



East Dunbartonshire Council

East Dunbartonshire
Community Health Partnership

EAST DUNBARTONSHIRE

SEXUAL HEALTH & RELATIONSHIPS EDUCATION POLICY

November 2012



Approved By:	Date:
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DCYPP	
ED CHP COMMITTEE	
EDC EDUCATION	

FOREWORD

East Dunbartonshire Community Planning Partners are committed to addressing the sexual health and relationship needs of its children and young people. This is best achieved by working in partnership with parents/carers, colleagues from council services, East Dunbartonshire Community Health Partnership, NHS Greater Glasgow and Clyde, Voluntary Sector, the wider community and with our children and young people.

The Sexual Health Strategy Group, which is co-chaired by East Dunbartonshire Council and the Community Health Partnership, is responsible for the development, delivery and monitoring of sexual health improvement outcomes within the SOA and local Sexual Health Plan.

This policy document forms part of a trilogy of important complimentary documents:

- East Dunbartonshire Sexual Health & Relationships Education Policy
- East Dunbartonshire LAAC Policy
- East Dunbartonshire Underage Sexual Health Protocol

The aim of this policy is to provide clear direction to all schools and early years centres within East Dunbartonshire. This includes the provision of quality Sexual Health and Relationship Education (SHRE), delivered within a moral, ethical and multicultural framework. This is in accordance with national guidelines and the legal requirements as outlined to Local Authorities in SEED Circular 2/2001, (Standards in Scotland's Schools Act 2000; Conduct of sex education in Scottish schools), Respect and Responsibility (2005) and Curriculum for Excellence: Experiences and Outcomes (2009) and The Sexual Health and Blood Borne Virus Framework (2011-15).

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1. INTRODUCTION

Sexual health and relationships education has an important role in promoting physical, social and emotional wellbeing in children and young people and serves as an important contributor to the ethos of the 'health promoting school' (Scottish Executive 2005). It is the policy of East Dunbartonshire Council that every school and early years centre provides sexual health and relationships education to all children and young people, appropriate to their age, understanding, maturity and stage of development. This includes schools within the Additional Support for Learning (ASL) sector and schools within the Denominational sector, where religious and moral perspectives should be added to, rather than replace learning within the experiences and outcomes.

It is acknowledged that the need for SHRE is great and there is an understandable demand for a response from schools and education authorities, albeit only as one of many important contributions in a complex campaign (Scottish Government 2011). Within this context, it is important that programmes are delivered with a clear message of delaying sexual activity until a person is sufficiently mature to participate in a mutually respectful relationship.

To enable this to be achieved, Heads of establishments must contribute to the delivery of a 'whole school approach' to sexual health and relationships education and that a comprehensive SHRE programme that conforms to national guidance is implemented within their school or early years centre.

2. POLICY AIMS

- To provide a framework for the inclusion of high quality programmes for the delivery of Sexual Health and Relationship Education (SHRE), in line with Curriculum for Excellence, in all schools and early years centres within the remit of East Dunbartonshire Council.
- To provide opportunities to improve communication on sexual health and relationships between schools, young people and parents/carers.
- To outline the key principles for effective learning and teaching in this area in order to support all children and young people in the acquisition of appropriate knowledge, skills and values necessary for sexual wellbeing.
- To outline the roles and responsibilities of key stakeholders.
- To enable schools to fully understand East Dunbartonshire Community Planning Partnerships position and to have the necessary advice and support from the Council to develop their own establishment's policy.

3. POLICY CONTEXT

The World Health Organisation defines sexual health as...

"A state of physical, emotional, mental and social wellbeing related to sexuality; not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be protected, respected and fulfilled." (WHO working definition 2002)

It is widely recognised that sexual behaviour which is premature or irresponsible, can lead to personal unhappiness, confusion and problems in later relationships, as well as the more

obvious risks of unwanted pregnancies, rising abortion rates and sexually transmitted infections (STIs). In a context of earlier physical maturation, wide media attention to sexual behaviour, family breakdown and rising statistics on teenage conceptions and STIs, there is an understandable demand for a robust SHRE programme that provides children and young people with the opportunity to develop skills and knowledge and frame their decision making within sound values to enable healthy decisions to be made on all issues relating to sexual health.

There is currently a wealth of data held by the Scottish Government and health boards to indicate that there is a growing number of people in Scotland experiencing sexual ill-health and poor relationships. Over the course of the last decade, Scottish Government has developed policy and guidance documents with the purpose of challenging this trend.

- **McCabe (2000)** The McCabe Working Group on Sex Education in Schools identified the key principles and aims for sexual health and relationships education. These are detailed in *Appendix 1*.

- **Circular 2/2001 Scottish Executive (2001) Standards in Scotland's Schools Act 2000: Conduct of Sex Education in Scottish Schools**

The key aims and principles of the McCabe Report are reinforced in this circular, (see *Appendix 2*). This provides guidance for all local authorities in Scotland under Section 56 of the Standards in Scotland's Schools Act 2000 on the conduct of sex education in Scottish schools.

- **Respect and Responsibility -Strategy and Action Plan for Improving Sexual Health (2005)**

This National Strategy and Action Plan sets out proposals in a way which is respectful of both children's rights and parental and personal responsibility, and which recognises religious, cultural and gender diversity.

One of the overarching aims of the strategy is 'to support everyone in Scotland, including those who face discrimination due to their life circumstances or their gender, race or ethnicity, religion or faith, sexual orientation, disability or age, to acquire and maintain the knowledge, skills and values necessary for good sexual health and wellbeing.' Further reference to this document is available in *Appendix 3*.

- **Getting it Right for Every Child (2006)**

Getting it right for every child (GIRFEC) is the foundation for work with all children and young people and will also affect practitioners in adult services who work with parents or carers. It is a fundamental way of working that builds on research and practice to help practitioners focus on what makes a positive difference for children and young people and act to deliver these improvements.

GIRFEC threads through all existing policy, practice, strategy and legislation affecting children, young people and families.

- **Schools (Health Promotion and Nutrition) (Scotland) Act 2007**

This legislation builds on work which has already taken place in Scottish schools and ensures that health and wellbeing will have a central and continuing focus in education. This is statutory guidance issued by the Scottish Government under section 2A(4) of the Standards in Scotland's Schools Act 2000.

The supporting 'Health Promotion Guidance for Local Authorities and Schools' document states that 'Children and young people attending primary and secondary schools should receive consistent and accurate messages regarding sex and relationships education through materials which are stage and age appropriate'.

- **Respect and Responsibility: Delivering improvements in sexual health outcomes 2008-2011**

This paper sets out the Scottish Government's response to the independent review of the national sexual health strategy and action plan (Respect and Responsibility 2005). The outcomes have been identified based on the recommendations from the review and highlighted as priorities for the next three years. It is recognised that these outcomes cannot be achieved by sexual health policy alone but require to be part of the delivery of other local and national policies including those which improve educational attainment, improve access to further education, employment, housing and welfare. Further details are available in *Appendix 4*.

▪ ***A Curriculum for Excellence (2009)***

A Curriculum for Excellence represents a new holistic approach to education in Scotland for 3-18 year olds. These new national guidelines on SHRE should form the standard to work towards.

