

## Education Committee Briefing Paper

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This briefing covers three main recommendations for discussion:

1. Implementation of the recommendations of the Independent Review of Education and the A Fair Start report. The reforms set out in these reports will tackle many issues affecting children and young peoples' (CYP) mental health, and several systemic issues that affect mental health in the general population. Social inequalities are a key driver of poor mental health, and the education system perpetuates these.
2. Full delivery of the Framework for Emotional Health and Wellbeing in Education, in all schools in NI, established with a multiple year budget facilitating recruitment.
3. High quality, inclusive Relationships and Sexuality Education (RSE) for all our children and young people.

### **Implementation of the recommendations of the Independent Review of Education.**

Social inequalities and poverty have a fundamental and lasting direct impact on mental health, and they lead to the early adversity (ACEs) and trauma which predict [mental illness](#). Whilst a Programme for Government that focuses on wellbeing, and strong childcare and anti-poverty strategies are necessary, the role of the education system in perpetuating the inequalities that cause mental illness must not be ignored. The recommendations of the Independent Review of [Education](#) and the plan for a single education system, which also values diversity and offers choice, would give our CYP the opportunity to develop the skills, qualifications and social capital, enabling them to stay healthy, achieve their goals and thrive in a prosperous society.

The implementation of the following recommendations are vital in terms of the mental health of our CYP specifically, and are consistent with recommendations in the [A Fair Start report](#):

- The expansion of early years education (2), specifically, Sure Start provision.
- The modification of the transition process (5)
- Ensuring assessment supports progression (7)
- The transformation of SEN provision to create equity (11)
- Valuing the education workforce (12)

The relationships and [attachments](#) in the first few years of life predict wellbeing across the lifespan. Poor attachment and childhood adversities (ACEs) affect the developing brain's response to [stress](#), behaviour patterns and risk of mental illness. Interventions in [early](#) years education settings are cost effective in addressing the negative impact of early adversity. They can also transform a child's educational outcomes. Investment in this area (in the context of a Childcare Strategy, and the Early Intervention and Prevention Plan in the Mental Health Strategy) will pay dividends, and have a life [changing](#) impact on vulnerable children and their families.

I have spoken publicly many times about the harmful impact of the current system of transfer from Primary to Secondary school on the mental health of individual children, including the role that this plays in perpetuating economic inequalities, and the harm caused by the myth that this test measures innate “ability” and “sorts” children into appropriate schools. The respected academic experts who conducted the Independent Review provide a clear pathway to reform this system whilst maintaining parent choice and respecting the diversity of sectors. This needs to be implemented as a matter of urgency.

In my [evidence](#) to the Independent Review of Education, I highlighted the impact of the focus on a narrow range of educational qualifications on mental health. Again, the Review’s recommendations address this, and should be implemented so all children can set and achieve their goals. The current situation with regards to support for CYP with SEN is nothing short of shameful. These children and their families are extremely vulnerable to poor mental health and the evidence of the impact that the lack of support plays on their mental health is very clear. I add my voice to that of the Children’s Commissioner, and the many other groups, including the families, to plead with you to implement the recommendations from the 2020 [Too Little, Too Late](#) report, prioritize funding for the implementation of the [SEN](#) Framework, to legislatively [support](#) current guidance on use of restraint and seclusion in education settings and fully implement the action plan within the Fair Start Report. The needs of our most vulnerable young people and their families are not being met, they have waited long enough for these reforms to be actioned. If we create [equity](#) in the education system and give every child a fair chance, all of society will benefit socially and economically.

In my evidence to the Education Committee previously, I highlighted the international evidence that charts a decline in wellbeing in young people in the Western World over the past decade. In [2020](#) in Northern Ireland (NI) 12.6% of CYP aged 2-19 years met the criteria for any mood or anxiety disorder. In our own [study](#) in both the 2023 Young Life and Times and the Kids’ Life and Times surveys, found that 45.2% of 16-year-olds in NI have probable mental ill-health (female 52.9%, males 32.8%). This study also revealed that the wellbeing of 11-year-olds in NI has declined in recent years to its lowest ever score since 2016.

