Response to “Review of the Relationships, Sex, Health Education (RSHE) Statutory Guidance” Consultation

Disability Rights UK (DR UK) is a national organisation led and run by Disabled people. Our vision is a world where Disabled people have equal rights, opportunities, and access to power. Our work is rooted in the lived experience of Disabled people. We are a membership organisation and work closely with organisations led by Disabled people, across the UK.

We submit this response to highlight how support for Disabled children and young people in school is so much more than just EHCPs and reasonable adjustments. Every child must be given the information and guidance required to make empowered decisions regarding their body. The Disability Rights Movement has long campaigned for the right to Independent Living – and having access to non-judgemental, empowering, sex education and support plays a crucial role in everyone’s journey to living independently. To limit this learning is to limit a young person’s freedom and choice.

We also stand in solidarity with the trans community during the ongoing erosion of their rights and targeting of their identities. Research suggests that around 1 in 2 trans people are also Disabled, and the intersecting marginalisation of the trans and Disabled experience leads to additional barriers when trying to access our education and get the support we need.

This guidance is a reaction to false anecdotal evidence and does not reflect the reality at schools, nor the needs of Disabled young people. The proposals – including age limitations and banning discussions around gender identity – are also not backed by research or expertise, and the professional panel consulted didn’t include anyone with lived experience or knowledge of SEND.

The guidance is unworkable and out of line with both the Equality Act 2010 and the United Nations Convention on the Rights of the Child (UNCRC).

The following outlines our main concerns with the proposed guidance:

1. **This guidance ignores Disabled children and young people’s voices and undermines their rights and autonomy.**

A lot of this consultation focuses on transparency and parental choice – but when talking about the education needed to understand our bodies, lives, and safety – the transparency and choice should sit with the group impacted. Just as, on all policies impacting Disabled people, we would say “nothing about us without us” – the same principle stands for children.
Not only does this guidance undermine Disabled young people’s voices, but it also wasn’t written in consultation with Disabled young people. This lack of co-production has led to it being at odds with what research shows young people want and what’s best for them.

To exclude Disabled children and young people from this conversation de-legitimises their voice and undermines their experience. Not only is this poor practice, but it also contradicts one of the most important RSHE lessons – that you can advocate for your needs because your voice matters.

Ignoring Disabled young people’s agency and voice also violates articles 12 and 23 of the UNCRC. The UK Government have a legal obligation to respect the views of children, and support Disabled children to live a full, decent, and independent life.

Forcing policies that are known to be harmful, and ignoring the voices of those impacted, reflects the opposite values that good RSHE lessons would teach: the importance of consent, respect and safety.

➢ **Recommendation:** Withdraw the proposed guidance and co-produce new RSHE guidance with children, young people, and parents from a variety of marginalised backgrounds – including Disabled young people.

### 2. Limiting RSHE education is harmful to Disabled young people, and the proposed age limits are misguided.

Limiting the information young people can access – especially regarding their bodies – does not protect children, it fails them.

The age limits proposed (from developing bodies, to abuse, and online content) are misguided and don’t reflect what young people are already exposed to and may need support navigating. Age is also not an accurate reflection of life stage and understanding. Some Disabled children may be older but in a lower school year and miss out on key information, or some may need more support to understand the information deemed appropriate for someone their age. We must meet each young person where they are and approach this education on an individual and inclusive basis – the [Welsh Relationships and Sexuality Education Code](https://www.gov.wales/topics/education-training/welsh-provision/03-relationships-and-sexuality-education/index) is a much better example of inclusive practice.

The topics under each age limit aren’t explained in detail – making it harder for teachers to know what content is deemed appropriate and when. The vagueness of the guidance, combined with the way it stigmatises all RSHE education, will lead to a limiting of education in practice. This risks restricting teaching on our anatomy (an essential education for reporting FGM and abuse) and not supporting children who may experience puberty or menstruation earlier than their peers.

We also have concerns about the limitations around “explicit” details, and how these restrictions will be delivered accessibly – particularly to children who understand language literally and can misunderstand social cues. All RSHE education must be accurate and specific – rather than vague and misleading.
Having the language to talk about our bodies and needs is essential for any young person, but especially for young Disabled people who will disproportionately experience the need to advocate for themselves. No matter our age - respect for Disabled people’s bodily autonomy is consistently denied. We experience medical gaslighting and face barriers to accessing healthcare – especially those of us with intersecting marginalised identities. Limiting Disabled children’s access to education about their bodies and lives, and undermining their ability to consent, puts them at a substantial disadvantage as they move into adulthood.

