Self-Examination & Screening

and PSHE Education

Professionals' Pack

2026

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INTRODUCTION

This pack supports professionals to deliver high-quality PSHE on self-examination and screening.

It aims to:

- Identify curriculum links to self-examination and screening
- Develop staff confidence, competence and subject knowledge to facilitate learning safely and effectively
- Provide accurate information about self-examination, screening and early identification of health concerns
- Promote help-seeking behaviours and increase awareness of relevant support services and pathways.

Education providers play a key role in supporting young people to understand their bodies, recognise changes that may require medical advice and access appropriate support.

Learning about self-examination is not about encouraging self-diagnosis. It is about developing awareness, confidence and health literacy so that young people know when and how to seek professional advice.

7 Guiding Principles

The 2025 Relationships Education, Relationship and Sex Education (RSE) and Health Education (RSHE) statutory guidance includes an overarching set of guiding principles that education settings are asked to keep in mind when developing their curriculum.

Engagement with Pupils

Pupils should help shape the RSHE curriculum so it feels relevant to their lives. Their input keeps lessons engaging, grounded and meaningful.

Engagement and transparency with parents

Parents and carers should know exactly what is being taught and have access to all RSHE materials. They must be clearly informed about sex-education content and their right to withdraw their child.

Positivity

Teaching should build positive attitudes, healthy norms and strong relationship skills. Avoid language that normalises harmful behaviour or reinforces damaging stereotypes.

Careful Sequencing

Content should be taught in a logical order that supports pupils before challenges arise. Early, well-timed learning helps prevent harm and builds confidence.

Relevant and Responsive

The curriculum must be age-appropriate, accessible and tailored to local needs. Schools should work with local partners to address specific issues in their community.

Skilled delivery of participative education

RSHE should be led by confident, knowledgeable staff or vetted external experts. Teaching must feel safe, interactive and supportive, with staff trained to handle disclosures.

Whole school approach

RSHE works best when it aligns with the school's wider culture and policies. A consistent approach across behaviour, safeguarding and wellbeing strengthens its impact.

For more information about Supporting the DfE's Guiding Principles for RSHE, you can access our Best Practice guidance here.

Local Quality Framework

We believe that for PSHE education to be effective it must:

- Be delivered in a safe learning environment based on the principles that prejudice, discrimination and bullying are harmful and unacceptable.
- Have clear learning objectives and outcomes and ensure sessions and programmes are well planned, resourced and appropriately underpinned by solid research and evidence.
- Be relevant, accurate and factual, including using the correct terminology.
- Be positively inclusive in terms of:
  - Age
  - Gender Reassignment
  - Race
  - Sex
  - Disability
  - Pregnancy and Maternity
  - Religion or Belief
  - Sexual Orientation
- Designed to include the development of knowledge, skills and values to support positive life choices.
- Use positive messaging that does not cause shame or victim-blaming.
- Challenge attitudes and values within society, such as perceived social norms and those portrayed in the media.
- Be reflective of the age and stage of the children and young people and tailored to the environment and group.
- Utilise active skill-based learning techniques to encourage active participation.
- Ensure that children and young people are aware of their rights, including their right to access confidential advice and support services within the boundaries of safeguarding.
- Be delivered by trained, confident and competent professionals.
- Empower and involve children and young people as participants, advocates and evaluators in the development of PSHE education.

For more information about Quality Assurance, you can access our Best Practice guidance here.

Safe Learning Environments

A safe learning environment enables children and young people to feel comfortable to share their ideas without attracting negative feedback. It avoids possible distress and prevents disclosures in a public setting and enables professionals to manage conversations on sensitive issues confidently.

1: Ground Rules

Create in collaboration with the group. As the facilitator role model the agreed ground rules.

2: Collaborate with your DSL

Let them know when the session is being delivered to ensure the correct support is in place should any disclosures be made.

3: Staff Confidence

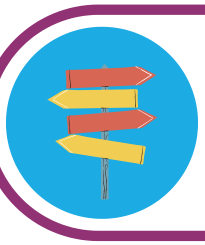
Check staff confidence before teaching. Use resources such as these packs to increase topic confidence and competence.

4: Learning Techniques

Utilise Interactive and participatory learning. Use distancing techniques such as scenarios and stories to help participants engage with the topic.

5: Difficult Questions

Acknowledge the question, then either take a moment to consider an appropriate response in line with your setting's policy.



6: Signposting

Include information about where to go (both within the setting and outside, local and national), for further information, help and support in every lesson.

For more information about Creating a Safe Learning Environment, you can access our Best Practice guidance here.

Best Practice Principles

Avoid using scare/fear or guilt tactics

It is a common misconception that shocking or scary images will stop young people from taking risks, but this isn't true. Although children and young people may say they prefer "hard-hitting" content, in a safe setting like a classroom these images can feel exciting - similar to watching a horror film - which actually blocks learning. For those with lived experience, such content can re-traumatise them or feel too close to home, causing them to shut down rather than engage.