The statements of experiences and outcomes in health and wellbeing reflect a holistic approach to promoting the health and wellbeing of all children and young people. They are consistent with the United Nations Convention of the Rights of the Child, which sets out the right for all children and young people to have access to appropriate health services and to have their health and wellbeing promoted

Curriculum for Excellence has an important role to play in promoting the health and wellbeing of children and young people and of all of those in the educational communities to which they belong. Further details are available in *Appendix 5*.

▪ ***Equality Act (October 2010)***

The Equality Act 2010 brings together a number of existing laws into one place so that it is easier to use. It sets out the personal characteristics that are protected by the law and the behaviour that is unlawful. Simplifying legislation and harmonising protection for all of the characteristics covered will help Britain become a fairer society, improve public services, and help business perform well. Further information on the new Act can be found at the following website: www.equalityhumanrights.com/ea2010 . Legislation is around the protected characteristics listed below:

Protected Characteristics

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

▪ ***The Sexual Health and Blood Borne Virus Framework (2011-15)***

The *Sexual Health and Blood Borne Virus Framework* sets out the Scottish

Government's agenda in relation to sexual health, HIV, hepatitis C and hepatitis B. These four policy areas have been brought together into a single integrated strategy. The Framework reflects an ambitious vision for sexual health and blood borne viruses in Scotland. It adopts an outcomes based approach anchored by effective shared ownership and joint working with a strong focus on challenging inequalities.

▪ ***East Dunbartonshire Protocol - Sexually Active Young People Under 16 Years (2012)***

This protocol has been developed to assist staff in ensuring that the needs of young people who are sexually active under the age of 16 are met and that the risks to their safety, wellbeing and health are minimised. It is intended for use by all staff working in

East Dunbartonshire to ensure an appropriate and consistent response is provided to all young people that are sexually active.

This policy statement draws heavily on the above documents which are commended to colleagues for a fuller context of sexual health and relationships education in schools.

4. NATIONAL AND LOCAL INTELLIGENCE

In addition to Policy and Guidance, there is a wealth of national and local research and intelligence that this policy takes cognisance of to ensure that we continue to address the sexual health and wellbeing needs of our children and young people based on robust evidence.

- ***NHS Health Scotland - Healthy Respect Evaluation***

NHS Health Scotland commissioned an external evaluation of the national demonstration project Healthy Respect in which four non-denominational secondary schools in East Dunbartonshire participated as one of the control groups. Information was gathered from S4 pupils over the course of 3 successive years from January 2007 to 2009. In total, data was collected from over 2100 pupils during the course of the evaluation.

- ***Centre for Research on Families and Relationships - Childline Scotland: Children and young people's concerns about their sexual health and well-being (2006)***

There has been a steady rise in calls to Childline Scotland on the issue of sexual health and wellbeing, in fact these calls now represent one of the top two concerns expressed by children and young people. This led to Childline Scotland funding a research study that was carried out by the Centre for Research on Families and Relationships during 2005 and the final report was published in 2006. Details for accessing the full report can be found in the resources section *Appendix 7*.

- ***East Dunbartonshire Parents Views on Sexual Health and Relationship Education for their Children (2007)***

In 2007, almost 3000 parents/carers in East Dunbartonshire participated in a survey which sought their views on Sexual Health and Relationships Education for their Children (further information in 4.5 Parents/Carers).

- ***NHS Health Scotland: A Review of Sex and Relationships Education in Scottish Secondary Schools (2008)***

As a result of school-based sex education being highlighted as a key element in meeting the aims of national policy, it was acknowledged that existing information on what was being delivered in Scottish schools was patchy. NHS Health Scotland commissioned a review of current practice and effectiveness across Scotland with proposed recommendations for future policy, practice and research. Details for accessing the full report can be found in the resources section *Appendix 7*.

- ***NHS Health Scotland: A Review of Sex and Relationships Approaches, Activities and Resources in Primary Schools in Scotland (2010)***

This report provides the findings of a review of the approaches, activities and resources used to support the delivery of sex and relationships education in Scottish primary schools. Details for accessing the full report can be found in the resources section *Appendix 7*.

- ***Health Behaviours in School-Aged Children: World Health Organisation Collaborative Cross-National Study (2010)***

This report presents data on adolescent health from the World Health Organization (WHO) collaborative cross-national Health Behaviour in School-aged Children (HBSC) study in Scotland. Prevalence statistics for 2010 and trends across some or all six consecutive surveys in 1990, 1994, 1998, 2002, 2006 and 2010 are included. Over 6700 pupils were sampled in the most recent Scottish survey of 2010. The main findings are summarised below.

Friends and schools rank first and second as primary sources of information on sexual matters for both boys and girls. Compared with 2006, boys are more likely to source information on sexual matters from the internet and less likely to get information from school. Approximately three quarters of 15-year olds report that it is easiest to discuss personal and sexual matters with friends. Almost a third of 15-year olds say that they have had sexual intercourse, with girls (35%) more likely to report sexual intercourse than boys (27%). The proportion of 15-year olds who used a condom during last intercourse increased between 2002 and 2006, from 70% to 79%, but has since dropped to 72% in 2010.

Details for accessing the full report can be found in the resources section Appendix 7.

5. ORGANISATION AND MANAGEMENT

5.1 APPROACH

As a signatory to the United Nations Convention on the Rights of the Child (1991), it is important that in Scotland there is a strong emphasis on children and young people as "rights" holders which should underpin all approaches to sexual health and relationships education in ways which informs children/young people of their rights and responsibilities. Schools and early years centres should also manage SHRE in ways that highlight the rights of children and young people are met, whilst ensuring that they are fully aware of the responsibilities that sit alongside these rights.

Curriculum for Excellence addresses SHRE within the organiser 'Relationships Sexual Health and Parenthood' although for the purposes of this policy, we will continue to refer to Sexual Health and Relationships Education (SHRE).

In line with national guidance, SHRE should be addressed using a whole school approach and within the context of general health and wellbeing.

Programmes should be delivered by teachers and, where appropriate, in partnership with specialists from external agencies, (please refer to guidelines for use of external agencies in Appendix 6). It is not necessary to be a sexual health 'expert' to successfully lead an SHRE programme although some knowledge and understanding is required. Personal experience can be helpful but can also raise barriers to the delivery of SHRE, therefore, by accessing training and support and recognising the importance of core teaching skills, teachers can confidently and successfully deliver SHRE programmes. Teachers know the pupils they work with and understand their background and needs. Teaching approaches should interest and motivate pupils and should involve:-

- Listening/valuing
- Empathising/encouraging
- Respecting privacy/building trust
- Being non judgemental
- Allowing choice
- Showing flexibility/sensitivity
- Involving pupils in their own learning
- Welcoming diversity and challenging discrimination

By identifying teachers' needs through CPD (Continuing Professional Development) and by monitoring and reviewing the taught curriculum, schools can ensure that teachers are confident and comfortable with the content of the programme; appropriate language; the methodologies and the resources. East Dunbartonshire Council recognises the importance of support and training for staff to further develop capacity and ensure sustainability of a robust SHRE Programme.

