

THE PEOPLE
LIVING
WITH HIV
STIGMA
INDEX



Review of Personal, Social, Health and Economics (PSHE) Education

Response Form

The closing date is: 30 November 2011

THIS FORM IS NOT INTERACTIVE. If you wish to respond electronically please use the online response facility available on the Department for Education website (<http://www.education.gov.uk/consultations>).

Information provided in response to this request for representations, including personal information, may be subject to publication or disclosure in accordance with the access to information regimes, primarily the Freedom of Information Act 2000 and the Data Protection Act 1998.

If you want all, or any part, of your response to be treated as confidential, please explain why you consider it to be confidential.

If a request for disclosure of the information you have provided is received, your explanation about why you consider it to be confidential will be taken into account, but no assurance can be given that confidentiality can be maintained. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department will process your personal data (name and address and any other identifying material) in accordance with the Data Protection Act 1998, and in the majority of circumstances, this will mean that your personal data will not be disclosed to third parties.

Please tick if you want us to keep your response confidential.

Reason for confidentiality:

Name

- Steven Akehurst
- Alastair Hudson

Organisation (if applicable)

- NAT (National AIDS Trust)
- The People Living with HIV Stigma Index UK

Address:

THE PEOPLE
LIVING
WITH HIV
STIGMA
INDEX



If your enquiry is related to the policy content of the PSHE review you can contact the public enquiry unit on:

Telephone: 0370 000 2288

e-mail: PSHEEducation.review@education.gsi.gov.uk

If you have a query relating to the review process you can contact the Consultation Unit on:

Telephone: 0370 000 2288

e-mail: consultation.unit@education.gsi.gov.uk

Please tick one category that best describes you as a respondent.

<input type="checkbox"/> Teacher	<input type="checkbox"/> School Leader	<input type="checkbox"/> Governor
<input type="checkbox"/> Parent	<input type="checkbox"/> Pupil	<input type="checkbox"/> Local Authority
<input type="checkbox"/> Teaching Association/Union	<input type="checkbox"/> VCS Sector/Charity	<input type="checkbox"/> Educational Provider
<input type="checkbox"/> Subject Association	<input type="checkbox"/> Other	

Please Specify:

This is a joint submission by NAT (National AIDS Trust) and The People Living with HIV Stigma Index UK.

About You

Please use this space to tell us about yourself and your job role.

Comments:

Steve Akehurst. *Policy Officer*, NAT (National AIDS Trust). NAT is the UK's leading charity dedicated to transforming society's response to HIV. We provide fresh thinking, expertise and practical resources. We champion the rights of people living with HIV and campaign for change.

Alastair Hudson. *UK Co-Ordination team*, The People Living with HIV Stigma Index UK. The People Living with HIV Stigma Index UK is a partnership initiative chaired by the International Planned Parenthood Federation (IPPF).

Please supply up-to-date evidence to answer any or all of the questions in the review. You may want to focus on only those questions most relevant to you.

Q1) What do you consider the core outcomes PSHE education should achieve and what areas of basic core knowledge and awareness should pupils be expected to acquire at school through PSHE education?

Comments:

NAT (National AIDS Trust) and *The People Living with HIV Stigma Index UK* believe that all children and young people should have access to high quality Sex and Relationship Education (SRE). SRE plays a vital role in empowering young people to take control of their lives and make safe and sensible decisions. It is also central to informing young people about risks related to sexual activity so that they may better protect themselves and others, while also gaining an understanding of the realities of living with HIV.

With over 100,000 people estimated to be living with HIV in the UK by 2012, and 20,000 children and young people affected by the virus in some way, there is a great need for all young people to be equipped with at least a basic knowledge of HIV.

Gay and bisexual men remain the population group most likely to acquire HIV in the UK. In 2010 there were more new HIV diagnosis among gay and bisexual men in a single year than ever before, while new diagnoses among young gay and bisexual men have doubled in the past ten years. HIV education therefore needs to contain clear, sensitive and sensible messages on sexual health, HIV and same-sex relationships that will meet the needs of all young people.

In addition, to empower young people to protect themselves from HIV, HIV education needs to address the reality of life with HIV. This includes the persistence of stigma, which not only leads to discrimination but also perpetuates common myths about HIV, undermining testing and prevention efforts.

NAT and Stigma Index UK believe that the core outcomes of PSHE education are to:

- Understand, explore and develop a strong sense of self– be self-aware, confident and responsible individuals, understanding how values and feelings influence themselves and others, while being/ becoming empathetic and able to show respect for the differences between people regardless of race, culture, ability, disability (including HIV status), gender, age and sexual orientation
- Know, learn about and adopt healthy, safer lifestyles – grow up to be healthy young adults who know how to look after themselves and stay safe
- Build positive relationships – enhance or develop relationships that are based on open communication, self-expression and fair power dynamics. Develop career goals and economic understanding – be able to make informed decisions about education, training and work options in the context of a changing global economy
- Understand financial capability – be a discriminating and responsible consumer and

manage their finances effectively

We would also like to see the following considered core knowledge and awareness within PSHE:

- Transmission routes of HIV
- The difference between HIV and AIDS
- The relative risk of different sexual practices in relation to HIV
- Learning about legal and illegal drugs and alcohol, and their linkages these have with people's health, including safer sex choices
- Different groups at risk from HIV and appropriate testing messages
- Information and support around same sex relationships
- The realities of living with HIV, including treatments and barriers to being open about one's status (i.e stigma and discrimination)
- Knowledge about sources of support and local services

Q2) Have you got any evidence that demonstrates why a) existing elements and b) new elements should be part of the PSHE education curriculum?

Your answer should provide a summary of the evidence and where appropriate contain the title, author and publication date of research.

Comments:

Existing elements of PSHE

NAT and the HIV Stigma Index UK team believe that existing information on sexual activity within the curriculum - which explicitly refers to HIV - as well as the statutory instruction to teach the biological side of HIV are both appropriate in directing teachers to inform young people about HIV transmission. However, there is reason to believe that even this is not successful in educating young people about HIV.

Research suggests that there has been a marked decline in basic knowledge of HIV in the last decade and that even this foundational level of knowledge is not being taught to all children.¹ A Sex Education Forum (SEF) survey recently found that one in four young people learn nothing about HIV in school.² At the same time, public knowledge of HIV is in decline – NAT research conducted by Ipsos MORI found that 20% of people did not know that HIV can be transmitted by sex without a condom between a man and a woman. The same number did not know it could be transmitted through unprotected sex between two men. In all, only could 30% correctly identify from a list all the ways HIV can and cannot be transmitted.

The SEF also found that young people would like HIV education to go beyond narrow medical explanations to encompass, for example, more information on the

¹ NAT, Ipsos MORI: 'HIV Public Knowledge and Attitudes', 2010.

² Sex Education Forum: 'Young people's experiences of HIV and AIDS education', 2011

relative risk of different sexual practices. We agree with this.

Teaching the biological aspects of HIV transmission is important, but on its own it is not sufficient. HIV is a social as well as a scientific phenomenon. The SEF survey showed that at present, many young people get much of their information on HIV from magazines and newspapers. These often contain inaccurate, stigmatising and judgemental stories or language which aims to sensationalise or entertain, not educate. NAT's Ipsos MORI research meanwhile showed that 68% of people agree more needs to be done to tackle prejudice against people living with HIV in the UK. This needs to start at school. NAT's research shows wide public support for this – 85% agreed that young people should at least be taught about HIV at secondary school, to ensure they have a good understanding of the condition by the time they leave (only 5% disagreed).

New elements of PSHE

There are numerous ways of introducing a more rounded approach to HIV in the curriculum, covering issues beyond the mechanisms of transmission. We have loosely grouped these under the following sub-headings.

Stigma and discrimination

HIV education within PSHE must tackle stigma and discrimination around HIV. Stigma denigrates and isolates those living with HIV, and those affected by it, thus preventing individuals being open about the condition. It also undermines testing and prevention measures, with damaging implications for all areas of sexual health.

Recent research by the Office for Public Management, commissioned by Body & Soul, highlighted a stark contrast between the knowledge young people have about HIV and how they would behave to someone who is HIV positive. This shows the need for more in depth education on the real experiences of people living with HIV.³

One easy way to address stigma within the current frameworks of content is to add in explicit reference to 'HIV status' under the explanatory notes for 'the power of prejudice' contained in point j of the KS4 'Range and Content' section.⁴ This is an ideal opportunity for students to learn about common responses and myths around HIV, and the barriers to being open about one's HIV status. This can also link with work on bullying. However, more broadly the PSHE curriculum needs to focus more explicitly on attitudes and values, in order to properly address issues such as HIV-related stigma, homophobia and racism.

The realities of living with HIV

Another vital element of HIV education is around treatment. While HIV should always be understood as a serious, potentially life threatening long-term condition, it is too

³ Office for Public Management/Body and Soul: 'Young people's attitudes to HIV: summary of findings', 2010.

⁴ QCA: 'PSHE: Personal Wellbeing: Key Stage 4', 2007

⁵ The People Living with HIV Stigma Index: *Qualitative Data*, 2010.