Relationships and psychological safety are fundamental to emotional regulation, which is conducive to learning and good mental health. Children feel safe and content when they are with healthy, well-regulated adults who set and maintain boundaries, in a community where everyone’s role is valued. This is the basis of [trauma](#) informed practice. The Review’s recommendations concerning the education workforce, investment in good training and working conditions for teachers, classroom assistants, and all those who constitute the school community, are critical to creating an education system that promotes CYP’s mental health and a healthy society in general.

### **Full delivery of the Framework for Emotional Health and Wellbeing in Education, in all schools in NI.**

Whilst the rates of poor mental health in CYP are high, many of these cases reflect the high levels of anxiety which has become a feature of adolescence in the past [decade](#). I am also concerned

about the rise in young people self-identifying as having poor mental health, where the normal stress/anxiety response is misinterpreted as mental illness. There is a growing [recognition](#) that efforts to raise awareness of mental illness can promote self-diagnosis and the misinterpretation of milder distress as a mental health problem. This can lead to an exacerbation of symptoms and behaviours that are not conducive to good wellbeing (rumination, self-labelling, public disclosure on social media etc...). For this reason, it is vital that universal “mental health” interventions, especially those with a focus on mental health schools are carefully evaluated, and [unintended](#) consequences measured.

However, young people do need to have universal access to education about their physiological stress response and how to cope with stress, as well as how to manage their relationships. This preventative approach can [mitigate](#) against mental ill-health. As I pointed out to previous Committees and in my evidence to the Independent Review of Education, these aspects of “mental health” are already on the curriculum, the focus needs to turn to high quality delivery. Again, I call for equal emphasis to be placed on the measurement and improvement of the wellbeing of children and young people in education, as on academic attainment. I commend ETI for their work in this area and for the progress towards an inspection framework which considers the ability of schools to develop the conditions required to nurture young people’s wellbeing.

As a starting point, I would recommend that all our secondary schools have pupil councils which consider wellbeing, who have a meaningful influence on school policies and practices. Each school should also have a named individual to drive forward a “whole school” approach to promoting wellbeing, supported by an excellent leadership team. The evidence also points to bullying as a cause of poor mental health, and anti-bullying interventions are cost effective in [preventing](#) mental illness. We must also ensure that the [wellbeing](#) of the groups who are at higher risk is protected. These are: CYP with a disability, neurodivergent CYP, those with SENs, CYP from BAME communities, refugees and asylum seekers, care experienced CYP, pupils who are LGBT+, and the [one in five](#) children who live in poverty.

Finally, a focus on wellbeing should place a strong emphasis on arts, music, physical activity and [play](#) in the school setting. These activities have a powerful impact on wellbeing, indeed many of the effective treatments for mental illness and trauma in CYP are the therapies which harness the creative arts, visual art, music, physical activity, nature, and animals, to generate powerful changes at a neurological level.

In terms of addressing mental illness and early intervention for those with symptoms, we must ensure that the current programmes that provide support and therapies to young people in the school setting are maintained, and that the [Children & Young People's Emotional Health and Wellbeing in Education Framework](#) is funded in full, and consistently implemented in all schools. The Framework has the potential to ensure that young people learn how to identify and respond appropriately to their own feelings, care for their emotional health, and identify when additional support may be required. The programmes and services that are in the Framework will empower schools to support young people and connect to the wider system of mental health care. Teachers should be able to competently manage distress and crisis and be able to access early intervention or treatments external to education when young people require them. The approach

to this cannot be piecemeal, full funding and a multi-year budget are necessary. There has been much progress in the last three years; many of the specific supports are now available, and the emotional wellbeing teams are present in many schools, to support schools to strengthen the focus on wellbeing. These provisions must be expanded, and ultimately legislation may be necessary to mandate prioritisation and embedding of emotional health and wellbeing practice and resources across all schools. The Framework also facilitates the early intervention work and will strengthen the links between Education, Health and the Community and Voluntary Sector, to better support young people and their families. In addition to this, the consistent delivery of therapeutic interventions (including counselling) is also essential.