The delivery of a successful SHRE programme involves developing trusting relationships with pupils and being in a position to respond and follow up issues as they arise. Teachers can ensure that programmes will be in place for the future rather than being dependent on the availability of external agencies. They can also adapt the programme as circumstances change. Notwithstanding the above, carefully chosen specialists from external agencies can enhance education in SHRE programmes but only if they are used in a planned, limited and appropriate manner, (Scottish Executive 2005).

5.2 QUALITY OF PROGRAMMES

'While it is important to acknowledge that people use different words for parts of the body associated with sexuality and sexual reproduction, it is essential to introduce and use the proper anatomical terms as early as possible, taking account of cultural and faith perspectives. This provides an appropriate language for learning about relationships and sexual health in establishments and is helpful to professionals and others with a care and welfare role.' (Curriculum for Excellence: Health and Wellbeing Experiences and Outcomes HWB 0-47b/HWB1-47b).

A quality programme of Sexual Health and Relationships Education will assist children and young people in making informed and responsible choices and will include consideration of pupils' own values, (see *Appendix 5* for further information).

The programme should aim to:

- Provide accurate and relevant information about the physical and emotional changes experienced throughout life;
- Establish an awareness of the importance of stable family life and relationships including the responsibilities of parenthood and marriage;
- Enable students to develop and reflect upon their beliefs, attitudes and values in relation to themselves and others within a moral, ethical and multicultural framework;
- Provide opportunities for young people to consider and reflect upon a range of attitudes to gender, sexuality and sexual orientation, relationships and family life;
- Reflect the reality of young people's behaviour and seek to provide young people with clear guidance on the benefits of delaying sexual relationships until they are physically and emotionally equipped to participate in a mutually respectful relationship; and
- Build the resilience of children and young people to identify and resist sexual abuse and sexual harm.

5.3 ASSESSMENT

Assessment should be an integral part of the learning and teaching process although it should not dominate and need not always be recorded. Arrangements for assessment should be reasonable, realistic and manageable. A lesson by lesson assessment process is neither required nor desirable. Evidence of progress and attainment in SHRE comes from what pupils say, write and do and observation of pupils as they work.

5.4 PARTNERSHIPS

'Everyone within each learning community, whatever their contact with children and young people may be, shares the responsibility for creating a positive ethos and climate of respect

and trust – one in which everyone can make a positive contribution to the wellbeing of each individual within the school and the wider community.’ Curriculum For Excellence: health and wellbeing principles and practice

Effective SHRE should further develop and promote links between the school, home and specialist services to ensure that children and young people have access to consistent, positive health messages and services. Key partners would include East Dunbartonshire Community Health Partnership and Sandyford Services.

5.5 PARENTS/CARERS

‘Schools should have a clear policy in place which recognises that parents and staff are partners in education and which welcomes and encourages the involvement of parents in the work of the school’.

Scottish Schools (Parental Involvement) Act 2006 – Guidance

Research clearly shows that where young people receive sexual health and relationships education provided at school and reinforced by parents at home, young people delay having sex until later than those who do not.

Parents are the prime educators of their children and this primacy must be especially respected in areas such as sexual health and relationship education. There is a necessity for schools to consult with parents and carers about the nature and content of sexual health and relationships education at all year stages, (including the language used within the programme, and when it will be taught), to respond to their concerns and to seek their involvement when programmes are being developed or revised.

Schools must also ensure that where children and young people are Looked After and Accommodated, that residential care staff and foster carers are provided with the same consultation opportunities and information.

Heads of establishments must be sensitive to the rare cases in which a parent or carer may wish to withdraw a child from all or part of a planned sexual health and relationships education programme. Before a decision is taken to withdraw a child or young person from specific lessons, the young person must be consulted and heads of establishment must ensure that discussion has taken place with the parent carer:

- To clarify the purpose of the programme;
- To encourage them to see participation in the programme as a positive and constructive part of their child’s education and development; and
- To enable them to appreciate the negative academic, social and emotional consequences of withdrawal for the child or young person.

In 2007, almost 3000 parents/carers in East Dunbartonshire participated in a survey that sought their views on Sexual Health and Relationships Education for their Children. Further details can be found in *Appendix 9*.

This policy reflects East Dunbartonshire Council’s commitment to improving communication between the schools and parents/carers in relation to sexual health and relationships education and as such, it is the policy that:

- Parents/Carers will receive written communication at the start of each year stating what SHRE their child will be taught and when;
- Parents/Carers will be provided information on the content and language used in SHRE so that they can consolidate the learning at home with their child;
- Parents/Carers will be offered a chance to come to school and review the materials
- Where possible, home activity lessons should be used to facilitate home learning.

6. ROLES AND RESPONSIBILITIES

*"Everyone working with children and young people must collaborate to provide appropriate experiences and support in order to 'get it right for every child'."*Building the Curriculum 5 (2009)

It is acknowledged that a multi-agency approach to improving the sexual health and wellbeing of our children and young people is essential although the purpose of this policy is to provide direction on the roles and responsibilities in Education, schools and early years centres.

Curriculum for Excellence highlights that it is the responsibility of all staff to ensure the health and wellbeing of children and young people in schools and early years establishments.

6.1 EAST DUNBARTONSHIRE COUNCIL - Education Services has responsibility to:

- Provide a clear policy for SHRE and ensure that all staff are made aware of the Council and schools' policies and their own roles and responsibilities to ensure its implementation;
- Assist schools in the development of an effective and appropriate SHRE programme for all children and young people in line with Curriculum for Excellence and other national advice, taking account of cultural, ethnic and religious influences within the home, the school and the wider community;
- Provide advice and guidance on issues relating to the teaching of SHRE programmes to vulnerable children and young people including those with additional support needs and those who are looked after and accommodated;
- Maintain strategic links with key partners within Health, Social Work and Voluntary Sector agencies;
- Provide a comprehensive programme of in-service training for school staff at all levels to ensure that there is a consistency in delivery and approaches used across the Council; and
- Monitor the outcomes for learners and assess the impact of schools' policies through the Council's quality assurance processes.

6.2 HEAD TEACHERS have responsibility to:

- Implement SHRE. This may be assisted by a named member of senior management within the school who has been allocated the role of SHRE co-ordinator
- Ensure effective communication and implementation of the Council's policy on SHRE
- Ensure that the school develops and implements a clear policy on SHRE, which takes account of national and local guidance, in consultation with key stakeholders;
- Provide opportunities for consultation and involvement in SHRE with parents/carers, children and young people, staff and other key partner agencies;
- Ensure a positive ethos that respects the cultural, ethnic and religious influences within the home, the school and the community;
- Ensure systems are in place for parents/carers to view the programme, materials, language and supporting resources;
- Ensure a positive ethos that respects the different home circumstances and diverse needs of children and young people;
- Ensure that all staff are aware of their roles in relation to identifying and addressing the

health and wellbeing needs of the children and young people and encourage strong leadership at all levels;

- Ensure that young people in need of services have clear routes of referral;
- Ensure that provision takes account of children and young people excluded from school and those looked after and accommodated;
- Ensure that staff who deliver SHRE are appropriately trained and aware of pathways to appropriate services for young people; and
- Ensure clear arrangements are in place for working with partner agencies in school particularly in relation to confidentiality and advice.

