

21 February 2018

Update on other Board business

Purpose of report

For information and comment.

Summary

Members to note the following updates:

1. Sleep ins
2. LGA response to the DfE consultation 'Changes to the teaching of Sex and Relationship Education and PHSE'

Recommendation

Members of the Community Wellbeing Board are asked to **note** the updates contained in the report.

Action

As directed by members.

Contact officer:

Mark Norris

Position:

Principle Policy Adviser

Phone no:

020 7664 3241

Email:

mark.norris@local.gov.uk

Update on other Board business

Sleep-ins

1. Significant confusion has arisen because of the different positions taken by the National Minimum Wage Regulations and Government guidance on sleep-in payments for carers working overnight shifts. This frustrating lack of clarity has caused continuing uncertainty in the provider market and a great deal of anxiety for carers and those who receive care.
2. The LGA supports care workers being paid fairly for the work they do. We have consistently highlighted the likely consequences across the social care system should there be no Government funding to deal with historic, current and future costs from sleep-in payments.
3. We have continued to develop our positive partnership with care providers from the learning disability sector in particular. In January, Cllr Isobel Seccombe signed a joint letter with ADASS and care providers to The Observer, highlighted the need for genuinely new funding to cover historic, current and future sleep-in payment pressures. Building upon a productive meeting in November, we are meeting providers later this month to discuss joint work. A copy of this letter is attached at **Appendix A**.
4. Officers will update Members on Mencap's Court of Appeal case and Government commissioned research on impacts at the Board meeting.

LGA response to the DfE consultation 'Changes to the teaching of Sex and Relationship Education and PSHE'

5. Attached at **Appendix B** is the LGA's response to this consultation, which was submitted on 5 February 2018.

Appendix A

Letter to The Observer, published 28 January 2018

Following a change in guidance from HMRC, the continued absence of new funding to cover historic, current and future sleep-in payments, remains a significant financial risk to social care providers and councils, and is causing continuing uncertainty in the market and widespread anxiety for carers and those who use care services.

We fully support care workers being paid fairly for the work they do and we urge government to fund the cost of sleep-in payments with genuinely new money, to prevent more care providers going out of business, contracts being handed back to councils, care workers losing their jobs and less investment in prevention.

Without this it will put further strain on informal carers and negatively affect those who rely on social care, impacting on people's wellbeing and outcomes and leading to a decreased ability of social care to help mitigate demand pressures on the NHS.

The most conservative overall estimate of back-pay liability is £400 million for the learning disability sector alone, against a background of increasing demand. The LGA estimates that there is a £1.3 billion pressure just to stabilise the adult social care market today.

The extra £2 billion, over three years, for adult social care in the 2017 Spring Budget was not announced with sleep-in costs in mind and is not sufficient to deal with all immediate and short-term pressures.

Adult social care is at a tipping point. Genuinely new funding is vital to help providers, personal budget holders and self-funders meet all funding pressures relating to sleep-ins.

Cllr Izzi Seccombe OBE, Chairman, Community Wellbeing Board, Local Government Association

Margaret Willcox OBE, President, Association of Directors of Adult Social Services

Bridget Warr CBE, Chief Executive, United Kingdom Homecare Association

Matthew Flinton and Tim Cooper, Co-chairs, Learning Disability Voices

Rhidian Hughes, CEO, Voluntary Organisations Disability Group

Ann Mackay MBE, Policy Director, Care England

Lisa Lenton, Director, ARC England

Local Government Association response to the DfE consultation 'Changes to the teaching of Sex and Relationship Education and PSHE'

5 February 2018

About the Local Government Association (LGA)

The Local Government Association (LGA) is the national voice of local government. We work with councils to support, promote and improve local government.

We are a politically-led, cross party organisation which works on behalf of councils to ensure local government has a strong, credible voice with national government. We aim to influence and set the political agenda on the issues that matter to councils so they are able to deliver local solutions to national problems.

The LGA welcomes the opportunity to comment on this [consultation](#).

1. The Local Government Association supports the Government's decision to make Relationships and Sex Education (RSE) compulsory in all secondary schools. We welcome the opportunity to comment on the development of new guidance for schools and regulations for the implementation of statutory Relationship Education (RE) and RSE.
2. PSHE has proven benefits to mental and physical health, online and offline safety and in preparing children for life and work. Many pupils miss out on these benefits because it does not have statutory status. In order for RSE to have full impact it is essential that PSHE is made statutory too. We support compulsory PSHE in all primary and secondary schools; inclusive of academies, special schools, free schools and maintained schools and for parents to be given the right to withdraw their child.
3. Children face a host of modern day issues which needs to be reflected in the teaching of RE and RSE. For example, the digital world and social media presents a number of risks to children. Educating children and young people early about the risks associated with digital and social media, including how to spot dangers, staying safe online and how to report abuse must form a part of the curriculum.