School non-attendance deserves a special mention as it has been highlighted as an issue of concern by [Department of Education](#), we are seeing unprecedented numbers of children falling into what is classified as ‘chronic’ absence, (more than 10% of days missed) and ‘severe chronic absence (more than 20%)’. Non-attendance, often misrepresented as “[refusal](#)”, or absence for no reason, is very often a [mental health](#) issue. In many of these cases CYP are unable to attend school because it is not an environment in which they can feel [safe](#); or, poor parental mental health, or trauma, means that the adult support required to attend school is not available. Restrictive and [punitive](#) uniform and other [policies](#); [bullying](#) (including homophobia, transphobia, racism and weight stigma) and a lack of support for SEN can also play a role. Effective policies to address the high rates of non-attendance will address these factors in a supportive and compassionate manner.

### **High quality, inclusive RSE for all our children and young people**

As I have stated previously, relationships are fundamental to good mental health and wellbeing, and our own [studies](#) show that [relationships](#) with peers and parents are key causes of stress and worry for young people. The rates of poor mental health in adolescence are much [higher](#) in girls, and the evidence points to the link with misogyny and [sexism](#); as well as school pressure, difficulties in peer relationships, and social [perfectionism](#). I fully support the position of the Family Planning Agency, who state that [RSE](#) should develop positive values and attitudes and equip young people to enjoy relationships based on mutual respect, trust, negotiation, and fulfilment. Many of NI’s most vulnerable young people have not had exposure to role models for healthy relationships. As a result, they can have difficulty navigating consent, and recognising and responding to abuse and violence in their own relationships. Ignorance around these issues is harmful to mental health. The evidence shows that high proportions of young people in NI are engaging in [risky](#) sexual activity and a strong consistent RSE programme is necessary to reduce the associated health risks and protect young people’s wellbeing. Research conducted by the Belfast Youth Forum in 2019, the [Anyuse? report](#), found that young people described the RSE they received in school to be ‘basic’, ‘unhelpful’, ‘useless’ and ‘biased’. Several studies show that pupils would like to know more about LGBT+ identities, and that these subjects were delivered poorly or not at all.

It is therefore extremely worrying that, in the [consultation](#) document on the proposals for RSE in school states that “*schools have flexibility to decide on the content of their taught RSE*”

*programme and how to deliver it. It is a matter for teachers to decide how the curriculum should be delivered, which resources to use, and which specific topics should be covered”.*

These policies may result in young people in some schools not receiving certain curriculum content. This would lead to inconsistency in delivery across the region and may limit young people’s access to the factual information they need to make informed decisions. Consistency is key, not just across the region, but also within schools. The RSE consultation also states: *“the change in the legislation made by the Secretary of State does not prevent teachers and pupils being able to continue to discuss and comment on moral and ethical issues which may arise in relation to the content of teaching and learning resources developed by CCEA”.* Again, this is a cause for concern as it may be interpreted as permitting schools to provide [moral](#) commentary regarding issues such as gender identity, sexual orientation and family structure. This type of commentary is harmful and results in CYP feeling ashamed, stigmatized, and [marginalised](#). In order to promote wellbeing (and in fact to promote peacebuilding) schools should be places that celebrate diversity. Schools need to proactively promote inclusion, particularly for LGBT+ young people, many of whom are bullied and report feeling marginalised and unsafe.

The conditions and autonomy offered to schools, quoted in the consultation document, will encourage schools to continue their current level of implementation of RSE without fully adopting the updated resources, and the mental health of our young people will suffer as a consequence.

It is of course vital that parents and caregivers are fully informed about the RSE curriculum and have access to the information and resources delivered. This will promote the continuation of these important discussions at home. However, it is concerning that the [Consultation Response Report](#) notes that provision will be made to allow exclusion on specified elements. Children should not be prevented from accessing this necessary and valuable education. Put simply, these policy proposals do not align with a rights-based approach, and they need to be rejected.

**High quality, inclusive RSE will benefit the mental health of our children and young people.**

**Professor Siobhan O'Neill, Mental Health Champion for NI**

Healthy relationships are the foundation of good mental health, they promote emotional regulation and protect us from mental ill health. Our friends support us through difficult times and a healthy relationship is associated with good mental health. However, strong relationships require skills that often do not come naturally, particularly for people who have had difficult relationships with their own parents. There have been calls for mental health in the educational curriculum, and education about relationships is an important element of this. It is therefore positive that Monday's motion calling for standardised, inclusive Relationships and Sexuality Education (RSE) in all NI's schools was supported.