6.3 SCHOOLS AND EARLY YEARS CENTRES (all staff) have responsibility to:

- Participate in consultation processes to ensure that a whole school approach to SHRE is implemented e.g. policy development, CPD opportunities and programme development;
- Ensure effective implementation of Council and school policy and guidance on SHRE that is reflective of the whole school approach;
- Participate in self-evaluation processes in relation to health and wellbeing;
- Undertake training on issues relating to sexual health and relationships;
- Foster an ethos in which the delivery of sexual health and relationship education is within an atmosphere of trust and confidence;
- Engage in consultation processes with parents/carers and children and young people to ensure that SHRE programmes are needs led;
- Ensure that young people are provided with further information and pathways to local services as appropriate;
- Ensure that their own personal views do not negatively impact on teaching and learning; and
- Answer questions from children and young people appropriately and sensitively.
- Ensure that children and young people are actively involved in consultation process to ensure that a whole school approach to SHRE is implemented, e.g. policy and programme development.

6.4 PARENTS AND CARERS have responsibility to:

- Participate in consultation processes to ensure that a whole school approach to SHRE is implemented e.g. policy and programme development;
- Engage with the school to agree the content and delivery of the taught content of the SHRE programme; and
- Ensure that their child receives appropriate sexual health and relationships education.

7. LINKS TO EXTERNAL AGENCIES AND RESOURCES

"High quality, consistent information on all aspects of sexual health including relationships advice, contraception, sexually transmitted infections (including HIV) and location of services should be provided to young people in all settings, such as schools, libraries, youth projects and health centres. Specifically, local authorities should ensure that school firewall systems do not prevent access to health promoting websites."

Respect and Responsibility: Delivering Improvements in sexual health outcomes 2008-2011

It is important that teachers can signpost pupils to a range of appropriate services where they can access advice and information e.g. information on accessing Sandyford services. This relates to confidentiality boundaries but also providing pupils with a choice regarding where they can ask more in depth questions. It is also important to highlight to pupils that their parents/carers or an adult they trust have an important role in discussing issues on relationships and that they can be a useful source of information.

Given the increased use of IT access to appropriate, credible websites and contacts for pupils will be available within the contents of the taught programme.

8. CONFIDENTIALITY AND CHILD PROTECTION

The Council's child protection guidelines should be adhered to at all times. Schools should also refer to the East Dunbartonshire Protocol for Sexually Active Young People Under 16 Years 2012). This protocol has been developed to assist staff to address the needs and minimise the risks to safety and wellbeing of young people who are sexually active under the age of 16 and those who are sixteen to eighteen who are subject to statutory measure of supervision or have additional support needs. It is intended for all staff working in East Dunbartonshire to ensure an appropriate and consistent response is provided to all young people who are sexually active.

9. MONITORING AND EVALUATION

The implementation of this policy and all its requirements will be monitored through existing quality assurance processes within Education Services and as part of the wider Sexual Health Strategy Group.

Ultimately, it is the responsibility of the Head Teacher in every establishment to ensure that self-evaluation and monitoring is carried out in relation to "relationships, sexual health and parenthood". However, it is essential that all stakeholders: school staff; parents; children and young people and partner agencies are involved in evaluating the impact of the school's actions in progressing this aspect of health and wellbeing.

Self-evaluation should be carried out on a regular basis by considering what has been achieved in relation to the experiences and outcomes highlighted in Curriculum for Excellence, and what impact this has had on learners.

Monitoring episodes of teaching and learning in sexual health and relationships education is crucial in assessing the quality of pupils' experiences in this area. The information gathered will inform ongoing programme development, highlight staff training and development needs and inform policy review.

MCCABE REPORT

Principles of Sexual Health and Relationships Education

Sexual health and relationships education can be defined as a lifelong process whereby children and young people acquire knowledge, understanding and skills and develop beliefs, attitudes and values about their sexuality and relationships within a moral and ethical framework.

The key principles are:

- Sexual health and relationships education should be viewed as one element of health education set within the wider context of health promotion and the health promoting ethos of educational establishments;
- Sexual health and relationships education should contribute to the physical, emotional, moral and spiritual development of all children and young people within the context of today's society;
- Education about sexuality and relationships should reflect the cultural, ethnic and religious influences within the home, school and community;
- Sexual health and relationships education should be non-discriminatory and sensitive to the diverse backgrounds and needs of children and young people;
- Sexual health and relationships education should start informally at an early age with parents and carers and continue through to adulthood both within the home and at all stages of school life.

Aims of Sexual Health and Relationships Education

The key aims are to:

- Provide accurate and relevant information about the physical and emotional changes that children and young people will experience throughout their formative years into adulthood;
- Establish an awareness of the importance of stable family life and relationships, including the responsibilities of parenthood and marriage;
- Provide opportunities for children and young people to develop personal and interpersonal skills that will enable them to make and maintain appropriate relationships within the family, with friends and within the wider community;
- Enable children and young people to develop and reflect upon their beliefs, attitudes and values in relation to themselves and others within a moral, ethical and multicultural framework;
- Foster self awareness and self esteem and a sense of responsibility and respect for themselves and for others;
- Provide opportunities for young people to consider and reflect upon the range of attitudes to gender and sexuality and sexual orientation, relationships and family life;
- Develop an appreciation of, and respect for, diversity and of the need to avoid prejudice and discrimination;
- Provide information about and skills to access, where appropriate, agencies and services providing support and advice to children and young people.



SCOTTISH EXECUTIVE

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Circular 2/2001

Directors of Education

Copy to: Chief Executives of Local Authorities
Directors of Social Work
Chief Executive, CoSLA

22 March 2001

Dear Colleague

STANDARDS IN SCOTLAND'S SCHOOLS etc. ACT 2000: CONDUCT OF SEX EDUCATION IN SCOTTISH SCHOOLS

1. This circular provides guidance under Section 56 of the Standards in Scotland's Schools etc Act 2000 on the conduct of sex education in schools.

Background - Working Group on Sex Education in Scottish Schools

2. In February 2000 Scottish Executive Ministers appointed a Working Group to review the range of curricular advice and support available to teachers on sex education specifically in the light of the repeal of section 2A of the Local Government Act 1986.

3. The Group's final report was published in June 2000. The Group concluded that the package of safeguards set in place by Ministers was sufficiently complete, wide-ranging and robust.

4. The Group also concluded that existing curriculum guidelines, advice and support information were adequate and required no revision but that they could usefully be complemented by the development of additional material to support teachers and schools in developing their programmes and consulting with parents.

5. The Group identified materials that required to be developed in advance of repeal of Section 2A, and to secure general improvements in the quality of sex education. The Group's recommendations were therefore divided into two sets. Firstly the Group indicated that implementation of their central recommendations should precede the repeal of section 2A.