Call for evidence

4. **Thinking about relationships education in primary schools, what do you believe are the three most important subject areas that should be taught for different age groups/key stages and why. Please include any considerations or evidence which informed your choices.**
 - 4.1 Effective RE is essential for children because it gives them a foundation to build upon as they transition from childhood to adolescence and young adulthood. RE and RSE

needs to be delivered as an integrated part of the framework for PSHE and the National Curriculum.

- 4.2 Children and young people (CYP) face a host of modern day issues which needs to be reflected in the teaching of RE and RSE. The digital world and social media presents a number of risks to children. The NSPCC reports¹ that one in five 8 to 11 year olds and seven in ten 12 to 15 year olds has a social media profile. This can lead to problems such as cyber bullying which affects as many as 1 in 3 children. Whilst the true number of CYP affected by online abuse is not known, it is pre-teens and early teenagers who are at most risk. Educating primary school aged children about the risks, how to stay safe online and how to report abuse will set them in good stead for the future as they become more active online.
- 4.3 Information about what healthy and safe relationships with families and friends look like and where children can go to for help if they are having problems with for example, bullying or abuse. It should equip children with the skills needed to recognise the difference between a relationship and abuse; this could include physical and emotional abuse.
- 4.4 Developing the characteristics for good mental health and wellbeing such as emotional and physical wellbeing, connectedness to family, school and the community, healthy behaviours and values and how to seek help. This will help to reduce the likelihood of poor mental health from developing and will help to maintain mental wellbeing and resilience.
- 5. Thinking about relationships and sex education in secondary schools, what do you believe are the three most important subject areas that should be taught for different age groups/key stages and why. Please include any considerations or evidence which informed your choices.**
- 5.1 CYP who receive comprehensive, high quality RSE are more likely to delay the first time they have sex, have consensual relationships, be aware of and report abuse, use contraception and condoms when they start a sexual relationship and be less likely to be pregnant by 18 or contract a sexually transmitted infection.² We welcome a focus on equipping CYP with the skills and knowledge needed in these areas.
- 5.2 A focus on promoting online safety and how to protect oneself against 'online' behaviours such as bullying, inappropriate texts, emails and/or photographs which can have a long term impact on CYP.
- 5.3 Helping young people to have a realistic view of their appearance and to be critically aware of how the media can present an unreal picture of sexual behaviour and body image.

¹ <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/online-abuse/facts-statistics/>

² <https://www.local.gov.uk/sites/default/files/documents/good-progress-more-do-tee-68d.pdf>

- 5.4 As 50% of mental health problems are established by age 14³ it is essential to focus on mental and emotional wellbeing and resilience. This needs to take into account the Government's planned reforms to CYP mental health provision⁴ to deliver a whole school approach so that CYP receive a joined up service and consistent messages.
- 5.5 RSE that is focused on Child Sexual Exploitation, Female Genital Mutilation and wider safeguarding issues can help to protect CYP from the dangers of exploitation and abuse and can be a valuable element of a robust local safeguarding strategy. The Children Act 2004, provides a duty for schools to cooperate with local authorities to improve the wellbeing of CYP, including physical and mental health and emotional wellbeing. The Joint Strategic Needs Assessment identifies the needs of CYP in a local area; tailored RSE, PSHE and RE can help to meet both safeguarding and wider locally identified needs.
- 5.6 The following LGA resource showcases good practice examples of councils working with schools to deliver RE and RSE: <https://www.local.gov.uk/working-schools-improve-health-school-aged-children>
- 5.7 [The LGA, SEF, RSE Hub and PHE have also produced the following briefing for councillors to support the delivery of high quality RSE in local areas: http://www.sexeducationforum.org.uk/resources/leadership-and-management-of-sre.aspx](http://www.sexeducationforum.org.uk/resources/leadership-and-management-of-sre.aspx)
- 6. Are there important aspects of ensuring safe online relationships that would not otherwise be covered in wider Relationships Education and Relationships and Sex Education, or as part of the computing curriculum?**
- 6.1 We strongly support the Sex Education Forum's view that the digital environment is relatively new as a:
- 6.1.1. context for relationships to take place
 - 6.1.2. tool for publishing images of the human body that have often been manipulated
 - 6.1.3. method of advertising products and services
 - 6.1.4. means of broadcasting views about gender and other norms, values and beliefs
 - 6.1.5. source of information about relationships and sex

³ Mental Health Foundation <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-children-and-young-people>