⁶ UK Youth Parliament: 'Are You Getting It?', 2008.

often associated with mortality in the minds of young people. This can serve to deter testing, and often perpetuates stigma and discrimination which can cause distress for those living with or affected by HIV. This was illustrated in HIV Stigma Index UK's 'Give Stigma the Index Finger' research, with one interviewee – who is living with HIV - noting:

"I have ... a son [15] and a daughter [17] and I told ... them straight away and first thing my daughter said to me is, 'are you going to die Dad?' And I [said], '... no there's medication out there'. I educate them ... but it should be more in schools..."⁵

The current 'Range and Content' of KS3 & KS4 PSHE needs to encompass the health realities of living with sexually transmitted infections, including HIV. Here young people should learn about the highly effective anti-retroviral treatments, which now mean most people with HIV live long and healthy lives.

New issues relating to HIV that young people need to learn about are emerging treatments, such as post-exposure prophylaxis (PEP). Discussion around criminalisation of HIV transmission are also a useful way to highlight ethical debates around rights and responsibilities, as well as stigma and discrimination.

Creative approaches

A further theme emerging from workshops with teachers (and other providers of HIV education) undertaken by HIV Stigma Index UK is the utility of film and new media to good PSHE. One teacher said:

"Film and new media are a particularly useful way in to teaching PSHE. As a means of creating awareness of cultures and traditions outside of students' own experience, it can shape, define and challenge the way we see others and ourselves. Rapid technological advancements...have also made it easier for more children and young people to practice and share their work, allowing a greater number of previously unheard or marginalised cultural voices to be heard"

Encouraging young people to access sexual health services

SRE, including HIV education, should not be taught in the abstract. Young people need, and want, to know about local sexual health services where they can get more information and get tested. However, a recent Youth Parliament Survey showed 51% of respondents did not know where their local sexual health clinic was.⁶ This could be improved within the KS4 framework of content by adding explicit reference to GUM clinics in the explanatory notes for 'obtain health information'.

Q3) Which elements of PSHE education, if any, should be made statutory (in addition to sex education) within the basic curriculum?

Comments:

Sex and Relationships education should be statutory within the basic curriculum. NAT and HIV Stigma Index UK consider the current provision of SRE in schools inadequate. The present statutory requirement to include 'sex education' within the basic curriculum is of questionable worth when the best vehicle for it - SRE within PSHE - is non-statutory. As a result, HIV education is getting squeezed out of a crowded curriculum: the SEF found that 1 in 4 young people learnt nothing at all about HIV at school. Nick Gibb has said this is "unforgivable", but the problem can only be properly rectified by making a holistic SRE program statutory within the basic and national curriculum.⁷

Statutory sex education and HIV education should not be confined to the Science curriculum, as at present it is. 61% of young men and 70% of young women over the age of 17 told a Youth Parliament survey that they did not receive any information on personal relationships while at school⁸. This urgently needs to be addressed. HIV, like sex, is not simply a medical matter but a social one too – and it is enmeshed with issues of behaviour, attitudes and societal determinants of health that young adults need to learn about.

It's vital that young people have the skills and awareness to negotiate relationships, sexual and otherwise, in order to equip them with the self-esteem and knowledge to protect themselves from potentially risky or harmful behaviour. They also need to have a good idea of the risks linked to their behaviour, how to protect themselves and their partners, and the realities of living with HIV in the UK today.

But SRE is not just about sex. Within primary schools, SRE can play a vital role in simply informing children about the basics of relationships, the importance of respecting everyone and recognising inappropriate behaviour. This helps young people build self-esteem and to form healthy relationships, which can be critical to their healthy development and behaviour as they grow older.

NAT therefore recommends that the government make the relationship side of sex education statutory within the basic and national curriculum, as well as teacher training. Statutory SRE, with the core outcomes as defined in question 1, would ensure schools teach about sexual health, HIV and same-sex relationships.

This recommendation builds on recent calls from the House of Lords Committee on HIV and AIDS in the UK, led by Lord Fowler, to make SRE a statutory part of the curriculum.

Q4) Are the National, non-statutory frameworks and programmes of study an effective way of defining content?

YES

No

Not Sure

⁷ Press Association: 'Lack of HIV lessons 'unforgivable'', 24th May 2011.

⁸ UK Youth Parliament: 'Are You Getting It?', 2008.

Comments:

NAT and HIV Stigma Index UK believe that if PSHE education (as in question 1) is made statutory, then the current frameworks of study are an effective way of defining content. However, they need to be expanded to encompass the social side of STIs and in particular HIV (see Questions 1, 2 and 3).

To make these frameworks effective in practice, teachers also need to be properly trained and have the support to be able to talk sensitively and confidently about HIV. At present, however, many do not – 80% of school leaders recently told a Durex survey that they felt they did not even feel properly trained and confident to teach SRE⁹.

Q5) How can schools better decide for themselves what more pupils need to know, in consultation with parents and others locally?

NAT and HIV Stigma Index UK backs calls made by the Youth Parliament that Ofsted, when evaluating PSHE in individual schools, take into account the views of pupils on content and outcomes of the education they receive.^{10 11} Children and young people can also be consulted through focus groups, questionnaires, discussions in class and the school council.

We also agree with Ofsted's own recommendation that schools need to "improve the assessment of pupils' progress in PSHE by evaluating changes in attitudes and the extent to which pupils are developing relevant skills" (Time for a Change?, 2007). Local priorities and the views of SRE/sexual health professionals also need to be taken into account by schools when developing their SRE policies and programmes.

How do you think the statutory guidance on sex and relationships education could be simplified, especially in relation to:

6 a) Strengthening the priority given to teaching about relationships?

⁹ Durex, Survey of parents, teachers and governors on Sex and Relationships Education in England, 2011.

¹⁰ UK Youth Parliament: 'Are You Getting It?', 2008.

¹¹ Ofsted: 'Time for a change? Personal, social and health education', 2007.

Comments:

NAT and HIV Stigma Index UK believe that teaching about relationships forms an important part of a PSHE education which delivers key HIV prevention messages. This can have a significant influence on communicating HIV prevention information and strategies for negotiating safer sex, as well as information about local treatment, care and support services. We recommend that SRE be compulsory within the curriculum, and that the guidance framework be expanded to include reference to the social side of HIV (see question 2).

This would facilitate lessons which focused on issues such as self-esteem, overcoming social stigma and challenging bullying – a key consideration when thinking about relationships education. An example of this is contained within lesson plans for schools in Cornwall, devised by Healthy Schools.¹² This lesson plan, aimed at Key Stage 3, lets children explore issues of discrimination and bullying in very basic ways through the prism of those with HIV. At the end of the lesson, children are asked to reflect on questions such as ‘What do you think the effects of bullying and prejudice are on people’s self-esteem and emotional health and well being?’ and ‘What can you and your school community do to make sure that school is a place where everyone feels safe?’

We also recommend that the age-related framework for SRE, from Key Stage 1 onwards needs to strengthen the priority given to teaching about relationships. Finally, we endorse calls by Birmingham City Council that SRE be renamed ‘Relationship and Sex Education’, as it is in Northern Ireland.¹³ Although only a minor change, this would at least give more emphasis to the relationship side of SRE.

6 b) The importance of positive parenting?

Comments:

¹² Cornwall Healthy Schools: ‘Teaching and learning HIV’, 2003.

¹³ Birmingham City Council: ‘Education on Relationships and Sexual Health’, April 2009.

THE PEOPLE
LIVING
WITH HIV
STIGMA
INDEX



6 c) Teaching young people about sexual consent?

Comments:

**Q7) Have you got any examples of case studies that show particular best practice in teaching PSHE education and achieving the outcomes we want for PSHE education?
Your answer should be evidence based and provide details of real-life case studies.**

Comments:

One particularly good example of best practice PSHE including HIV comes from Croydon's Healthy Schools Advisor, who worked with all schools in the local authority to develop a new Scheme of Work for Primary SRE that covered reception to Year 6. According to the SEF:

"...HIV is covered as part of learning about stereotyping in Year 6 within the Scheme of Work for primary school SRE in Croydon. First there is a general lesson on stereotyping. The second lesson looks at 'what is HIV' – using a 'draw and write' activity. The lesson progresses to look at HIV stigma and challenging misperceptions, with the emphasis being on reassuring pupils about how HIV is not transmitted, and encouraging them to consider how they would treat someone with HIV. This learning focuses on how to look beyond stereotypes and HIV provides important content to illustrate this." (Sex Education Forum website, 2011).

We highlight this case as an example of how a creative approach can be used to cover many of the core issues in HIV education, as well as SRE more broadly. This case study was also endorsed by the (then) Department for Children, Schools and Families' guidance on sex and relationships education ('Sex and Relationships

Education Guidance in Schools', 2009) as a key example of how to integrate SRE topics generally within key concepts of PSHE.