These are:

- The Scottish Executive should adopt the key principles and aims for sex education identified by this Working Group, incorporate them in the guidance circular, and consult on the terms of this guidance. (these are attached at Annex A)
- Summary guidance on available curricular advice and materials should be developed by the Scottish Executive and made available to schools.
- The Scottish Executive should offer guidance to local authorities and schools on effective consultation with parents.
- The Scottish Executive should produce a parent's leaflet explaining the nature and purpose of sex education, its place within health education and the importance of its relationship to Personal and Social Education and Religious and Moral Education. This should be available in Braille and other languages.
- The Scottish Executive should organise seminars for key personnel from local authorities to help prepare the local response to the statutory guidance.

All of these recommendations have now been implemented.

Secondly, the group made a number of recommendations to secure general improvements in the quality of sex education. Work on taking them forward is in hand.

Conduct of Sex Education in Scottish Schools

6. Sex education forms a key element of personal, social and health education in schools and is an important part of children's preparations for adult life. The purpose of sex education is to provide knowledge and understanding of the nature of sexuality and the processes of human reproduction within the context of relationships based on love and respect. It should develop understanding and attitudes, which will help pupils to form relationships in a responsible and healthy manner. It is important that sex education programmes should be well matched to pupils' needs and levels of maturity. Teaching materials should be selected with great care and sensitivity to the age and understanding of the pupils.

7. Programmes of sex education should present facts in an objective, balanced and sensitive manner within a framework of sound values and an awareness of the law on sexual behaviour. Pupils should be encouraged to appreciate the value of stable family life, parental responsibility and family relationships in bringing up children and offering them security, stability and happiness. Pupils should also be encouraged to appreciate the value of commitment in relationships and partnerships including the value placed on marriage by religious groups and others in Scottish society. At the same time, teachers must respect and avoid causing hurt or offence to those who come from backgrounds that do not reflect this value. All pupils should be encouraged to understand the importance of self-restraint, dignity, respect for themselves and the views of others. They should be encouraged to recognise the physical, emotional and moral implications and risks of certain types of behaviour and to accept that both sexes must behave responsibly.

8. In providing programmes of sex education, local authorities should also take account of Section 35 of the Ethical Standards in Public Life etc (Scotland) Act 2000 which puts a duty on councils to have regard to:

- the value of a stable family life in a child's development; and
- the need to ensure that the content of instruction provided by authorities is appropriate, having regard to each child's age understanding and stage of development.

Curriculum advice

9. To assist schools, *Health Education 5-14 National Guidelines* were issued along with *5-14 National Guidelines - Health Education Guide for Teachers and Managers* in 2000 after national consultation. These guidelines give advice under the headings: physical health (exploring physical factors in relation to health and looking after ourselves); emotional health (exploring feelings and personal relationships in terms of our emotional and mental wellbeing); and, social health (exploring the interaction of the individual, the community and the wider environment in relation to health and safety). Detailed national advice on sex education was made available to all Scottish schools in 1995 through the Health Education for Living Project. That advice covers both primary and secondary education. The Scottish Office also gave financial support for the preparation and distribution of advice and staff development materials for teachers in 1994 entitled "*Personal Relationships and Developing Sexuality*" which provide detailed guidance on the design and delivery of sex education programmes.

10. Sex education connects to many areas of the curriculum and the Working Group recommended the preparation of a summary, giving an outline of the relevant national advice and the appropriate guidelines throughout all the stages of school. The *Summary of National Advice* has now been published.

Informing and responding to parents and carers

11. Parents and carers play a key role in all aspects of their children's education. It is good practice for all schools to inform and consult parents and carers as closely as possible about key aspects of the curriculum. This is particularly important in relation to sensitive and potentially controversial areas such as sex education. All schools should adopt the practice of consulting parents and carers when they are developing or reviewing their programme of sex education. All parents and carers should be given the opportunity in advance to view key teaching materials and to ask questions about any aspect of a sex education programme. Schools should also give pupils an opportunity to identify and express their own needs.

12. In preparing programmes and in consulting with parents and carers and responding to their views, schools should be sensitive to their parental concerns and to cultural and religious views which they may hold and which may conflict with particular aspects of the planned programme.

13. While it is a nationally accepted part of the existing and agreed curricular framework for Scottish schools and of pupils' educational entitlement, there is no statutory requirement for participation in a programme of sex education. Schools and authorities must therefore be sensitive to the rare cases in which a parent or carer may wish to withdraw a child from all or part of a planned sex education programme. Discussion with the parent or carer should attempt to clarify the purposes of the programme; encourage them to see participation in the programme as a positive and constructive part of their child's education and development; and enable them to appreciate the negative academic, social and emotional consequences of withdrawal for the child. The child's views must also be taken into account, given the child's statutory right to education. However, in the event of a parent or carer concluding that he or she wishes to withdraw their child, arrangements should be made for the pupil to have alternative positive educational provision. It is recognised that this advice applies only to specific programmes of sex education. Aspects of sex education may be discussed in many areas of the curriculum and it would not be possible for a child to be withdrawn from lessons across the curriculum as this would prevent a child receiving an adequate and efficient education.

14. Arrangements should be in place to respond promptly and fully to any concerns which parents and carers might express about the content or conduct of a sex education programme. In the first instance, they should be encouraged to raise concerns directly with the school involved and as soon as possible so that matters can be resolved promptly. The education authority should provide mechanisms for prompt referral to the authority level for further consideration in cases where a parent or carer remains dissatisfied after consultation with the school. Schools should make clear through the school prospectus the arrangements for consulting parents and carers and for them to voice their concerns.

15. Detailed guidance (*Guidance for Schools and Local Authorities on Effective Consultation with Parents and Carers*) is being issued separately. A leaflet for parents and carers explaining: the role of schools, the nature and purpose of sex education; its place within Health Education and the importance of its relationship to Personal and Social Education and Religious and Moral Education; how parents will be consulted; and what to do if they have concerns is also being issued separately. This is *Sex Education in Scottish Schools – A Guide for Parents and Carers*.

Denominational Education

16. In Scotland, provision is made for some publicly funded schools that are denominational in character. The majority of these schools are Roman Catholic. They are an integral part of the public education system.

17. National guidelines on the curriculum are always developed on the basis of wide consultation. The review of the national curricular advice for teachers on sex education undertaken by the Working Group also took account of denominational interests. The Working Group sought to ensure that national advice and curricular guidance was suitable for all authorities and schools in Scotland. It is recognised that religious authorities with a role in denominational education do provide guidance for their denominational schools and that right will continue as at present. However, it is hoped that the national advice will serve as a useful basis for everyone.

Related Matters

18. Authorities will wish to bear in mind that the definition of "a child" in section 35 of the Ethical Standards in Public Life etc (Scotland) Act 2000 is not limited to children or young people in schools. Therefore the principles set out in this circular are equally applicable to relevant informal education activity or information (oral or written) delivered to children looked after by authorities in residential settings or to young people in youth clubs or groups for which authorities are responsible.

Conclusion

19. The Scottish Executive attaches high priority to the provision of good quality sex education in all Scottish schools, sensitively based on best practice. The Executive's policy is to encourage schools to provide sex education within a comprehensive programme of personal, social and health education and religious and moral education. This approach is designed to make sure that information about sex is given not in isolation but as part of a programme that considers a range of issues relating to personal and social development, healthy living and appropriate values which reinforce self-worth, respect for others and a sense of responsibility.

