - Peer education.
  - School and college policies.
- b) Family, social and community-based interventions and programmes to influence young people's knowledge, attitudes, and behaviour concerning alcohol, sexual health and relationships. These may be undertaken by a range of statutory, voluntary and community sector agencies including health, youth and connexions services and faith organisations. The interventions may include, but are not limited to:

- Coordinated programmes aimed at a geographical area or region, or groups of people who share common needs or interests.
  - Interventions or programmes for vulnerable groups of children and young people, for example, those from some black and minority ethnic groups, lesbian, gay or bisexual young people, young parents, looked-after young people, those with learning or physical disabilities or special educational needs, those from traveller communities, those living in disadvantaged areas and those not in education, employment or training.
  - Multimedia interventions, including interactive and social networking websites and weblogs, telephone and text messaging, DVDs and printed media, including magazines.
- c) Children and young people's perspectives on school, family, and community-based PSHE and PSHE education, especially concerning alcohol, sexual health and relationships.

The Programme Development Group will take reasonable steps to identify ineffective interventions and approaches.

#### **4.2.2 Activities/interventions that will not be covered**

- a) Components of the PSHE and PSHE education curriculum not directly related to sexual health and alcohol – for example, personal finance, citizenship, nutrition, physical activity 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) Effectiveness of treatments for sexually transmitted infections, alcohol misuse or alcohol dependence, including psychosocial interventions.
- e) Effectiveness of contraceptive services.

### **4.3 Key questions and outcomes**

The following overarching questions will be addressed along with the outcomes that would be considered as evidence of effectiveness:

**Question 1:** 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 and PSHE education, particularly related to sexual health and/or alcohol?

**Expected outcomes include but are not limited to:**

- Characteristics of effective PSHE and PSHE education in particular sex and relationship and alcohol education programmes.
- Factors supporting collaborative approaches to the effective delivery of PSHE and PSHE education in particular sex and relationship and alcohol education programmes.
- Barriers and facilitators to the successful delivery of PSHE and PSHE education in particular sex and relationship and alcohol education programmes.

**Question 2a:** How can schools, colleges, governors, parents, families and communities contribute to the effective delivery of PSHE and PSHE education – in particular, sex and relationship and alcohol education – to achieve health-related 'Every child matters' outcomes, for example, being healthy, staying safe and making a positive contribution?

**Question 2b:** What are the most effective and cost-effective ways of delivering PSHE and PSHE education – in particular, sex and relationship and alcohol education – in schools, colleges and communities to meet the needs of the most disadvantaged and vulnerable groups of children and young people.

**Question 2c:** In what ways can professionals, practitioners, peers, volunteers and services in education and health settings provide effective and cost-effective support for the delivery of PSHE and PSHE education – in particular sex and relationship and alcohol education – in schools, colleges and communities?

**Expected outcomes include but are not limited to:**

- Increased uptake of PSHE and PSHE education continuing professional development programmes by relevant professionals.
- Change in number of schools achieving Healthy Schools status.
- Changes in sexual health behaviour and alcohol consumption.
- Changes in homophobic bullying.
- Changes in mental health and wellbeing.
- Changes in alcohol-related absence from school and poor school attainment, locally and nationally.
- Changes in alcohol-related violence and crime, locally and nationally.
- Changes in conceptions in young women aged under 18 locally and nationally.
- Changes in the prevalence and incidence of sexually transmitted infections.
- Changes in attitudes, knowledge and interpersonal skills related to sexual health and alcohol.

**Question 3:** What are children and young people's views and experiences of effective PSHE and PSHE education – in particular sex and relationship and alcohol education – particularly related to content, method, timing, place of delivery, and professional, parental and community involvement?

**Expected outcomes include but are not limited to:**

- Young people's perception of the relevance and quality of PSHE education, in particular sex and relationship and alcohol education.
- Attitudes, knowledge and interpersonal skills related to sexual health and alcohol.

### **4.3.1 Potential considerations**

It is anticipated that the Programme Development Group will consider the following issues in developing the guidance:

- The target audience – that is, those people responsible for personal, social and health education (PSHE) and personal social, health and economic education (PSHE education) in schools, colleges, youth and connexions services, local education authorities, the NHS and the community and voluntary sector. The action they should take, at what level, with whom, how often and for what duration should also be considered.
- The role of parents, families and carers in personal, social and health education.
- Current policy and practice in the education and health sectors
- Any factors that prevent or support effective implementation
- The impact of recommendations on equity and equality
- The religious affiliations and/or cultural ethos of schools, colleges and communities.

