

Briefing on Relationships Sex and Health Education (RSHE) and Sexual and Reproductive Health

RSHE must promote excellent sexual and reproductive health

RSHE was made mandatory for all schools in 2017. The need for inclusive, high-quality RSHE has only increased since then. Many of the problems it addresses have become more acute including in relation to **sexual and reproductive health (SRH)** which is the focus of this briefing.

We seek your support to protect and promote high-quality RSHE and are asking you to discard the draft guidance and begin a new robust review process with evidence, young people and key stakeholders at its heart.

Amid a worsening picture for sexual and reproductive health, **we are concerned that the draft revised guidance published in May will reduce the capacity of RSE to improve young people's current and future SRH by:**

- Perpetuating stigma around sex, sexuality and sexual health: framing it as a taboo that can only be discussed in terms of risk and harm
- Imposing age-limits on information that don't relate to young people's real lives, or to good RSE pedagogy; and don't include the level of flexibility schools need to respond to children's needs.
- Creating invisibility of LGBT+ young people, increasing risks to their sexual and reproductive health.

Sexual and reproductive health: a worsening picture in 2024

1. Rates of [gonorrhoea at their highest since 1918 and the number of syphilis diagnoses, the largest reported since 1948](#)¹
2. A 26.5% increase in overall STI infections and a near [doubling of gonorrhoea diagnoses in the 15-24 age group \(2021-22\)](#)²
3. [The first increases in teenage pregnancy rates for 14 years](#)³, with persistently higher rates in some areas of high deprivation and among specific groups such as care leavers
4. [45% of pregnancies and one third of births in England across all ages are unplanned](#)⁴ or associated with feelings of ambivalence – increasing risks to maternal and infant health.
5. [Resistance to effective hormonal methods of contraception](#)⁵ amongst young people, associated with misinformation on social media
6. [High rates of poor menstrual health](#)⁶ amongst young people including heavy menstrual bleeding and painful periods

¹ UKHSA STIs Through the Centuries,2024 [Last accessed July 2024]

² UKHSA Annual STI Data Tables 2023 [Last accessed July 8 2024]

³ Office for National Statistics (ONS)/University of Bedfordshire, Teenage pregnancy data, 2023, [Last Accessed: 8 July 2024]

⁴ Gov.uk/Public Health England, Health matters: reproductive health and pregnancy planning, 2018, [Last accessed: July 8 2024].

⁵ Brook/Easy Report, Education, Access, Stigma and Young People, 2024, [Last Accessed: July 8 2024].

⁶ The Observer/The Gaurdian, GPs in the UK urged to routinely ask women and girls about period problems, 2024, [Last Accessed: July 8 2024].

7. [Increased access to increasingly hard core porn⁷](#) (depicting harmful sexual behaviours and lack of safer sex messaging) by children at increasingly younger ages
8. [Increased risk of poor sexual health amongst LGBT+ young people⁸](#)

Defining and working towards good sexual and reproductive health

The absence of disease, effective fertility control and good menstrual health are all crucial to, but not the sum of, good sexual and reproductive health. '[Sexual health requires a positive and respectful approach to sexuality⁹](#) and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence'.

[NICE recommends that effective interventions to reduce STIs¹⁰](#) should include sexual efficacy i.e. 'the ability to choose a partner, to be able to consent or withhold consent from a partner safely, and negotiate contraception and condom use'; and sex positivity i.e. 'openly communicating and reducing embarrassment around sex and sexuality. Recognising the diversity of sexual experiences that exists and that sex can be an important and pleasurable part of many people's lives'.

The critical role of RSHE in improving sexual and reproductive health for all

High quality RSHE is developmentally appropriate. It is sequenced to prepare children and young people as they move through puberty, adolescence and into adulthood. It is responsive to the questions children ask, and to current and emerging issues. Developmentally appropriate RSHE serves as a protective measure, improves sexual health and is an essential public health intervention.

International evidence is clear that [comprehensive RSE protects young people from STIs and unplanned pregnancy¹¹](#) as well behaviours that increase risks, including sex at a younger age, non-consensual sex, and a bigger age gap with sexual partners. Conversely, there is no evidence that RSE hastens the first experience of sex or increases teenage sexual activity.

Concerns about the draft revised guidance

The impact of sex-negativity and stigma

The draft guidance emphasises the need to delay providing information, specifically information about sex and sexual health, until as late as possible. It warns against 'explicit' material, but doesn't define what this means. This approach will have specific impacts on safeguarding (see below), but also the more general effect of generating harmful stigma around sex and sexuality. Sexual health stigma is reinforced by a focus solely on risk and harm in relation to sex; and a failure to address safe, sexual relationships as a normal and healthy part of the human experience. Discussion of pleasure is absent from the guidance.

⁷ Children's Commissioner, 'A lot of it is actually just abuse' Young people and pornography, 2023, [Last Accessed: July 8 2024].

⁸ Department for Education/Government Social Research, Experiences of Relationships and Sex Education, and sexual risk taking, November 2021, [Last Accessed: July 8 2021]

⁹ Office for Health Improvement & Disparities, Sexual and reproductive health and HIV: applying All our Health, 2022, [Last Accessed: July 8 2024].