20. The Scottish Executive believes that all education should be a partnership between schools and parents and carers and emphasises that this partnership is particularly important in areas of sensitivity and importance to the personal growth of pupils, such as sex education.

Yours faithfully



JOAN FRASER

RESPECT AND RESPONSIBILITY: STRATEGY AND ACTION PLAN FOR IMPROVING SEXUAL HEALTH (2005)

This National Strategy Document places responsibilities on all Local Authorities to:

- Work through the Local Council Director with responsibility for education services to ensure the delivery of consistent and appropriate sex and relationships education in all school settings and for those excluded from school;
- Ensure providers of sex and relationships education training provide this on a multi-agency basis, where appropriate, and that training takes account of issues relating to different cultural and religious practices and beliefs;
- Ensure schools demonstrate mechanisms to involve parents and carers in sex and relationships education programmes consistent with the McCabe Report recommendations;
- Ensure that a member of each secondary school's management team is responsible for ensuring that each school based sex and relationships education subscribes to current guidance and delivers key learning objectives to all pupils;
- Ensure that in education at early school levels, the emphasis will continue to be on stable family relationships, friendships and on developing an understanding of how we care for one another;
- Ensure that all schools are able to demonstrate that they provide pupils with equitable information about sexual health services and how to access them;
- NHS Boards will work in partnership to provide support and advice to Local Authorities to ensure that the content of the taught curriculum, policy development and staff training is evidence based and meet the needs of children and young people.

RESPECT AND RESPONSIBILITY: DELIVERING IMPROVEMENTS IN SEXUAL HEALTH OUTCOMES 2008-2011

Included in these improvements is a young person specific one that requires that "All young people will receive evidence informed, age appropriate Sex and Relationships Education and have access to a linked local drop-in service which provides a minimum, general health advice, chlamydia testing, pregnancy testing and free condoms". The following actions have been identified to achieve this.

- Young people not in school, young offenders and those who are looked after or accommodated are prioritised for the provision of sex and relationships education and one to one support by those services engaging with these groups.
- Drop-in services offering general health advice, chlamydia testing, pregnancy testing and condoms in or within walking distance from schools/young people's centres staffed by nurses and those delivering local youth work services. These facilities should be open for a minimum of 2 hours per week.
- Sex and Relationships Education provided in **all** primary and secondary schools which is age and stage appropriate and is non-discriminatory and sensitive to the diverse backgrounds and needs of all children and young people.
- Programmes should deliver high quality, consistent information on all aspects of sexual health including relationships advice, contraception, sexually transmitted infections, (including HIV) and location of services provided to young people in all settings, such as schools, libraries, youth projects and health centres. Specifically, Local Authorities should ensure that school firewall systems do not prevent access to health promoting websites.
- Sex and Relationships core training and ongoing CPD is provided for all staff who have been identified as having a key relationship with young people.

PROGRAMME CONTENT & CURRICULUM FOR EXCELLENCE

“Programmes of sex education should present the facts in an objective, balanced and sensitive manner within a framework of sound values and awareness of the law on sexual behaviour. Pupils should be encouraged to appreciate the value of a stable family life, parental responsibility and family relationships in bringing up children and offering them security, stability and happiness. Pupils should also be encouraged to appreciate the value of commitment in relationships and partnerships, including the value placed on marriage by religious groups or others in Scottish society. At the same time, teachers must respect and avoid hurt or offence to those who come from different backgrounds.

All pupils should be encouraged to understand the importance of self-restraint, dignity and respect for themselves and the views of others. They should be encouraged to recognise the physical, emotional and moral implications and risks of certain types of behaviour and to accept that both sexes must behave responsibly.”

Scottish Executive: Circular 2/2001

A quality programme of Sexual Health and Relationships Education will assist young people in making informed and responsible choices and will include consideration of students' own values and will support the development of key skills.

The programme should aim to:

- Provide accurate and relevant information about the physical and emotional changes that children and young people will experience throughout life;
- Establish an awareness of the importance of stable family life and relationships, including the responsibilities of parenthood and marriage;
- Enable students to develop and reflect upon their beliefs, attitudes and values in relation to themselves and others within a moral, ethical and multicultural framework;
- Provide opportunities for young people to consider and reflect upon a range of attitudes to gender, sexuality and sexual orientation, relationships and family life;
- Develop an appreciation of, and respect for, diversity and the need to avoid prejudice and discrimination.

The programme should allow for the development of a number of skills in each of the three areas of self-awareness, independence and inter-dependence and interpersonal relationships. The programme should:

- Provide opportunities for children and young people to develop personal and interpersonal skills that will enable them to make and maintain appropriate relationships within the family, with friends and within the wider community
- Foster self awareness and self esteem and a sense of responsibility and respect for themselves and others;
- Provide information about the skills for accessing where appropriate, agencies and services providing support and advice to young people.

The programme should be compatible with Education for Personal and Social Development, Religious and Moral Education, Health Promoting Schools and Health Education programmes and should be appropriate to the age and stage of maturation of young people taking into account a context which is appropriate to the diversity of backgrounds within our society. The core SHRE curriculum, based on the McCabe Guidelines (2000) and Curriculum for Excellence Experiences and Outcomes (2009) should be taught in all schools with Denominational schools being encouraged to add their moral perspective on all matters rather than miss out any learning.

This list should not be seen as exhaustive.

Early Years

- Awareness of the way bodies grow and change
- Uniqueness of their body
- Where living things come from
- Recognising and expressing feelings
- Family and other special people who care for them
- Respect and care for themselves and others
- Ways of keeping safe

Middle Primary

- Exploring changes in the body
- How human life begins
- Expressing and dealing with feelings and emotions
- Being part of a family
- Friendship
- Dealing with bullying situations

Upper Primary

- Physical and emotional stages at puberty
- Body image and self worth
- Understanding of own developing sexuality
- Developing awareness of gender identity
- Changing nature of friendship
- Dealing with sexual feelings
- Menstruation, pregnancy and birth

Early Secondary

- Skills to make and maintain friendships and relationships
- Risks involved in sexual relationships
- Links with other risk taking activities
- Sexually transmitted infections and HIV and AIDS
- Permanent relationships
- Parenting roles
- Contraception and family planning issues
- Personal safety strategies
- Peer and media influences
- Gender roles and stereotyping
- Awareness of sexual orientation
- Issues of discrimination

Middle to upper secondary

- Responsibility and commitment within relationships
- Awareness of the needs of others
- Information, advice and support services
- Sexually Transmitted Infections and HIV and AIDS
- Parental responsibility
- Responsible sexual behaviour

Curriculum for Excellence – Levels and Stages

These new statements of experiences and outcomes themselves describe national expectations of learning and progression from the early to the fourth curriculum level, during the period from the early years to the end of S3. They do not have ceilings, to enable staff to

extend the development of skills, attributes, knowledge and understanding into more challenging areas and higher levels of performance.