A key purpose of RSE is to give young people the information and skills to have healthy relationships. In primary school, it is about how to make friends, how to be a good friend, and how to communicate our needs in a respectful way. It also covers how we respond when things go wrong and coping with rejection. This is particularly relevant in adolescence. The evidence shows that by the age of 16, 58% of males and 55% of females had dated, and in our 2023 survey of young people, problems or arguments with friends were a source of stress and worry for 39.8% of 16-year-olds.

Many of NI's most vulnerable young people have not had role models for healthy relationships. As a result, they can have difficulty navigating consent, and recognising and responding to abuse and intimate partner violence. Education and open discussion around these issues is beneficial to mental health. A recent study from University College London showed that the elimination of sexual harassment would lead to a reduction of 16.8% in the rates of serious mental health problems in girls. RSE is also an important way in which we can reduce the rates of violence against women and girls. In an interview with the BBC, following his review of Serious Sexual Offences in NI, Sir John Gillen said: "I'm a firm believer that children as young as five and six should be introduced, at a child-friendly level, to the concepts of consent, to the concepts of responsibility in relations with the opposite or same sex, as the case may be."

Unfortunately, it seems that the current teaching of RSE is woefully inadequate, the Secondary Students Union of Northern Ireland's survey found that 77% had not heard of RSE and only 22.8% had been adequately taught about consent. In research conducted by the Belfast Youth Forum, young people described the RSE they received in school to be 'basic', 'unhelpful', 'useless' and 'biased'. Several studies show that pupils would like to know more about LGBT+ identities, and that these subjects were delivered poorly or not at all.

It is vital that essential elements of RSE, consent and boundaries; and in adolescence, information about reproduction, sexuality and gender, are delivered in a consistent manner across all schools. Last year the Secretary of State made age-appropriate, comprehensive and scientifically accurate education on sexual and reproductive health and rights, covering prevention of early pregnancy and access to abortion, a compulsory component of curriculum for adolescents. This is a positive development which should result in all our children and young people accessing information. However misinformation regarding the content of RSE abounds, and many subscribe to the myth that RSE will result in an increase in sexual activity. Of course, the opposite is true, most young people already have access to online information including pornography, and by equipping young people with communication skills and accurate information, good quality RSE reduces early sexual activity and unplanned pregnancy. The reality is that high proportions of young people are engaging in risky sexual activity, and a strong consistent RSE programme is necessary to reduce the associated health risks and protect young people's wellbeing.

To promote wellbeing (and in fact to promote peacebuilding) schools should also be places that celebrate diversity. In RSE and elsewhere, schools should proactively promote inclusion, particularly for LGBT+ young people, many of whom are bullied and report feeling marginalised and unsafe. The messages that young people receive at school, about issues such as sexuality and family structures contribute to this. It is therefore also a cause for concern that the current guidelines state that schools may continue to provide a commentary regarding the topics discussed in RSE. It is vital that parents are fully involved in RSE, they need to be made aware of what is discussed so that important conversations can continue at home. However, it is again worrying that there are proposals to allow parents to exclude a young person from accessing information about abortion and the prevention of early pregnancy. All our young people have a right to this information and to a high quality inclusive RSE curriculum. By delivering this well across all our school, we promote mental health and positive social relationships.

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Submitted to Relationships and Sexuality Education (RSE) Consultation  
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## Introduction

### About You

Please select the box that best describes you:

Other

If Other, please specify:

Office of the Mental Health Champion

Name (optional):

Professor Siobhan O'Neill, Dr. Nicole Bond

Name of School (if applicable/optional):

The Department may make responses available in summary form on its website [www.education-ni.gov.uk](http://www.education-ni.gov.uk), although contact names and addresses would be removed. Please note that under the Freedom of Information Act 2000 (Annex A) your response may be made available, on request, to the public.