Disabled people’s wants and needs are consistently presumed, leading to rights violations that remove our autonomy. This ignorant and ableist culture is what led to non-consensual Do Not Resuscitate orders (DNRs) being put in place during the pandemic, and 60% of COVID deaths being Disabled people. The full impact of this culture was also highlighted in the most recent UNCRDP investigation findings.

Guidance that presumes the needs of young Disabled people and limits access to information about their bodies is unacceptable.

RSHE education can be delivered in a variety of age-appropriate ways, without barring topics and limiting conversations. As outlined in the Welsh Relationships and Sexuality Education Code, RSHE education should include early intervention and be embedded throughout a child’s entire education. For example, teaching children about consent in the context of sharing toys – so that it is not then a new concept in secondary school.

An RSHE education that protects children is one that trains teachers to have inclusive and open conversations, rather than guidance that limits education and fears accurate information.

➢ **Recommendation:** Refer to Welsh RSHE guidance for a more inclusive and effective framework, and re-assess the proposed age limits. Co-produce new guidance with Disabled young people and Disabled-led groups, to ensure RSHE can be taught in an inclusive and accessible way for everyone.

3. **The proposed guidance is irresponsible and will put Disabled children at a higher risk of experiencing abuse.**

The age restriction on teaching about “harmful sexual behaviour”, including abuse, is irresponsible. Limiting education on this subject will increase the likelihood of children experiencing abuse and assault and that abuse will go unchallenged for a longer period.

The proposed age restriction for this topic is year 7, but many young Disabled people will have already experienced abuse by this age and won’t have been given the support or language to communicate their experience.

Abuse is more likely to happen to children by someone they know – like a relative or family friend – and someone’s risk of experiencing abuse is not limited to those over
the age of 11. All children must be taught how to talk about being made to do things they didn’t want to do. Or feel empowered to say no and talk to a trusted adult.

It is vital to teach young people how to identify predatory and grooming behaviour, so they are equipped to identify it whether they (or their peers) experience it.

Government research shows that a child is raped in school every school day, and in primary schools alone three sexual assaults are reported to the police every school day. Disabled children are more likely to experience sexual assault than non-disabled children, and Ofsted reviews show that Disabled children face greater barriers to talking about abuse and are less likely to be believed when they do.

Disabled young people are also exposed to the additional risk of experiencing abuse in healthcare settings. The most recent UNCRDP investigation found evidence of abuse, mistreatment, increasing use of restraints, and restrictive and coercive practices in healthcare institutions - including a large number of unexpected deaths in the mental healthcare system.

Treating Disabled children as vulnerable, undermining our voices and experiences, and stigmatising and restricting RSHE education enables abusers. It’s essential that we feel empowered to identify what abuse is and have avenues to get the support we need.

➢ **Recommendation:** Withdraw this guidance and ensure whatever replaces it effectively safeguards Disabled children from abuse and supports those who experience abuse. Co-produce guidance with intersectional experts on abuse, like Stay Safe East.

4. **This guidance is transphobic and sets a dangerous precedent.**

The transphobic justification for this guidance, including the recent gender questioning guidance, is unfounded and unlawful. The Equality Act 2010 protects us from discrimination and harassment – no matter our disability or gender identity. To suggest otherwise undermines our rights and the validity of all UK legislation.

While this proposed guidance attempts to de-legitimise the voices and experiences of young people – for trans people, it completely undermines the validity of their identity and lived experience.

The Equality Act protections extend further than the treatment of individual trans children, but also include their LGBTQ+ parents and families – who will not be represented as families under the proposed RSHE guidance.

The fact that the proposed RSHE guidance refers to the draft gender questioning guidance from December is inappropriate and misleads education providers on what current statutory guidance is. Both proposed guidelines are yet to be confirmed – and they should not currently be influencing any young person’s education.

School should be a welcome place for all pupils, but according to last year’s Youth Voice Census – 100% of transgender pupils said they did not feel welcome at their
secondary school, compared to 9.7% of those who are not transgender. Disabled students face double the rate of bullying, and LGBTQ+ Disabled young people are more likely to experience bullying than their non-disabled LGBTQ+ peers (60 per cent compared to 43 per cent). Disability and transgender hate crime have also dramatically risen in recent years.