The experiences and outcomes are set out in lines of development which describe progress in learning. Progression is indicated through curriculum levels, which are explained in the table below

Level	Stage
Early	The pre-school years and P1 or later for some
First	To the end of P4, but earlier or later for some
Second	To the end of P7, but earlier or later for some
Third and Fourth	S1 to S3, but earlier for some. The fourth level broadly equates to SCQF level 4
Senior Phase	S4-S6 and college or other means of study

Due to the nature of development and learning in health and wellbeing, many of the experiences and outcomes are written to span two or more levels. They should be regularly revisited through a wide range of relevant and realistic learning experiences to ensure that every child and young person is progressing in his or her development and learning.

Additional Support for Learning

Within the additional support for learning sector, SHRE should be addressed within Personal Social and Health Education. The content and approaches will vary according to pupils' age, level of maturity, understanding and experience.

GUIDELINES ON THE USE OF EXTERNAL AGENCIES

Teachers will always be the main source of expertise for delivering any programme of personal, social and health education although they may find it valuable, in order to illustrate a particular part of the syllabus, to invite another person or agency to visit the school and to participate in class work with the teacher.

The expertise that such groups provide can prove invaluable in complementing and supplementing the programme. In order to maximise the effectiveness of contributions from external sources and to satisfy local and national advice, the following guidelines have been prepared on the criteria to be met in the choice and use of external agencies. The guidelines should not be seen as restrictive and should be used in conjunction with school/Council Child Protection Procedures.

Visitors should be seen as complementing the curriculum already in place. They should not be seen as a substitute.

"Where there is collaboration with an agency to develop a particular programme in which an outsider can participate, this is probably most educationally acceptable. Where a one off visit is arranged with no preparation and no follow up then the impact and benefits are limited"

Health Education in Scottish Schools – SCRE

The class teacher should be present throughout the presentation for a variety of reasons:

- Teacher has planned this aspect of the programme
- Teacher is legally responsible for the class
- Teacher cannot ensure continuity if absent
- Additional information gained by teacher
- Teacher should be present to ensure proper conduct of presentation

Organisations supporting the delivery of SHRE should be from credible, acceptable and where possible local organisations. Campaigning organisations should not be used.

All agencies wishing to work in schools in the field of sexual health education must first seek approval for this from the Head of Education.

Schools who wish to invite external agencies into the school to contribute to the sexual health programme must seek approval from the Head of Education.

Presentations should be appropriate to the age and stage of the young people.

A preliminary meeting should be held to plan the event. Agencies must work within the Council policies and protocols.

Papers or materials to be used during presentations should be submitted in advance to ensure their suitability for use in schools.

External Agencies should not be permitted to sell publications to children and young people or ask for donations.

Parents and Carers should be informed and involved as appropriate.

USEFUL CONTACTS, RESOURCES AND WEB-LINKS

Services

Sandyford
2-6 Sandyford Place
Glasgow
G3 7NB
0141 211 8130
www.sandyford.org

Sandyford East Dunbartonshire
Kirkintilloch Health and Care Centre
10 Saramango Street
Kirkintilloch
G66 3BF
0141 355 2367
www.sandyford.org

Childline Scotland – 0800 1111
www.childline.org.uk

Research Studies

Centre for Research on Families and Relationships and Childline Scotland: Children and young people's concerns about their sexual health and well-being (2006)
www.scotland.gov.uk/Publications/2007/02/13111657/0

NHS Health Scotland: A Review of Sex and Relationships Education in Scottish Secondary Schools (2008)
www.healthscotland.com/documents/2439.aspx

NHS Health Scotland: A Review of Sex and Relationships Approaches, Activities and Resources in Primary Schools in Scotland (2010)
www.healthscotland.com/documents/4146.aspx

Health Behaviours in School-Aged Children: World Health Organisation Collaborative Cross-National Study (2010)
www.hbsc.org

LEGAL CONTEXT

Age of Legal Capacity (Scotland) Act 1991

<http://www.legislation.gov.uk/ukpga/1991/50/contents>

The Children (Scotland) Act 1995

<http://www.scotland.gov.uk/Publications/2004/10/20066/44708>

Ethical Standards in Public Life Act (Scotland) 2000 – Section 35: Conduct of Sex Education in Scottish Schools

<http://www.legislation.gov.uk/asp/2000/7/section/35>

The Standards in Scotland's Schools Act 2000

<http://www.scotland.gov.uk/Publications/2002/05/14630/3866>

Guidance on the Scottish Schools (Parental Involvement) Act 2006

<http://www.scotland.gov.uk/Publications/2006/09/08094112/0>

Schools (Health Promotion and Nutrition)(Scotland) Act 2007

<http://www.scotland.gov.uk/Publications/2008/05/08160456/0>

Sexual Offences (Scotland) Act 2009

<http://www.scotland.gov.uk/Topics/Justice/crimes/8980/rape-sexual-offences-bill>

Equality Act 2010

<http://www.equalities.gov.uk/>

BEST PRACTICE GUIDELINES

Curriculum for Excellence provides a broad range of experiences and outcomes for children and young people from 3 to 18 years. The statements of experiences and outcomes reflect a holistic approach to promoting health and wellbeing that extends beyond what is taught in the curriculum. In schools a range of issues associated with Relationships, Sexual Health and Parenthood can arise which means that young people require timely and well managed support. The following practice guidance sets out best practice drawn from a range of guidance and policy documents and also from the collective practice based experience of a range of professionals involved in the development of this policy. In all instances staff in schools should work to the principles of Getting it Right for Every Child by putting the needs of the children and young people at the centre of their decisions and practice.

The following are highlighted as best practice exemplars for all staff involved working with children and young people on sexual health and relationships education.

ANTI-DISCRIMINATORY PRACTICE

- It is essential that staff have opportunities via training and supervision to discuss their own values and beliefs and how these impact on their work with children and young people. It is important that staff respond positively to 'difference' and that they do not impose their values and beliefs on the children & young people.
- Discriminatory attitudes, behaviours, comments and stereotypes about sex and sexuality will be challenged by staff, whether they are from children and young people or staff.
- Staff will provide positive role models and will not exhibit any negative, discriminatory or homophobic attitudes.

SEXUAL ORIENTATION

It is estimated that between 5-7% of the population will be lesbian, gay or bisexual (LGBI). Therefore in every secondary school there will be pupils who are lesbian, gay or bisexual, or who are questioning their sexual identity whether they disclose this or not.

Historically, lesbian gay and bisexual young people have reported that schools can be very unwelcoming to LGB people, and report that bullying in relation to sexual identity has been inconsistently managed. The Council's anti-bullying policy should provide guidance on how to manage bullying in relation to LGB issues.

However schools also have a pastoral care responsibility to meet the wider support needs of young people who are LGB.

- Staff should deal with the issue of sexual orientation with the utmost sensitivity. They should not directly ask a young people their sexual orientation and they should not share information about a person's sexual orientation with others unless not to do so would put the young person at risk of significant harm.
- If a young person has been subjected to homophobic bullying in school, with the young person's agreement, staff should ensure the school takes steps to address this.