If you would prefer your response to remain confidential, please tick this box:

No

### Completing this Survey

#### SECTION A: CONSULTATION ON DEPARTMENT OF EDUCATION'S GUIDANCE ON THE CHANGE TO LEGISLATION – CURRICULAR CONTENT AT KEY STAGES 3 AND 4

1 The content of teaching and learning resources for Learning for Life and Work developed by CCEA should be factual and contain age-appropriate, comprehensive and scientifically accurate education on sexual and reproductive health and rights, covering prevention of early pregnancy and access to abortion and these resources should not advocate, or oppose, a particular view on the moral and ethical considerations of abortion or contraception.

Agree

ADDITIONAL COMMENTS (OPTIONAL). The space below is for you to add any additional comments should you wish to provide more detail in respect of the Statement above.:

Sexual and reproductive health, and rights associated therein, should always be presented in an age-appropriate way, using factual evidence-based resources. It is encouraging to note that the Secretary of State included the stipulation that these resources should not advocate or propose a particular view on the moral and ethical considerations of abortion or contraception. This should ensure that young people have access to factual information regarding their sexual health, that is not delivered with judgement, and should reduce the stigma associated with such decisions.

However, we are concerned that the document includes a caveat which may be interpreted as permitting schools to provide moral commentary regarding issues such as gender identity and sexual orientation and other issues.

"In keeping with the design principles of the Northern Ireland Curriculum, schools have flexibility to decide on the content of their taught RSE programme and how to deliver it. It is a matter for teachers to decide how the curriculum should be delivered, which resources to use, and which specific topics should be covered....It should, therefore, be noted that the change in the legislation made by the Secretary of State does not prevent teachers and pupils being able to continue to discuss and comment on moral and ethical issues which may arise in relation to the content of teaching and learning resources developed by CCEA".

The above paragraph is concerning to say the least, as schools may view this as an invitation to provide the type of moral and ethical commentary that leads to children feeling ashamed, stigmatized, marginalised and unsafe.

There is strong evidence of the harm and damage that can occur when young people are exposed to negative judgements about their family structure, gender or sexual orientation in the school context. In order to promote wellbeing school needs to be a place that celebrates diversity and practices need to be developed to proactively promote inclusion, particularly of LGBT young people who report feeling marginalised and unsafe.

A further concern is that this may lead to young people not receiving certain curriculum content based on the school's preference. This would lead to inconsistency in delivery across the region and may limit young people's access to the factual information they needed to make informed decisions on matters which have an important impact on their health and mental health.

Consistency is key, not just across the region, but also within schools. Young people should not be given conflicting messages about their sexual health across different subject areas, or indeed within subject areas, but during different lessons.

The Family Planning Agency's policy statement regarding sexual education states that it should develop positive values and attitudes and equip young people to enjoy relationships based on mutual respect, trust negotiation, and fulfilment (FPA, 2000). RSE is an integral part of the revised NI curriculum, which includes the compulsory component of 'learning for life and work' based on self-awareness, personal health, and relationships (Department of

Education, 2010). DE guidance states, "sex education should be taught in a sensitive manner, in harmony with the ethos of the school and conform with the moral and religious principles held by the parent and school management authorities" (Department of Education, 1987). In practice, this can mean that schools are not required to acknowledge sexual or gender orientations, provide accurate advice regarding birth control, discuss consent issues, or provide unbiased information on pathways for support. This is undoubtedly detrimental and does not align with a rights-based approach.

Outlined by the Children's Commissioner for Wales; effective and high-quality Relationships and Sexuality Education will help ensure children and young people experience their rights under the UNCRC, including:

- the right to non-discrimination (Article 2)
- the right to be heard, express opinions and be involved in decision-making (Article 12);
- the right to access information (Article 17);
- the right to experience the highest attainable health, access to health facilities, preventative health care, and family planning education and services (Article 24)
- the right to an education that support all children to develop and reach their full potential and prepare children to be understanding to others (Article 29)
- the right to government protection from sexual abuse and exploitation (Article 34).