⁴ <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>

- 6.2 It is therefore crucial that the digital context is reflected in the teaching of RSE, for example through:
- 6.2.1. Including opportunities to develop critical thinking skills so that pupils can recognise advertising techniques, stereotypes and their impact, thus empowering children and young people to make independent choices and to challenge limiting and harmful stereotypes.
 - 6.2.2. Integrating a range of digital contexts within scenarios, examples, case-studies, and resources used in RSE so that learning is relevant to real-life experiences.
 - 6.2.3. Helping pupils to differentiate between fact and opinion that they may encounter online and clearly signposts sources of reliable help and services, including sexual health services.
 - 6.2.4. Teaching pupil about their rights and responsibilities online including legal facts.
- 6.3 It is vital that teaching relevant to relationships and sex is provided by educators trained in RE, RSE and PSHE, and it is not appropriate for much of the above to be addressed in the computing curriculum.
- 7. How should schools effectively consult parents so they can make informed decisions that meet the needs of their child, including on the right to withdraw? For example, how often, on what issues and by what means?**
- 7.1 The majority of young people want to learn about RSE at school, but they also want to be able to talk to their parents and health professionals, such as school nurses, school counsellors, or sexual health services about sex and relationships too.
 - 7.2 As part of RSE, PSHE and RE classes CYP could be signposted to wider services provided by the school, local authority, health services and voluntary sector.
 - 7.3 Schools can take a whole school approach to the delivery of RSE, RE and PSHE to ensure consistent messaging and co-ordination across all services. Making services young people friendly will help to make CYP feel confident about using services and will help to reduce stigma.
 - 7.4 Schools can also support parents to talk to their child and to provide consistent messages and advice. RSE can also complement support and training offered to parents. Evidence shows that as many as 7 out of 10 parents would welcome help and support from their child's school about how they can talk to their child about growing up and related issues.⁵

⁵ RSE: Contributing to the safeguarding, sexual & reproductive health and wellbeing of children and young people. What role can councillors play?, LGA et al, 2018

- 7.3 Many schools will have experience of effectively consulting parents. It is important that existing mechanisms that are already working well are allowed to continue and that schools are not expected to “reinvent the wheel”. There is no “one size fits all” approach and local flexibility is needed.
- 7.4 Schools could for example use existing forums/networks to learn from other schools, they could consult school governors and parent governor representatives on the right to withdraw.
- 8. Thinking about PSHE in secondary schools, what do you believe are the three most important subject areas that should be taught and why? Please also include your reasons for choosing each subject or evidence to support your suggestions.**
- 8.1 PSHE has proven benefits to mental and physical health, online and offline safety and in preparing children for life and work. Many pupils miss out on these benefits because it does not have statutory status. In order for RSE to have full impact it is essential that PSHE is made statutory too. We support compulsory PSHE in all primary and secondary schools; inclusive of academies, special schools, free schools and maintained schools and for parents to be given the right to withdraw their child. We are conscious that some parents may wish to remove their children from some or all PSHE lessons for religious or personal reasons. The regulations should include provision for parents to opt their children out of lessons, if they consider this to be in the best interests of their child.
- 8.2 The PSHE Association states that 91% of parents believe all young people should receive PSHE lessons and that this should teach about the risks of sexting, contact from strangers online and the widespread availability of pornography.⁶
- 8.3 Wider issues such as media literacy, identity, privacy and the impact of time spent online on other aspects of life could be covered as part of the curriculum.
- 8.4 A focus on good transitions and on supporting children to transition well between primary and secondary school and then into adulthood whether that be into further study or the world of work.
- 8.5 A focus on issues that present themselves at certain transitional stages in CYP life. For example, the number of obese and overweight pupils increases as children move from primary into secondary schools and physical activity levels tend to fall during the teenage years. Therefore a focus on physical activity and nutrition is important as is a focus on risky behaviour which teenagers are more likely to engage in such as drinking, smoking, drug-taking or sex.
- 8.6 It is therefore, vital that local authorities work with all schools in their area to influence and commission consistent good quality RSE, RE and PSHE as part of their responsibilities to improve public health outcomes for children, young people and families.

⁶ PSHE Association survey 2016

- 9. How much flexibility do you think schools should have to meet the needs of individual pupils and to reflect the diversity of local communities and wider society in the content of PSHE lessons in schools?**
- 9.1 PSHE shouldn't be delivered in isolation but as part of the framework for statutory RE and RSE and the National Curriculum. PSHE cannot and should not be seen as a list of isolated topics that could be prioritised, but as a coherent programme involving interdependent and overlapping themes such as 'health and wellbeing', 'relationships' and 'living in the wider world'.
- 9.2 Flexibility within content would be valuable. Local authorities will have locally identified needs through their Joint Strategic Needs Assessment which can help to tailor content.
- 9.3 It is vital that RE, RSE and PSHE are LGBT-inclusive throughout the curriculum. Furthermore teaching must be equally inclusive of and relevant to all children, irrespective of their own sexuality and gender identity, or that of their family.
- 9.4 Teaching and content must meet the needs of those with special educational needs and disabilities.