Shocking scenarios can also make children and young people think "that would never happen to me," rather than helping them see how risks relate to their own lives.

Because the adolescent brain is still developing, young people often react "in the moment" and rely on emotion rather than logic. The part of the brain responsible for reasoning - the prefrontal cortex - develops last, which affects how they interpret messages and make decisions. This is why shock tactics are ineffective and potentially harmful.

You can find out more about the teenage brain here.

Children and young people should be informed of risks in a balanced and measured way through an approach that supports them to make informed, healthy, safe decisions and empowers them to believe they can act on "good" choices.

- Evidence shows that shock and scare tactics just don't work.
- Check resources (including external agencies) for images or scenes that might be shocking, harrowing, or scary for the age group – remember that children and young people will have a much lower threshold for what might worry them.
- Remember the purpose of the session is to educate, not entertain. Just because young people might watch scary films in their own time does not mean using similar films within PSHE Education will promote learning.
- Make sure there is a range of examples, case studies, and consequences, most of which do not focus on the most dramatic or extreme outcomes.

Best Practice Principles

Knowledge, Skills and Values

PSHE education prepares children and young people for real-life "crunch moments" when they need to make quick, safe decisions - like resisting a risky dare or handling peer pressure. In these situations, children and young people need more than factual knowledge (such as what is legal or illegal). They also need the skills to negotiate with peers, manage pressure, walk away from unsafe situations, and seek help. Alongside this, they need the values and confidence to act on what they know is right.

Knowledge alone doesn't always prevent risky behaviour; many children and young people know something is wrong but still go along with it because they lack the skills or self-belief to respond safely. This is why PSHE lessons must balance knowledge, skills, and values, and be designed with a clear purpose that helps children and young people reflect and apply their learning in real situations.

These can be defined as:

Learning new information about a topic.

Developing the abilities needed to apply that learning.

Thinking about your own beliefs and attitudes, and how these might change in response to the topic.

Best Practice Principles

Inclusivity and Language

When delivering education on self-examination and screening, it is important to use inclusive and respectful language. Whilst some cancers and screening programmes relate to specific body parts, not everyone will identify with the gender typically associated with those body parts.

Professionals should consider the needs of their group and use language that is both accurate and inclusive. For example, terms such as:

- “People with a cervix”
- “People with breasts”
- “People with testicles”

may be used alongside terms such as girls, boys, women and men where appropriate.

It is important that all participants feel represented within the learning and understand that the health information provided is relevant to them.

Balanced Messaging

It is important to maintain a balance between awareness and reassurance.

Young people should understand:

- Cancer can affect people of different ages
- Most changes found during self-checks are not cancer
- Early assessment is always recommended
- Treatment outcomes are often very positive when concerns are identified early

Being Trauma-Informed

It's essential to recognise that educative interventions can carry risks if they aren't delivered with care. When PSHE lessons are used with children or young people who have direct experience of the issue being explored, the content can unintentionally re-traumatise them. It can also lead to vicarious trauma, where a child or young person experiences distress or trauma-like feelings after hearing about or engaging with someone else's harmful or traumatic experiences. This is why sensitive planning, safe delivery, and appropriate support structures are crucial when teaching safeguarding-related topics. (Eaton, 2017).

The National Youth Agency provides a free e-learning course to help professionals gain a greater understanding of trauma and how it affects mental and emotional wellbeing. The module provides tools and reflection space for professionals to enable them to better support young people in this area.

You can access the course here - you will need to create a Youth Work One account to be able to access the course.

- Avoid resources with graphic content, victim-blaming, or depictions of abuse.
- Avoid one-off sessions. Teach the topic within a planned, sequenced curriculum that builds safely on prior learning.
- Work with pastoral staff to identify children and young people who may be affected. Offer them the choice to opt out without explanation.
- Use materials only in class groups, not assemblies.
- Create a safe learning environment and give a clear trigger/content warning in advance.
- Allow time for discussion, debriefing, and signposting before moving on.
- Avoid questions that imply victims could have prevented abuse; this reinforces victim-blaming.
- Use distancing techniques - focus on characters or hypothetical peers rather than personal experiences of children and young people.
- Plan how children and young people can leave the room discreetly and explain this beforehand.
- Ensure parents/carers receive information about the scheme of work and access to the materials.
- End with a short, light-hearted "dissociation" activity to help children and young people emotionally step back from the topic.