The evidence shows that high proportions of young people in NI are engaging in risky sexual activity, and a strong consistent RSE programme is necessary to reduce the risk and protect young people's wellbeing and mental health. In NI, the Towards Better Sexual Health Survey, which included responses from 4465 people, found that 53.3% of respondents had experienced sexual intercourse; of these, 36.7% had sex before the age of 17, and 27.4% had sex before the age of 16 (Schubotz, Simpson, & Rolston, 2002). The NI Northern Ireland Health Survey 2011/12 found that younger respondents were more likely than older respondents to have had their most recent sexual experience with someone they had only just met and did not previously know (8% of 16-24 year olds compared with 4% of 45-55 year olds). Research conducted by the Belfast Youth Forum in 2019; Any use? report, found that young people described the RSE they received in school to be 'basic', 'unhelpful', 'useless' and 'biased'.

There is the potential for these experiences to impact their self-esteem and mental health, directly, and also indirectly through the risk of sexually transmitted diseases and unplanned pregnancy. The autonomy offered to schools protect school ethos facilitates and promotes health inequalities by causing access disparity across the region. This is evidenced in multiple reports, including the recent ETI Thematic Review: The preventative curriculum in schools and Education Other Than at School (EOTAS) centres. The ETI found that pupils would like to know more about LGBTIA identities, gender identity and sexual orientation. Many post-primary pupils stated that teachers skipped teaching these subjects. This mirrors the responses in the school/centre questionnaires where 86% of schools/centres confirmed that these same three topics are only taught to a "small extent" or "not at all".

The reports noted above demonstrate the inconsistency of RSE delivery across the region, highlighting the absence of a regional approach to monitoring and evaluating the impact. Additionally, the sexual health surveys conducted at population level tend to focus the prevalence of sexual activity among young people. Current population level surveys do not capture the impact of RSE on knowledge of issues relating to gender identity, sexual orientation, LGBTIQIA, consent or reproductive rights, for example.

My concern is that the conditions and autonomy offered to schools, as quoted above, will encourage schools to continue their current level of implementation of RSE resources without fully adopting the updated resources and lesson content, and young people will suffer as a consequence.

## SECTION B: CONSULTATION ON DEPARTMENT OF EDUCATION'S GUIDANCE TO SUPPORT THE CHANGE TO LEGISLATION – PARENTAL OPT-OUT FROM LESSON(S) ON SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS COVERING PREVENTION OF EARLY PREGNANCY AND ACCESS TO ABORTION

2 Parents/carers should be informed about the specific nature and content of the age-appropriate, comprehensive and scientifically accurate education on sexual and reproductive health and rights, covering prevention of early pregnancy and access to abortion.

Agree

ADDITIONAL COMMENTS (OPTIONAL) The space below is for you to add any additional comments should you wish to provide more detail in respect of the Statement above.:

Parents should be fully informed about the curriculum and the information and resources that their child will have access to. This will promote the continuation of these important discussions at home.

The consultation seeks views on how schools might support parents to request their child be excluded from the additional RSE requirements. As this information is factual, evidence-based, and relates to relationships, reproductive health and rights, children should not be prevented from accessing such lessons. If parents have concerns about the content of those lessons, schools should freely share the resource materials and discuss why the lessons are beneficial and continue to engage with parents throughout the process.

3 The United Nations Convention on the Rights of the Child includes at Articles 1-3 and 12 the rights of the child to 'express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously' and at Article 5 'the rights and responsibilities of parents and carers to provide guidance and direction to their child as they grow up so that they fully enjoy their rights. This must be done in a way that recognises the child's increasing capacity to make their own choices.' The Department's guidance, when developed, should consider in such instances how schools balance the rights of both children and parents/carers in implementing the regulations.

Agree

ADDITIONAL COMMENTS (OPTIONAL) The space below is for you to add any additional comments should you wish to provide more detail in respect of the Statement above.:

These rights are not mutually exclusive. Schools, in delivering RSE fully, must allow young people the time and space to discuss and explore issues related to their sexual health and reproductive rights. As with all areas of life, the education that a child receives does not prevent parents from engaging in discussions and guiding their child as they grow.

4 Pupils and parents/carers should have access to an overview of their school's RSE policy and planned RSE programme.

Agree

ADDITIONAL COMMENTS (OPTIONAL) The space below is for you to add any additional comments should you wish to provide more detail in respect of the Statement above.:

As with any curriculum-based resources, parents should have access to the materials. In that way they can be fully informed of what is being taught and why. However, they should not have the powers to prevent their child from having this necessary and valuable element of their education.

ANNEX A – FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS