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**Response to
Consultation on draft guidance for PSHE by
the National Institute for Health and Clinical
Excellence**

15 July 2010

GENERAL COMMENTS

The NSS commends the statements that *research evidence does not support use of an approach to sex and relationships education that only teaches abstinence* (p7), that schools should use *a range of evidence-based teaching methods* (p17) and that *education should promote tolerance and understanding of diversity* (p7).

However, there are certain concerns about teaching PSHE in faith schools.

While the NSS recognises that some faith schools will provide young people with comprehensive, non-judgemental PSHE, the guidance must ensure that all young people are equally well-informed and prepared, whatever the ethos of the school or the beliefs of parents.

The teenage pregnancy rate in the UK is the highest in Europe – one in 25 under 18 year olds – and STI rates are climbing. It is essential that young people are given the facts as early as possible so that they can protect themselves when they begin exploring, enjoying and taking responsibility for their sexuality.

There must not be a hierarchy of values with religious belief inevitably taking precedence over health and well-being, against the advice of health-care professionals, if the government seriously wants to prepare young people for adult life.

The NSS would like to see PSHE made statutory with no permitted opt-outs.

COMMENTS ON SPECIFIC POINTS IN THE GUIDANCE

1. *Ensure teaching and non-teaching staff, pupils and students, school and college governors and parents support the programme and that it is consistent with the **school or college's ethos and values*** .(page 10)

*Topics should be introduced and covered in a way that is appropriate to the maturity of pupils and is based on an understanding of their needs and is sensitive to diverse cultural, **faith** and family perspectives.* (page 10)

3.17 *Schools and colleges will have their **own values and ethos** within which PSHE and alcohol education is provided. As public bodies they have a responsibility to meet the needs of all children and young people, including those who are lesbian, gay, bisexual or transgender* (page 30).

Comment: The proposed guidance repeatedly promotes sensitivity to faith and to schools' ethos. Although there is currently no complete opt-out permitted to schools, the fact that governing bodies will retain the right to determine schools' approach to PSHE may not be serving the best interests of young people and may in some cases be placing them at risk. The places where the most comprehensive education is needed are often those where it is the least likely to be given or least likely for the children to be told convincingly that the views of the school do not reflect those of wider society or of health care professionals.

There is no recognition of the fact that it is the parents who have chosen to send their children to a particular faith school. The child has had no say in the matter and the religious values of that school are therefore being imposed on them, often before they are old enough to make their own decisions about what they believe – if anything. In some cases, the parents themselves have no choice of schools as a faith school is the only one in the area. **Where faith schools are the only choice, there should be a special duty of care to teach PSHE in an informative, unbiased way.**

It is essential that, while young people are taught about stable relationships (of all kinds), they are also adequately prepared to embark on casual relationships safely. In some religious schools, teaching may be biased by the selective use of facts or morally loaded against casual sex and short-term relationships according to doctrine, leaving young people unprepared to protect themselves. They may be ill-informed or too embarrassed to buy contraceptives or to consult health-care professionals about STIs or pregnancy. They may also be unprepared, isolated and vulnerable if they discover they are gay.

Diversity and tolerance will not be well served if the school's religious ethos is anti-homosexual, anti-choice or anti sex outside of marriage, for example, and any mention of acceptance is merely tokenism.

It is not clear how religious views could be communicated in a neutral way, without biasing the facts. Nor, indeed, that staff in some schools are able to distinguish between evidence-based fact and religious belief. The relative weight given to fact and belief and the tone used in teaching may also shape young people's understanding. **Teaching must be consistently and transparently monitored to ensure all young people's needs are being met.**

The NSS is concerned that spiritual teaching will be mixed with fact-based PSHE, giving young people a mixed message, weighting facts with moral overtones or suggesting that morality is derived solely from religious values. There is also the potential for creating a conflict between faith values, sexuality and sexual orientation, leaving children isolated and open to victimization or bullying.

Orthodox religious teaching will reflect the views that contraception, abortion (even after rape), sex before marriage and even masturbation are sins, that women have no right to control their own reproductive health and in some cases that Female Genital Mutilation is acceptable.

For example, although the guidance states that abstinence-based teaching does not work, if this is part of the school's ethos then there is a conflict between respecting the ethos and other aspects of the guidance (evidence-based teaching, for example).

Furthermore, it is unlikely that many Catholic and Muslim schools, for example, will inform young people where to get contraceptives or provide information about abortions. Very recently, Catholic schools opposed young women having the HPV vaccine against cervical cancer as they said this would 'promote promiscuity'. They relented only on condition that the girls were given no accompanying sex education.¹

The growing number of Muslim schools is also cause for concern as girls and boys may be segregated and given different (and inadequate) teaching². There is more than one website dedicated to campaigning for children to be taught SRE only as permitted within the strictest Islamic morality³.