Links to PSHE Curriculum

The tables below outline the learning opportunities linked to this topic from:

- The DfE Relationships Education, Relationships and Sex Education (RSE) and Health Education statutory guidance
- PSHE Association Programme of Study
- PSHE Association Planning Framework for SEND
- The NYA Youth Work Curriculum

Learning about body parts, healthy lifestyles, health literacy, communication, safe adults, and help-seeking behaviours helps build the foundations for self-examination and screening education. The learning objectives identified below represent the more explicit teaching on self-examination, cancer awareness, and screening programmes.

PSHE Association

Key Stage 2

KSW8.	About the benefits and risks of sun exposure (including sun damage, heat stroke and skin cancer); how to keep safe and well in the sun and cool during heatwaves

SEND - KS1-2

Taking care of physical health	Enrichment	• Identify what might happen to our bodies if we don't protect them from overexposure to the sun

Statutory Guidance

HPP2	About safe and unsafe exposure to the sun, and how to reduce the risk of sun damage, including skin cancer.

Key Stage 3

PA4	(at late key stage 3) How and why to carry out regular self-examination e.g. breast and testicular self-examination

Key Stage 4

KW9	How and why to maintain and monitor health independently; about the prevalence, symptoms and treatments of serious health conditions and the importance of regular self-examination and cancer screening

Key Stage 5

HL5	The importance of sun safety, warning signs of skin damage, including skin cancers, breast awareness and self-examination, testicular self-examination and cervical screening; how and when to carry out breast and testicular self-examination

SEND - KS3-5

Feeling well and staying well	Exploring	• Identify who to tell if we feel unwell or notice something different about our bodies.
Feeling well and staying well	Core	• Recognise the importance of telling someone if we notice something unusual in our testicles or breasts.
Feeling well and staying well	Enrichment	• Identify some ways we can take increased responsibility for looking after our physical health, including the importance of vaccinations and breast and testicular self-examination.
Feeling well and staying well	Enhancement	• Explain how and why to carry out self examination as a way of checking for specific conditions (cancer), including breast and testicular self-examination.

Statutory Guidance

HPP4	The importance of taking responsibility for their own health, and the benefits of regular self-examination and screening.

DEVELOPING SUBJECT KNOWLEDGE

SELF-EXAMINATION & SCREENING

Key Messages: Self-Examination and Screening

Definitions

- Self-examination involves regularly checking the body for any unusual changes.
- Screening helps identify conditions or increased risk before symptoms develop so that early treatment can be offered or information given.

1: Know what is "normal" for you

Self-examination is about becoming familiar with your body and recognising any changes

2: Most changes are not serious

Most changes identified during self-examination are not cancer, but they must be checked out by a healthcare professional

3: Early Identification is key

Early identification of potential health concerns can improve treatment outcomes and reduce the impact of illness

4: Use reliable sources of health information

Young people should know how and where to access reliable health information and support

5: Take up screening opportunities when invited and eligible

Screening programmes help to identify health conditions at an early stage, often before symptoms develop

WHAT IS SELF-EXAMINATION

Self-examination involves regularly checking your body for any unusual changes.

The aim is to:

- Become familiar with what is normal
- Notice changes early
- Seek medical advice when appropriate

Self-examination is not a diagnostic tool. Only healthcare professionals can diagnose medical conditions.

TESTICULAR CANCER

Key Facts

- Most common in people aged 15-49,
- Relatively rare compared with many other cancers (1% of all cancers that occur in people with a penis)
- Outcomes are usually very positive when identified early
- Around 2,300 men are diagnosed in the UK each year
- White males have a higher risk of developing testicular cancer than men from other ethnic groups; the reason for this is unknown.

Signs to Be Aware Of

- A lump or swelling
- Changes in size or shape. Most men's testicles are the same size, but it is common for one to be slightly bigger than the other. It is also common for one to hang slightly lower than the other.
- Pain or discomfort
- Change in firmness

Action

Any unusual changes should be accessed by a GP or healthcare professional.

HOW TO CHECK

It is important to check your testicles regularly.

The best place to check testicles is when they are warm, so after a bath or shower

Rest the testicles in the palm of the hand, and gently roll each one between the finger and thumb

Each testicle has a soft tube at the top (epididymis) which carries sperm to the penis. Don't panic if you feel this -it's part of the body.

NEXT STEPS

When the person visits a doctor or other healthcare professional, they will be asked about their symptoms and general health. The healthcare professional may examine the testicles and the lymph nodes at the top of the legs. Lymph nodes are small glands that help the body fight infection.

If the healthcare professional is concerned about the symptoms, they may arrange an urgent referral for further tests or for the person to see a specialist at the hospital. This does not mean the person definitely has cancer.

If the person is referred to a specialist, they may have some more tests, such as:

- a blood test
- an ultrasound scan of the testicles

Waiting for test results can feel worrying, but it is important to remember that many symptoms are not caused by cancer. The specialist will explain the results and talk about what will happen next.

If the person is diagnosed with testicular cancer, they will usually need some more tests. These tests help specialists find out the size of the cancer and whether it has spread to other parts of the body. This is called the cancer's stage.

Most people will need an operation to remove the affected testicle. In some cases, only part of the testicle is removed. The tissue is then examined to help confirm the diagnosis. The person may also have scans, such as a CT scan or MRI scan, to help plan the best treatment.

Treatment depends on several factors; some people will just have surgery, others may need to have chemotherapy or radiotherapy too.

Some treatments can affect fertility, and so before starting treatment the person will be offered the option to collect and store their sperm (called sperm banking). This means they can use their sperm in fertility treatment in the future.

Having a testicle removed does not usually affect fertility.

OUTLOOK

Survival rates for testicular cancer are very high, although outcomes depend on several factors, including the stage of the cancer at diagnosis.

In the UK, testicular cancer has one of the highest survival rates of all cancers. Current statistics show that:

- Almost 100% of people survive for at least 1 year after diagnosis
- More than 95% survive for at least 5 years after diagnosis
- More than 95% survive for at least 10 years after diagnosis

A person's outlook will depend on the stage of the cancer when it is diagnosed. This includes:

- Whether the cancer has spread to the lymph nodes or other parts of the body
- The level of tumour markers (substances produced by some testicular cancers) found in the blood

The type and size of the tumour can also affect treatment options and outcomes.

It is important to remember that survival statistics are based on large groups of people and cannot predict what will happen for an individual. Advances in diagnosis and treatment continue to improve outcomes for people with testicular cancer.

BREAST CANCER

Key Facts

- Everyone has breast tissue
- Breast cancer can affect people of all genders
  - Around 1 in 7 women will be affected by breast cancer
  - Around 400 men are diagnosed with breast cancer in the UK each year
- Early identification improves outcomes

Signs to Be Aware Of

- New lumps
- Changes in shape or size
- Skin changes
- Nipple changes
- Persistent discomfort

Action

Any unusual changes should be assessed by a healthcare professional.

RISK FACTORS

It is important for young people to understand that having a risk factor does not mean someone will definitely develop breast cancer, and some people who develop breast cancer may have no known risk factors.

Risk factors that cannot be changed include:

- Getting older. The risk of breast cancer increases with age
- Having a family history of breast cancer
- Inheriting certain gene changes, such as BRCA1 or BRCA2
- Hormonal and reproductive factors that affect exposure to oestrogen throughout life

Risk factors that lifestyle choices may influence include:

- Having excess weight, particularly after the menopause
- Drinking alcohol. The risk increases with higher alcohol consumption
- Smoking - research is still underway about the impact of vaping
- Not being physically active and maintaining a healthy weight

Hormonal Medicine and breast cancer risk:

- Taking the contraceptive pill is linked to a very small increase in breast cancer risk. The risk returns to normal around 10 years after stopping the pill
- Combined Hormone Replacement Therapy (HRT) slightly increases the risk of breast cancer
    - Oestrogen-only HRT carries little or no increased risk

***Key Teaching Messages*:**

When delivering this topic, emphasise that:

- Risk factors increase the chance of developing breast cancer but do not guarantee it
- Some risk factors can be changed, while others cannot
- Promoting healthy lifestyle choices can reduce the risk of several cancers, including breast cancer
- Self-awareness and knowing when to seek medical advice are key messages of breast health education

HOW TO CHECK

It is important to check your breasts regularly. Where possible, people should check their breasts at the same time each month (people who menstruate may wish to avoid checking during their period, as hormonal changes can affect how the breasts feel)

Look for any changes in the breast or nipple

Using the fingertips walk in a spiral around the whole breast and under the armpit

If there is anything unusual or any changes make an appointment at the GP surgery as soon as possible. 9 out of 10 lumps are completely harmless so don't panic.

NEXT STEPS

It is important for young people to know that finding a breast change does NOT mean they have breast cancer. Most breast changes are caused by other conditions, but any new or unusual change should be checked by a healthcare professional.

If the healthcare professional feels that the symptoms need further investigation, or if a screening mammogram shows an unusual result, the person may need to be referred to a specialist breast clinic.

At a breast clinic, a person may have 1 or more of the following tests:

- An examination of the breasts
- A mammogram (breast X-ray)
- An ultrasound scan of the breasts
- A biopsy, where a small sample of tissue or cells is taken and tested

Most people will have all the tests they need during a single visit to the breast clinic, although not everyone will need every test.

Some test results may be available on the same day; other tests may take a couple of weeks. The specialist will explain the results and talk about what will happen next.

Treatment depends on several factors; the main treatment is usually surgery. Other common treatments include chemotherapy, radiotherapy, treatment with hormones and targeted medicines and immunotherapy.

OUTLOOK

The outlook for breast cancer depends on the stage of the cancer when it was diagnosed. Survival for breast cancer is generally good, particularly if someone is diagnosed early - which is why self-examination is so important.

Cancer Research UK provide the following statistics:

- More than 3 in 4 (76% females diagnosed with breast cancer in the UK survive their disease for 10 years or more; it is predicted (2018)
- Breast cancer survival has increased in the last 50 years in the UK

There are no similar statistics for the outlook for males with breast cancer; this is due to the cancer being relatively uncommon.

SKIN CANCER

Key Facts

- Many skin cancers are preventable
- UV exposure is the main risk factor
- Knowing your skin helps identify changes

Signs to Be Aware Of

- New moles
- Changes to existing moles
- Persistent skin changes
- Bleeding, crusting or itching lesions

Action

Seek medical advice if changes are noticed

RISK FACTORS

Most skin cancers are caused by exposure to the sun. There are some other risk factors that can increase a person's risk of developing it.

Understanding risk factors can help people to take steps to protect their skin and recognise changes early. Having 1 or more risk factors does not mean a person will develop skin cancer, but it may increase their likelihood of being affected. Regular skin self-examination and awareness of changes are important for everyone.

- Age
- Exposure to UV radiation
  - People may be at higher risk if they:
    - Spend a lot of time outdoors for work or leisure
    - Have a history of frequent sunburn
    - Have used sunbeds
    - Live or have lived in areas with high levels of sun exposure
  - Protecting the skin from UV radiation is 1 of the most effective ways to reduce risk
- Skin type and colour
  - Higher-risk characteristics include:
    - Pale or fair skin
    - Red or blond hair
    - Skin that burns easily
    - A large number of freckles
  - Although people with brown or black skin have a lower risk, they can still develop skin cancer and should remain aware of any skin changes
- Previous skin cancer
- Family history
- Skin conditions and genetic disorders
- Weakened immune system
- Previous radiation treatment
- Certain medical treatment
- Other medical conditions e.g. Inflammatory bowel disease, certain rare conditions associated with HPV
- Exposure to certain substances through work e.g. coal tar, soot, mineral and shale oils.

HOW TO CHECK

Get to know what the skin normally looks like. This way you'll notice any changes more easily.

For areas that can't be seen easily use a hand held mirror and reflect the skin onto another mirror. Or ask a partner or friend to look

Take a photo of anything that doesn't look right. It is a good idea to put a ruler or tape measure next to the abnormal area to give an accurate idea about size and any changes that you can share with a healthcare professional.

If there is anything unusual or any changes make an appointment at the GP surgery as soon as possible.

NEXT STEPS

It is important for young people to know that finding a new mole, skin change, or unusual mark does NOT mean they have skin cancer. Many skin changes are harmless, but any new, changing or unusual area of skin should be checked by a healthcare professional.

When a person visits a GP or other healthcare professional, they will be asked about their symptoms, general health and any changes they have noticed. The healthcare professional will usually examine the skin and may ask questions about sun exposure, family history and previous skin conditions.

If the healthcare professional feels that the symptoms need further investigation, the person may be referred to a specialist skin clinic. An urgent referral does not mean that the person definitely has skin cancer. It simply means that further checks are needed.

At a specialist appointment, a person may have one or more of the following:

- A detailed examination of the skin
- Examination using a special magnifying device called a dermatoscope
- Photographs taken to monitor changes over time
- A skin biopsy, where all or part of the area is removed and sent to a laboratory for testing

Some results may be available quickly, while others can take a couple of weeks. The specialist will explain the results and discuss what will happen next.

If skin cancer is diagnosed, treatment will depend on the type, size and location of the cancer. The most common treatment is surgery to remove the affected area of skin. Some people may need additional treatment, such as:

- Further surgery
- Creams or topical treatments
- Radiotherapy
- Immunotherapy or other specialist treatments

Many skin cancers are identified and treated successfully, particularly when they are found early. This is why becoming familiar with your skin and seeking advice about any unusual changes is so important.

OUTLOOK

The outlook for skin cancer is generally good, particularly when it is identified and treated early. This is why skin awareness and self-examination are so important.

There are two main groups of skin cancer:

- Melanoma
- Non-melanoma

Most people with non-melanoma skin cancer are successfully treated and cured. Basal cell carcinoma (BCC), the most common type, very rarely spreads to other parts of the body. Squamous cell carcinoma (SCC) can sometimes spread if left untreated, but outcomes are usually very positive when it is diagnosed early.

Cancer Research UK reports that 92.7% of people diagnosed with melanoma survive for 10 years or more in the UK.

The outlook for melanoma depends on the stage at diagnosis. In England:

- Almost 100% of people with Stage 1 melanoma survive for 5 years or more after diagnosis.
- Around 85% of people with Stage 2 melanoma survive for 5 years or more after diagnosis.
- Almost 75% of people with Stage 3 melanoma survive for 5 years or more after diagnosis.
- Treatments for advanced melanoma continue to improve, particularly through the use of immunotherapy and targeted treatments.

A person's outlook depends on a range of factors, including:

- The type of skin cancer
- How early it is identified
- The size and location of the cancer
- Whether the cancer has spread
- The person's general health

It is important to remember that survival statistics are based on large groups of people and cannot predict what will happen for an individual. Advances in diagnosis and treatment continue to improve outcomes for people affected by skin cancer.

SCREENING PROGRAMMES

What is Screening

Screening helps identify signs of disease or increased risk before symptoms develop. The UK National Screening Committee (UK NSC) advises the NHS on which screening programmes to offer. It recommends screening only when the benefits are judged to outweigh the potential harms.

Benefits

- Earlier identification
- More treatment options
- Improved outcomes
- Better informed decision-making

Limitations

- Screening is not 100% accurate
- False positives and false negatives can occur
- Some results may lead to further investigations

Screening Programmes

This webpage from the NHS provides more information, including videos on the lifetime screening pathway for males and females.

Key programmes include:

- Screening in newborn babies
- Screening in pregnancy for infectious diseases, including HIV, hepatitis B and syphilis (anyone who is pregnant)
- Cervical screening (25-64 years)
- Breast screening (50-71 years)
- Bowel screening (50-74 years)
- Diabetic eye screening (anyone with diabetes aged 12+)
- Abdominal aortic aneurysm screening (men aged over 65)

CERVICAL SCREENING

Cervical screening is offered to people with a cervix aged 25 to 64. It is one of the most effective ways to help prevent cervical cancer.

It is important to understand that cervical screening is not a test for cancer. It is a test that looks for certain types of human papillomavirus (HPV) that can cause changes to cervical cells. These changes can be monitored or treated before they have the chance to develop into cancer

Key Facts

- Cervical screening helps prevent cervical cancer
- It is offered to people with a cervix aged 25-64
- The test looks for HPV and abnormal cell changes
- Most people who attend screening will receive a normal result
- Taking up screening when invited can help identify changes early

What Happens During Screening?

- The appointment usually takes around 10 minutes and is carried out by a trained healthcare professional.
- During the test:
  - A small instrument called a speculum is gently inserted into the vagina so the cervix can be seen
  - A soft brush is used to collect a small sample of cells from the cervix
  - The sample is sent to a laboratory for testing

People can ask questions, request a chaperone and stop the procedure at any time if they feel uncomfortable.

Most people will receive a normal result and will simply be invited for their next routine screening appointment.
Sometimes HPV or cell changes are found. This does not mean someone has cancer. It means that further checks or monitoring may be needed to help prevent cancer from developing in the future.

It is important that young people are encouraged to attend screening appointments when invited and eligible.

RESPONDING TO CONCERNS

1: Stay calm and reassuring

2: Advise them to speak with a parent, carer or safe adult where appropriate

3: Encourage contact with GP or healthcare service

4: Follow safeguarding procedures if required

5: Record and report concerns in line with organisational policy

Prevalence and Local Context

Why is it Important to Teach About Self-Examination and Screening in PSHE?

Some professionals may assume that self-examination and screening are topics that are only relevant to adults. However, developing awareness of personal health and help-seeking behaviours from an early age can support young people to make informed decisions about their health throughout their lives.

National Picture

Cancer is one of the most common health diseases in the UK, with around 1 in 2 people expected to receive a cancer diagnosis during their lifetime.

Early diagnosis can significantly improve treatment outcomes. For some cancers, survival rates are much higher when they are identified and treated at an early stage.
Cancer Research UK has some helpful statistics including:

- **96.5% survive testicular cancer for 10 or more years (2018)**
- **More than 3 in 4 (76.6%) females diagnosed with breast cancer in the UK survive their disease for ten years or more, it is predicted (2018)**

Self-examination is an important health behaviour that can help individuals become familiar with what is normal for their body and recognise changes that may require medical advice. Whilst most changes identified during self-examination are not cancer, knowing when to seek professional support is an important life skill.

The NHS also provides a range of screening programmes that help identify disease or increased risk before symptoms develop. Screening can improve outcomes by enabling earlier intervention, treatment and support.

- **More than 1 in 2 (53.9%) people diagnosed with rectal cancer in the UK survive their disease for ten years or more, it is predicted (2018)**
- **Almost 2 in 3 (63.5%) females diagnosed with cervical cancer in the UK survive their disease for ten years or more, it is predicted (2018)**

Local Context

- In Stoke-on-Trent and Staffordshire, around 70 per cent of women attend their breast screening appointment; this means one in three eligible women are not screened
- Staffordshire and Stoke-on-Trent ICS launched a targeted campaign in 2025 to increase cervical screening uptake, recognising that local participation rates need improvement.
- Local uptake rates and risk factors for constituent areas can be found via the Cancer Research UK local data website; we have highlighted key statistics in the table below.

Why PSHE Matters

By developing health literacy, body awareness and help-seeking behaviours, PSHE education can support children and young people to make informed decisions about their health throughout their lives. Learning about self-examination and screening can help young people understand the importance of recognising changes, accessing support and engaging with health services when needed and potentially saves lives.

Staffordshire

Area	Bowel Screening	Cancer incidence	Early Diagnosis	Cancer Mortality
Burton and Uttoxeter	70.1%	circa. 620	52.5%	circa. 270
Cannock	69.2%	circa. 650	57%	circa. 280
Kingswinford and South Staffordshire	73.3%	circa. 630	53.6%	circa. 290
Lichfield	76.8%	circa. 640	55.3%	circa. 290
Newcastle	71.4%	circa. 680	54.6%	circa. 270
Stafford	72.8%	circa. 660	54.3%	circa. 260
Staffordshire Moorlands	75.1%	circa. 600	51.9%	circa 260
Stone, Great Wyrley and Penkridge	73.5%	circa. 590	55.5%	circa. 250
Tamworth	70.7%	circa. 520	55.7%	circa. 270

Stoke-on-Trent

Area	Bowel Screening	Cancer incidence	Early Diagnosis	Cancer Mortality
Stoke Central	64.1%	circa. 510	49.5%	circa. 280
Stoke North	68.2%	circa 660	51.9%	circa. 280
Stoke South	71.1%	circa. 600	52.4%	circa. 270

Frequently Asked Questions

This section is designed to support professionals to respond to questions that may arise when delivering PSHE education on these topics.

WHY ARE WE TEACHING YOUNG PEOPLE ABOUT SELF-EXAMINATION AND SCREENING?

Self-examination and screening education helps young people develop health literacy, body awareness and help-seeking behaviours. It supports them to recognise changes in their body and know how to access appropriate support when needed.

ISN'T CANCER SOMETHING THAT MAINLY AFFECTS OLDER PEOPLE?

Many cancers are more common in older adults, but developing healthy habits and confidence in accessing healthcare from a young age can have lifelong benefits.

DOES FINDING A LUMP MEAN I HAVE CANCER?

No. Most lumps and changes are not cancer. However, it is important to get any unusual changes checked by a healthcare professional as soon as possible.

HOW OFTEN SHOULD I CHECK MY BODY?

The most important message is to become familiar with what is normal for your body so that any changes can be recognised and acted upon.

WHAT SHOULD I DO IF I FIND SOMETHING UNUSUAL?

Speak to a safe adult and arrange to see a GP or healthcare professional. It is always better to get unusual changes checked.

WHY IS SCREENING IMPORTANT?

Screening can identify some conditions before symptoms develop. Early identification often leads to better health outcomes and more treatment options.

IS SELF-EXAMINATION THE SAME AS SELF-DIAGNOSIS?

No. Self-examination is about recognising changes in your body. Only a healthcare professional can diagnose a medical condition.

WHAT IF A YOUNG PERSON TELLS ME THEY HAVE FOUND A LUMP OR ABNORMALITY?

Remain calm and reassuring. Encourage them to speak to a parent, carer, school nurse or GP and follow your organisation's safeguarding and recording procedures where appropriate.

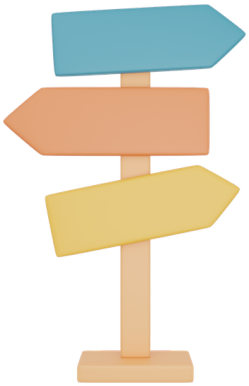
WILL TEACHING ABOUT CANCER MAKE YOUNG PEOPLE ANXIOUS?

When delivered appropriately, education should be factual, balanced and reassuring. Sessions should emphasise that most changes are not cancer and that support is available.

WHAT IS THE MOST IMPORTANT MESSAGE YOUNG PEOPLE SHOULD TAKE AWAY?

- Know what is normal for your body.
- Most changes are not serious.
- Seek help if you notice something unusual.
- Early help-seeking is a positive health behaviour.
- Healthcare professionals are there to help and support you.

Signposting



Signposting matters in PSHE because it ensures children and young people know where to get safe, appropriate help, reinforces safeguarding boundaries, and empowers young people to seek support confidently.

It normalises help-seeking, reduces stigma around sensitive issues, and strengthens the impact of lessons by linking learning to real sources of support.

As a service, we signpost children and young people to recognised national organisations and locally commissioned support services. It is essential that you are confident in the quality, safeguarding standards and governance of any organisation you direct children and young people towards, ensuring they receive safe, appropriate and reliable support. Our website also provides dedicated signposting pages for young people and for parents and carers, offering accessible information on where to seek help beyond the classroom.

For Children and Young People

Organisation	How to access:	What they offer:
School Nursing Service (Staffordshire)	Drop-in Clinics in Secondary Schools Text - 07520 615 721 Virtual Drop-In Sessions - Thursday 3.30-4.30pm	Provides advice and support for school-aged children
School Nursing Service (Stoke-on-Trent)	Drop in Clinics in Secondary Schools Text - 07520 615 723	Provides advice and support for school-aged children
Childline	0800 11 11 www.childline.org.uk www.childline.org.uk (under 12s)	Free , confidential advice for children and young people
GP Practice	Contact your GP surgery to arrange an appointment.	GPs can assess concerns, provide reassurance, arrange investigations and refer patients for specialist support where necessary.

Organisation	How to access:	What they offer:
Breast Cancer Now	Call - 0808 800 6000 or visit their website	The UK's leading breast cancer charity combining the power of science and support to change breast cancer
Cancer Research UK	Website	Provides reliable information on different types of cancers
CoppaFeel	Website	Information and resources about breast cancer, as well as help with checking breasts or chests
MacMillan Cancer Support	Website	Provides information and support around cancers
NHS	Website or GP Practice	Provides information and services to help people manage their health
Orchid	Website	UK's leading charity for those affected by male cancer.
Teenage Cancer Trust	Website	The UK's only charity providing specialist nursing care and expert youth support for young people with cancer and their loved ones.
The Eve Appeal	Call 0808 802 0019 email nurse@eveappeal.org.uk Website	Information and support around the 5 gynae cancers

For Staff

Organisation	How to access:	What they offer:
Anatomy Stuff	Website	Resources including self-examination models

Social Care

Contacts

If a referral to Children's Social Care is required, please contact:

Stoke-on-Trent

Integrated Front Door (CHAD): 01782 235100
(Monday–Thursday: 8:30am-5:00pm; Friday: 8:30am-4:30pm)

Emergency Duty Team (Out of Hours): 01782 234234
(Operates outside regular office hours, at weekends, and on bank holidays)

Email: chad.referrals@stoke.gov.uk

Staffordshire

Phone: 0300 111 8033
(Monday–Thursday: 8:30am-5:00pm; Friday: 8:30am-4:30pm)

Emergency Duty Team (Out of Hours): 0345 604 2886
(Available overnight, weekends, and Bank Holidays)

Before contacting the Integrated Front Door, professionals must consider Staffordshire's Right Help, Right Time resources.

Further Reading:

NHS - Testicular Cancer

NHS - Breast Cancer in Women

NHS Breast Cancer in Men

NHS - Melanoma Skin Cancer

NHS - Non-Melanoma Skin Cancer

Brook - Getting Your Cervical Screen

British Skin Foundation

Professional Confidence Reflection Tool

Before delivering sessions on this topic, rate yourself 1 (not confident) to 5 (very confident). You can share these reflections with your PSHE Lead.

Staff Member: **Setting:**

Subject Knowledge

Statement	Rating
I can explain the difference between self-examination and screening	
I can describe why early identification of health concerns is important	
I can explain the key messages around breast, testicular and skin awareness	
I can explain the purpose and limitations of NHS screening programmes	
I can explain that most changes identified during self-checks are not cancer, but should still be assessed by a healthcare professional	
I can confidently answer common questions about self-examination and screening	

Safeguarding and Health Conversations

Statement	Rating
I know how to respond if a young person shares a health concern during or after a lesson	
I can describe my safeguarding responsibilities when discussing health-related topics	
I can provide reassurance without offering medical advice or diagnosis	
I know what to do if a child makes a disclosure	
I can recognise when a young person may require additional support	

PSHE Practice

Statement	Rating
I can explain why self-examination and screening are important PSHE topics	
I can facilitate discussions on health and body awareness safely and sensitively	
I can use accurate, inclusive and age-appropriate language	
I can respond confidently to challenging or unexpected questions	
I can create a safe learning environment for discussions about health and cancer awareness	
I can deliver balanced messages that raise awareness without causing unnecessary anxiety	

Signposting and Support

Statement	Rating
I know where young people can access reliable health information	
I know local health services available to children and young people in Staffordshire and Stoke-on-Trent	
I know relevant national organisations that provide information and support	
I feel confident signposting young people to appropriate support services	
I can promote positive help-seeking behaviours throughout the session	

What aspects of this topic do I feel most confident teaching?

What areas do I still need to develop?

PSHE Education
STOKE-ON-TRENT
STAFFORDSHIRE

www.pshestaffs.com

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STOKE-ON-TRENT & STAFFORDSHIRE

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