¹⁰ National Institute for Health and Care Excellence (NICE), Reducing sexually transmitted infections, 2022, [Last Accessed: July 8 2024]

¹¹ UK.gov Health Matters: preventing STIs, 2019 [Last Accessed: July 8 2024]

Stigma can reduce people's agency in decisions about their sexual behaviour and reduce their ability to recognise and report harmful sexual behaviour they are experiencing; seek sexual health care; and trust clinical services. [Stigma may be experienced unequally by people of different cultures, sexualities and faith backgrounds](#)¹². It can intersect with other experiences of discrimination and contribute to sexual health inequality.

Positive opportunities missed

The guidance misses an invaluable opportunity to address sexual health positively within a framework of values and skills and to normalise conversations about bodies, sex and sexual health in ways that:

- increase young people's knowledge, vocabulary and confidence;
- develop their critical thinking skills and ability to navigate and interpret SRH information online;
- increase their agency with asking for, giving and withholding consent; risk-assessment; safer sex; and contraceptive decision-making
- and increase their engagement with health services.

Age restrictions and warnings against 'explicit' information

A focus on [age-restriction](#) in the revised guidance does not align with the needs of young people, the research-evidence, or effective pedagogy i.e. the [spiral curriculum approach](#)¹³. Age restrictions limit young people's access to reliable information, which contravenes their rights, and reduces our ability to promote good sexual health and to safeguard children.

For example:

- Arbitrary age restrictions may exclude discussion of ways to manage menstrual health using contraception (year 9) until several years after the onset of menstruation ([as early as year 4](#)¹⁴).
- Discussion of FGM is limited to a time (year 9) [several years after many girls are most at risk](#)¹⁵, i.e age 5-9.
- Age restrictions on talking about sexual activity (year 9) limit the potential to use the provision of HPV vaccination as a teaching moment, re: sexual health (in year 8).
- [27% of children have watched pornography by age 11 and 50% of children by age 13](#)¹⁶. So, many year 6, 7 and 8 students will have seen unsafe and unhealthy depictions of sex, but the guidance restricts conversations about safer sex until year 9.
- The caution around talking about sex in 'explicit' ways even after year 9 may result in a failure to talk about safer sex in accurate and specific ways – including the relative risk of different forms of sex and how to reduce risk.
- Harmful sexual behaviours including [sexual harassment and sexual image sharing begin in primary school](#)¹⁷ so children and young people are at risk of becoming victims and perpetrators of criminal behaviour (given the age of criminal responsibility is 10) before they learn about it.

¹² Thomas Coram Research Unit/Institute of Education, University of London, Promoting Young People's Sexual and Reproductive Health, 1999, [Last Accessed: July 8 2024]

¹³ Brook, The Spiral Curriculum, 2023, [Last Accessed: July 8 2024].

¹⁴ NHS, Starting your periods, 2023, [Last Accessed: July 8 2024].

¹⁵ NHS, Annual statistical publication for FGM shows 5,391 newly recorded cases during 2016-107, 2019, [Last Accessed: July 8 2024].

¹⁶ Children's Commissioner, 'A lot of it is actually just abuse' Young people and pornography, 2023, [Last Accessed: July 8 2024].

¹⁷ Department for Education, Keeping children safe in education, 2023, [Last Accessed: July 8 2024].

LGBT+ exclusion

Lack of firm recommendations on LGBT+ inclusion, paired with a ban on addressing gender identity, with all the stigma and isolation associated with such a Section 28 type ban compromise the usefulness of RSHE.

It is vital that all LGBT+ people see themselves reflected in RSHE and that information relevant to them is proactively planned into the curriculum. [LGBT+ young people consistently report RSE was not useful to them](#)¹⁸. With only 38% in [recent SEF research rating their RSE as good or very good](#)¹⁹. It can leave them disengaging from essential health information around STI and HIV prevention, condoms, contraception, menstrual management, abortion and cancer screening.

[LGBT+ people are less likely to identify their parents as a useful source of RSHE information](#)²⁰ so being able to learn at school about how to stay safe and healthy is vital.

We ask you to discard the draft guidance and begin a new robust review process, including:

1. publishing all the as yet unpublished evidence gathered to inform this review including the evidence of a scientific panel convened to provide sources of robust evidence on RSE; the Brook research commissioned by the DfE on the needs of teachers and young people in relation to addressing sexual violence in schools; the literature review commissioned by the DfE on addressing sexual violence in schools; the Ofsted review of personal development.
2. systematically engaging young people to capture their views and experiences
3. engaging a broad range of stakeholders across education, health, safeguarding, online safety, faith, equalities and more; and specifically sexual and reproductive health care professionals, relevant medical colleges, and health promotion experts.

We would welcome any opportunities to support a refreshed review process and contribute to improved guidance.

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¹⁸ Department for Education, Experiences of Relationships and Sex Education, and sexual risk taking, 2021, [Last Accessed: July 8 2024]

¹⁹ Sex Education Forum, Young People's RSE Poll 2024, 2024, [Last Accessed: July 8 2024]

²⁰ HEPI, Sex and Relationships Among Students: Summary Report, 2021 [Last Accessed: July 8 2024]