### **4.4 Status of this document**

This is the final scope, incorporating comments from a 4-week consultation which included a stakeholder meeting on 26 September 2007.

## **5 Further information**

The public health guidance development process and methods are described in 'Methods for development of NICE public health guidance' (NICE 2006) available at [www.nice.org.uk/phmethods](http://www.nice.org.uk/phmethods) 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/phprocess](http://www.nice.org.uk/phprocess).

## **6 Related NICE guidance**

### ***Published***

Behaviour change at the population, community and individual levels. NICE public health programme guidance 6 (2007). Available from:

[www.nice.org.uk/PH006](http://www.nice.org.uk/PH006)

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](http://www.nice.org.uk/PHI004)

Interventions in schools to prevent and reduce alcohol use among children and young people. NICE public health intervention guidance 7 (2007).

Available from: [www.nice.org.uk/PH007](http://www.nice.org.uk/PH007)

(The PSHE education programme guidance will cross-reference the recommendations in the above guidance.)

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](http://www.nice.org.uk/PHI003)

### ***Under development***

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.

Department for Education and Employment (2000) *Sex and relationship education guidance*. Nottingham: Department for Education and Employment.

Department for Education and Skills (2004a) *Every child matters: change for children*. London: Department for Education and Skills.

Department for Education and Skills (2004b) *Healthy living blueprint for schools*. London: Department for Education and Skills.

Department for Education and Skills (2004c) *Drugs: guidance for schools*. London: Department for Education and Skills.

Department for Education and Skills (2006a) *Extended schools and health services – working together for better outcomes for children and families*. London: Department for Education and Skills.

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

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

Department for Education and Skills (2006d) *Teenage Pregnancy Next Steps: Guidance for Local Authorities and Primary Care Trusts on Effective Delivery of Local Strategies*. Nottingham: Department for Education and Skills.

Department for Education and Skills (2007b) *Improving access to sexual health advice services for young people in further education settings*. Nottingham: Department for Education and Skills.

Department for Education and Skills (2007c) *Annual review of the children and young people's plan* (supplementary guidance). London: Department for Education and Skills.

Department of Health (2004) *National service framework for children, young people and maternity services. Core standards*. London: Department of Health.

Department of Health (2005) *National healthy school status – a guide for schools*. London: Department of Health.

Department of Health (2007) *Safe, sensible, social. The next steps in the alcohol harm reduction strategy*. London: Department of Health.

Health Protection Agency (2006) *A complex picture. HIV and other sexually transmitted infections in the United Kingdom: 2006*. London: Health Protection Agency.

Hibbell B, Andersson B, Bjarnason T et al. (2004) *The ESPAD report 2003: Alcohol and other drug use among students in 35 European countries*. Stockholm: The Swedish Council for Information on Alcohol and Other Drugs.

Home Office (2007) *Smoking, drinking and drug use among young people in England in 2006: headline figures*. London: The Information Centre.

Hunt R, Jensen J (2007) *The school report: The experiences of young gay people in Britain's schools* [online]. Available from: [www.stonewall.org.uk/documents/school\\_report.pdf](http://www.stonewall.org.uk/documents/school_report.pdf) [accessed 22 November 2007].

Ofsted (2007) *Time for change? Personal, social and health education*. London: Ofsted.

PSHE Subject Association (2007) 'About PSHE' [online]. Available from: [www.pshe-association.org.uk/Page.asp?originx\\_7829ju\\_77866329156149I93h\\_2007191731e](http://www.pshe-association.org.uk/Page.asp?originx_7829ju_77866329156149I93h_2007191731e) [accessed 22 November 2007].

Qualification and Curriculum Authority (2005) *PSHE at key stages 1– 4: guidance on assessment, recording and reporting* [online]. Available from: [http://www.qca.org.uk/libraryAssets/media/QCA-05-2183\\_PSHE\\_KS1-4\\_assess\\_record\\_report.pdf](http://www.qca.org.uk/libraryAssets/media/QCA-05-2183_PSHE_KS1-4_assess_record_report.pdf) [accessed 22 November 2007].

Teenage Pregnancy Unit (2007) *Teenage Conception Statistics for England 1998-2005*.  
<http://www.everychildmatters.gov.uk/files/9E0C1F27DA3ED03D6D2E145891A9A9BD.doc>

UK Youth Parliament (2007) *Sex and relationship education. Are you getting it?* London: UK Youth Parliament.

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