NAT has also produced a comprehensive Schools Pack which gives ideas and examples for effective HIV education. It can be found here: <http://www.nat.org.uk/Information-and-Resources/Schools.aspx>

Q8) How can PSHE education be improved using levers proposed in the Schools White Paper, such as Teaching Schools, or through alternative methods of improving quality, such as the use of experienced external agencies (public, private and voluntary) to support schools?

Comments:

NAT and HIV Stigma Index UK do not hold the view that PSHE, or HIV education, is best delivered by external agencies alone. We believe that all schools should have teachers trained in-house to be able to provide clear and sensitive education around HIV, as well as confidently answer any questions their pupils may have on the topic and SRE more widely.

PSHE and SRE curriculum should be clear and consistent. However, we believe there is a role for external agencies from the voluntary sector to support schools in PSHE. Regarding HIV education, this would be in providing expertise and engagement with schools over lesson plans, resources or guest speakers. Examples of voluntary sector organisations who provide this kind of help including Positive Action and Brunswick.

One participant in HIV Stigma Index UK's report on stigma said:

"My mate is a positive speaker and he goes into schools, universities and ...prisons... He gets nothing but fantastic feedback from the kids, from the teachers... The kids, they admit to him they didn't have a clue and he goes in as an HIV positive person and he says, 'I'm living with HIV, these are the facts, this is what it's like living with HIV, this is what you face when you become HIV positive' and ... he gets fantastic results..."

In addition, NAT and HIV Stigma Index UK believe that the following levers are necessary to improve the quality of SRE:

- Set criteria for a national standard for best practice in schools
- Resume the Initial Teacher Training pilot to train specialist PSHE teachers
- Identify PSHE centres of excellence in Teaching Schools ensuring all new teachers are equipped to teach PSHE
- Introduce a kitemark register for external agencies (public, private or voluntary)

THE PEOPLE
LIVING
WITH HIV
STIGMA
INDEX

TRANSFORMING
THE UK'S
RESPONSE
TO HIV



Q9) Have you got any examples of good practice in assessing and tracking pupils' progress in PSHE education?

Your answer should be evidence based and provide details of real-life case studies.

Comments:

Q10) How might schools define and account for PSHE education's outcomes to pupils, parents and local people?

Comments:

NAT and HIV Stigma Index UK agree with the Sex Education Forum that schools should define and account for SRE's outcomes to pupils, parents and local people by:

1. Developing comprehensive schemes of work for SRE based on the core knowledge and awareness set out in question 1.
2. Including PSHE/SRE in the school's assessment policy, identifying learning outcomes and building assessment procedures into all plans and schemes of work
3. Reporting on progress in SRE at parents/carers meetings and as a subject in end of term/year reports
4. Monitoring the delivery of the SRE programme and seeking the views of all stakeholders, including pupils, in evaluating its impact and effectiveness.

Q11) Please use this space to provide us with your views and any other comments about PSHE.

Comments:

THE PEOPLE
LIVING
WITH HIV
STIGMA
INDEX



Thank you for taking the time to let us have your views. We do not intend to acknowledge individual responses unless you place an 'X' in the box below.

Please acknowledge this reply

Here at the Department for Education we carry out our research on many different topics and consultations. As your views are valuable to us, would it be alright if we were to contact you again from time to time either for research or to send through consultation documents?

Yes

No

All DfE public consultations are required to conform to the following criteria within the Government Code of Practice on Consultation:

Criterion 1: Formal consultation should take place at a stage when there is scope to influence the policy outcome.

Criterion 2: Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

Criterion 3: Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

Criterion 4: Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

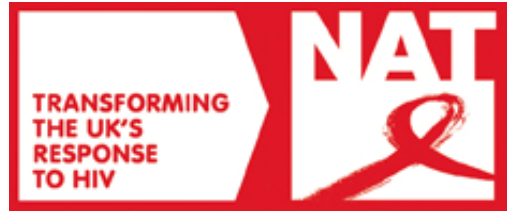
Criterion 5: Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees' buy-in to the process is to be obtained.

Criterion 6: Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

Criterion 7: Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.

If you have any comments on how DfE consultations and reviews are conducted, please contact Carole Edge, DfE Consultation Co-ordinator, Tel: 01928 438060 / email: carole.edge@education.gsi.gov.uk

THE PEOPLE
LIVING
WITH HIV
STIGMA
INDEX



Thank you for taking time to respond to this request for representations

Completed questionnaires and other responses should be sent to the address shown below by 30 November 2011

Send by post to: Department for Education, Consultation Unit, Area 1C,
Castle View House, Runcorn, Cheshire WA7 2GJ

Send by e-mail to: PSHEEducation.review@education.gsi.gov.uk