The guidance recommends preventing homophobic bullying. There is evidence that homophobia is worse among young people than in wider society and that teachers often turn a blind eye. Stonewall's research *The School Report*⁴ showed that homophobic bullying is endemic in Britain's schools and worse in faith schools. Almost two thirds of young gay people at secondary school have experienced it. In faith schools, seventy five

¹ <http://news.scotsman.com/latestnews?articleid=4398680>

² for example: <http://www.independent.co.uk/news/education/schools/keep-the-faith-should-muslim-children-receive-sex-education-1756750.html>

³ for example <http://www.sreislamic.org/2009/12/10/sre/>

⁴ http://www.stonewall.org.uk/at_school/resources/3778.asp

per cent of young gay people experience it and are less likely than pupils in other schools to report it.

School is an important opportunity – and perhaps the only one – to counter homophobia through education and to give young gay people confidence. The guidance is an opportunity to ensure this happens on a national basis.

However, supporting the school's right to teach according to its ethos can mean endorsing the following teachings:

Homosexuality is as great a threat to the planet as the destruction of the rainforest⁵.

There is a direct link between homosexuality and paedophilia⁶.

Gay marriage is an atrocious and obscene act which belongs to unsound nature. Islam teaches that believers should neither do the obscene acts nor in any way indulge in their propagation⁷.

It is essential and should be mandatory that children are told about websites, phone lines and other resources where they can get impartial advice and support if these are not provided either by the school, by parents or in the local community.

2. Parents have the legal right to withdraw their children from aspects of PSHE taught outside the national curriculum. (page 24)

Comment: The NSS is also concerned that parents can withdraw children from PSHE up to the age of 15, by which time many of them will already be sexually active. It is most likely to be strongly religious parents who withdraw children. The guidance itself notes that it *is important to establish strong communication in the early years of a child's life* (p21).

In strongly religious families, it is difficult to see how parents who withdraw children will be able to provide an adequate substitute for unbiased, fact-based education or how the quality of the information delivered by parents will be monitored by schools. The parents themselves may not be adequately educated in PSHE; they may not feel comfortable or able to give the children all the facts or to answer all their questions, even assuming they are willing and even if schools provide information and support.

In addition, the child may come under considerable pressure from the family to conform to its beliefs. Young people may not feel able to report back to the school on what their families have told them. Young people may not know that what they have been told is inaccurate or partial until it is too late and they find themselves in difficulties with pregnancy or STIs.

The right of parents to lead the lives they choose is not a right to force their children to lead the same lives. Article 14 of the UN Convention on the Rights of the Child states: *States Parties shall respect the right of the child to freedom of thought, conscience and religion.* Imposing any one doctrine on them without giving them full information and choice is in contravention of this.

⁵ <http://www.telegraph.co.uk/news/worldnews/europe/italy/3902931/Pope-Saving-world-from-homosexuality-like-saving-rainforests.html>

⁶ <http://www.guardian.co.uk/world/2010/apr/13/vatican-homosexuality-paedophilia-claim-condemned>

⁷ http://www.islamonline.net/servlet/Satellite?pagename=IslamOnline-English-Ask_Scholar/FatwaE/FatwaE&cid=1119503548496

There is particular concern about young gay people in religious families where homosexuality is not acceptable and in sections of society where forced marriage and Female Genital Mutilation are practiced. There is a duty of care to ensure that children know that their parents' views are not the only valid ones and may not reflect the views of wider society.

3. Faith and cultural organisations and other voluntary and community groups.(recommendation 6, page 14)

And

*Rec 9 p20 communicate and work with children and young people, parents and carers, community groups including **faith communities**.* (recommendation 9, page 20)
(our bold)

Comment: Faith leaders often claim to speak for the whole community whereas in reality, they represent only the most orthodox (and least liberal) minority. The homogeneity of teaching by leaders of a particular faith community often does not reflect the many levels of beliefs of its members. It also does not allow for treating young people as individuals. In reality, believers of any given faith represent the whole spectrum of views on sex and sexuality but faith leaders and spokespeople very often present only the most hard-line attitudes on these issues. In some cases, many followers actively disagree with orthodox teachings on, for example, contraception and abortion⁸.

There is no acknowledgement that the 'important role' of faith and cultural beliefs may have negative aspects. There may be particular problems for young women and young gay people in communities where the leaders are all heterosexual, patriarchal men. Again, the conflict between faith and fact may leave children exposed.

In some communities, young people may not feel able to use services such as pharmacies or sexual health clinics without their parents and others finding out. There may also be trust issues in strongly religious schools and communities.

⁸ <http://www.secularism.org.uk/popeoutofstepwithmostcatholicson.html>