Trans Disabled students face an accumulation of these barriers, and we are deeply concerned about what proposals like this mean for trans Disabled children’s well-being and safety. Research by Just Like Us found that 65% of Disabled LGBTQ+ young people worry daily about their mental health. Recent cases like the murder of Brianna Ghey highlight the danger in normalising the social exclusion and mistreatment of young trans people.

RSHE education not only influences a young person’s development and feelings about themselves, but it also teaches us how to respect everyone else. Transphobic RSHE guidance teaches children that some people don’t deserve respect. This attitude is out of line with the law and will lead to an increased threat to trans pupils’ safety.

This proposed guidance sits in a wider context of the increasing erosion and targeting of trans people’s rights. These include introducing barriers to accessing healthcare (e.g. changing the NHS constitution), removing young trans people’s access to puberty blockers, and allowing their identity to be used as a political football during the General Election season.

If we allow the Government to deem one identity less worthy of rights and protection, everyone’s rights are devalued. LGBTQ+ inclusive RSHE education does not endanger children, transphobia does.

➢ **Recommendation:** Demonstrate zero tolerance for transphobia within the Government and in schools. Withdraw this guidance and co-produce new guidance with trans Disabled young people and organisations that represent them.

5. **This guidance will negatively impact young people’s wellbeing and mental health.**

Young people’s well-being is quickly deteriorating, while NHS services are crumbling. In 2019, suicide was the leading cause of death for those aged between 5 to 34. 2021 saw the highest suicide rate for 15-19 year olds in 30 years, with 198 young people taking their own lives. These statistics will disproportionately represent Disabled and LGBTQ+ young people – who face greater social exclusion, are more likely to come from low socio-economic backgrounds, and face additional barriers to accessing their education.

Research by Stonewall has found that Disabled LGBTQ+ young people are more likely to deliberately harm themselves than non-disabled LGBTQ+ young people (80 per cent compared to 64 per cent), and nearly half of Disabled LGBTQ+ young people have tried to take their own life.
There is currently a mental health crisis amongst young people – especially Disabled and trans young people. This is largely due to the lack of support available to them, whether due to the chronic underfunding of the NHS or unlawful practice by education providers. But it’s also an incredibly difficult time to live as a trans Disabled person, when transphobia and ableism are casually weaponised by politicians daily.

Any RSHE curriculum that isn’t inclusive, and limits education will lead to poorer health and education outcomes for all students and an increase in bullying and harassment for LGBTQ+ Disabled students – worsening their wellbeing and risking their lives.

Limiting RSHE education is at odds with what research shows is what young people want and need. These proposals won’t stop young people from being exposed to things deemed too mature for them, it will just leave them to navigate these topics alone with no accurate or empowering information and support.

Whatever age you restrict RSHE education to – young people will already be exposed to hateful, inaccurate, transphobic and misogynistic content on the internet and throughout their lives. Restricting education doesn’t restrict exposure to harmful content and ideas – it only restricts the support available to children trying to navigate that. Especially with increasing easy access to the internet, and a rise in misinformation and radicalisation – school may be the only opposing, supportive and accurate voice that students hear on these topics. Without that voice, they are susceptible to miseducating themselves and harming themselves and others.

**Conclusion**

The proposed RSHE guidance is not fit for purpose and should be scrapped immediately. The guidance is irresponsible and will actively harm young people – especially LGBTQ+ Disabled young people. This guidance cannot be edited or re-shaped, as it fundamentally undermines the voices and needs of young people.

The justification for the guidance is unfounded. Introducing children to RSHE in age-appropriate ways is possible, as demonstrated by the Welsh RSHE guidance. The current curriculum and school practice does not sexualise children or expose them to content too soon. The only motivation behind this guidance is transphobia, scaremongering, and ignorance.

Although it’s suggested that this proposal increases parental choice and transparency, that’s not true. Because if parents wanted their child to access comprehensive and inclusive RSHE education pre-the determined ages then this wouldn’t be agreed under the proposed guidance.

New guidance must be co-produced with LGBTQ+ Disabled young people, and our organisations, and our lived experience must be at the heart of delivering an inclusive RSHE education.
Acknowledgements:

We want to acknowledge the useful guidance from Brook and Stonewall in preparing this response. Brook has provided inclusive sexual health services and advice for 60 years, and Stonewall brings 35 years of expertise on trans inclusion and LGBTQ+ lived experience.

Co-signatures:

This response is co-signed by Greater Manchester Coalition of Disabled People (GMCDP) and Regard.

Consultation response to be sent to: rsheguidance.consultation@education.gov.uk