The following guidance is provided by Learning and Teaching Scotland and LGBT Youth Scotland for staff if a young person "comes out" as LGB

- Ensure openness and non-judgemental responses
- Ensure you do not panic – in the majority of cases young people will simply want someone to tell

- Be honest about what you know and what you don't know – if there are questions you can't answer then promise to get back to the young person with the answer later.
- Remember you could be the first person ever to be told about this and having a young person confide in you is a huge privilege
- Reinforce the idea that being LGB is completely normal and nothing to be ashamed of
- Reassure them of confidentiality and that you do not need to share information with anyone else unless you believe that they are at risk of harm
- Be ready to provide relevant up to date information and resources
- Avoid making statements about a young person's sexual orientation being a passing phase. Whilst, this can be true for some young people, it implies that it would be better if they weren't LGB.
- In some cases it may be appropriate to refer a young person to supportive organisation if the young person wishes this.

PUBERTY

- Staff should be made aware that with the age of puberty falling children and young people should be encouraged to take responsibility for their personal care and hygiene.
- Staff should be familiar with different cultural and minority ethnic practices in relation to puberty

RELIGION AND CULTURE

- Staff should actively challenge discriminatory jokes, language, assumptions and behaviour that oppress and discriminate against any group.
- Staff need to be aware of the influence of prejudice, stereotyping and generalisations in relation to different cultures and sexual practices. Staff are encouraged to increase their understanding of different religious and cultural approaches to sexual health and relationships through, for example, accessing professional development and through working in partnership with religious/cultural communities.
- Written information should be culturally and linguistically appropriate.
- It may be appropriate to provide some information in single gender or same faith groups. Young people's preferences should be sought on these matters.

MENSTRUATION

- Children and young people and should have easy access to sanitary disposal and products during the school day.
- Staff will ensure that any issues relating to menstruation are managed in a sensitive and supportive manner.
- Staff will ensure that young women know that GPs and other health services can provide additional support in relation to pre menstrual stress etc.

PARTNERSHIPS

- Staff will provide young people with information about sexual health services, how to access them, opening times etc.
- Input from specialist services should be planned and evaluated to ensure effectiveness and relevance to SHRE programme whilst ensuring that Child Protection Procedures are adhered to at all times.

ANSWERING CHILDREN'S QUESTIONS

Children and young people are often very curious about growing up, puberty, sexual health and relationships. If a young person asks a question staff should always attempt to answer the question. Some tips on how to handle this is described below.

- Always value the question, never dismiss it
- Let your body language, facial expressions, and tone of voice support what you say with words
- Let your pupils know that you're always available for questions, not just restricted to PSHE
- Accept questions at face value – asking "How old do you have to be to have sex?" doesn't mean "I'm thinking of having sex".
- Give accurate, honest, short and simple answers
- Take advantage of opportunities in the playground, on TV etc to raise issues
- Use correct names for sexual organs and behaviour
- Let children know that others may be different views/values about sexuality

PORNOGRAPHY

The wider availability of pornography is one of the unfortunate effects of the changes in communication technology. Staff should be aware that some young people may have access to pornography at home and also on their mobile phones if they are internet capable.

Pornography presents a distorted and unrealistic view of sexual behaviour, relationships, and people's bodies. Much pornography that young people have easy access to is violent in its intent.

Some young people may also use their phones to record themselves in sexual situations and share these images or clips with other young people.

- Staff should make young people aware that the law does not permit young people under the age of 18 to either possess, participate in or share pornography, whether that is in the form of images (real or cartoon) or sounds,
- Staff should therefore ensure that young people understand that pornography in any format or media will not be tolerated, and communication devices will be confiscated and images removed.
- Staff should ensure that management are informed if pornography is accessed in school.
- Staff should treat young people under the age of 18 participating in the making or pornography as a child protection matter.

SEXUALLY ACTIVE YOUNG PEOPLE

Full details for the protocols on working with sexually active young people under 16 years is available in East Dunbartonshire Protocol (2012)

The Sexual Offences (Scotland) Act 2009 makes all forms of sexual behaviour between young people under the age of 16 unlawful. However it is acknowledged that up to a third of young people under the age of 16 may become sexually active. While this is not condoned, the Scottish Government has issued guidance on how such situations should be managed recognising that in some cases this may constitute a child protection matter, especially for those under the age of 13, however for some older young people this may not constitute a child protection matter.

Local protocols on sexually active young people under the age of 16 should be followed at all times.

- Schools will respond, make an assessment of the situation and follow procedures outlined in the East Dunbartonshire Protocol 2012
- Parents do not need to be informed if the young person does not wish them to know and the situation is not a Child Protection issue
- Schools will make sure young people know how to avoid pregnancy and sexually transmitted infections and refer to local services where possible
- Encourage young people to discuss with parents/carers but will not disclose to parents/carers if the young person chooses not to and it is not in the young person's best interest to do so.

PREGNANCY & PARENTHOOD

It is important that when it becomes known that a young woman is or may be pregnant, that staff are able to respond promptly and sensitively.

Staff should ensure that a child protection assessment is made if the young person is under 16 or is over 16 and looked after.

If the young woman wishes to access emergency hormonal contraception, staff should refer and if possible and the young woman wishes it, accompany her to access this from either the nearest pharmacy or sexual health service. All pharmacies are able to provide free emergency contraception. Emergency contraception is most effective if taken within 72 hours of unprotected sex, and more effective the earlier it is taken. Beyond 72 hours, there are other options available through sexual health services up to 120 hours.

In all cases staff should encourage the young woman to discuss her situation with her parents/carers however staff should be mindful that there is no obligation to inform parents against the wishes of the young woman.

If the young woman is beyond the time at which emergency contraception can be provided, it is important to ensure the young woman is referred into specialist help for pregnancy testing and support to consider her options.

If the young woman is pregnant and chooses to continue her pregnancy, Schools should work hard to keep young woman at school during pregnancy and support her return to school or home learning

If the young woman's partner is at the school, staff may need to provide support to the young man in relation to his feelings on the matter.

TRANSGENDER YOUNG PEOPLE

It is not known how many individuals in the population are transgender, however many of the issues experienced by transgender children and young people are similar to those in relation to LGB young people. The main difference is that transgender may realise their identity at a younger age, more likely in primary school. Therefore the same guidance in relation to sexual identity is relevant.

If a young person discloses that they are transgender and want to seek additional support in the first instance it may be helpful to involve the school health service who can provide an onward referral to specialist assessment and care if required.

Schools should always encourage the young person to involve their parents/carers but respect their decision if they do not wish to do so at this time.

HIV

If known a child is known to be living with HIV at school, this information should be managed whereby as few staff are informed as is necessary. There is no risk to staff or other people of acquiring the infection from the young person from everyday social contact or activities with the young person.

School may need to help administer medication to young people on HIV therapy and this should be administered in as sensitive a way as possible to protect the young person's confidentiality. Parents and carers should be involved in discussions about this.

PARENTAL QUESTIONNAIRE (2007)

Findings included:

- The majority of parents who responded did not feel that their own experiences of SHRE from parents or school adequately prepared them for adult life;
- Parents wanted their children to have a more positive experience of SHRE than the one they had ;
- Parents saw SHRE as a joint responsibility with schools and that the Council should be sensitive to the role of parents and ensure that parents/carers are informed as to what schools are teaching;
- Most respondents felt that SHRE should be provided by individuals who have specific training in this area and that the Council and it partners should ensure that teachers have adequate training.