

# East Dunbartonshire

## POLICY DOCUMENT

### For Relationships, Sexual Health & Parenthood Education (RSHPE)

2018-2021



Approved By:	Date:
Sexual Health Strategy Group	6 <sup>th</sup> November 2018
DCYPP	
EDC Education Committee	
Review Date	

## **FOREWORD**

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

The aim of this policy is to provide clear direction to all schools and early years' centres within East Dunbartonshire on the provision of quality Relationships, Sexual Health and Parenthood Education (RSHPE), delivered within a moral, ethical and multicultural framework. This is in accordance with a number of national policy, guidance and legislative changes that should be taken into consideration. These include but are not limited to The Sexual Health and Blood Borne Virus Framework (2015-2020), The Pregnancy and Parenthood in Young Peoples Strategy (2016), Conduct of Relationships, Sexual health and Parenthood Education in Schools (2014), Children and Young People (Scotland) Act 2014, Getting it Right for Every Child (2012), and Curriculum for Excellence (2009). Further information on these and other national policy drivers can be found in Appendix 1.

To deliver on the commitment to addressing sexual health and wellbeing East Dunbartonshire Sexual Health Strategic Group will progress and co-ordinate the sexual health agenda along with key partners and report into the local Community Planning Structures.

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Jacqueline MacDonald – Chief Education Officer

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## 1. INTRODUCTION

Relationships, Sexual Health and Parenthood Education (RSHPE) is a key part of Health & Wellbeing within Curriculum for Excellence. RSHPE focuses on equipping children and young people with the knowledge, skills and values to make informed and positive choices about forming relationships. It can assist with making safer decisions about their sexual and emotional health and wellbeing in a responsible and healthy manner, as an important part of preparation for adult life<sup>1</sup>. It is the policy of East Dunbartonshire Council that every educational establishment provide RSHPE 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.

The Scottish Government gives high priority to the provision of good quality RSHPE in all Scottish schools, based on good practice and informed by evidence<sup>1</sup>. Within this context, we have a responsibility to ensure that programmes convey to all children in all schools essential knowledge and skills which help them develop, maintain and enjoy positive, respectful and loving relationships and to keep themselves and others safe. It must do so consistently and progressively to high standards on the basis of equality. It must speak to all children and young people, and be inclusive of their identities and characteristics and the diverse family circumstances in which they grow up.

To enable this objective to be achieved, heads of establishments must ensure that a 'whole school approach' to RSHPE is adopted and a comprehensive RSHPE programme that conforms to national guidance is implemented within their establishment.

Evidence clearly demonstrates that meeting the health and wellbeing needs of children and young people is best achieved by working in partnership with a range of key stakeholders<sup>1</sup>. East Dunbartonshire Council is committed to addressing the relationships and sexual health needs of its children and young people in partnership with parents and carers, Community Planning Partners including the Health & Social Care Partnership (HSCP) and Third Sector, wider community and with our children and young people.

## 2. AIMS

- To provide a framework for the inclusion of high quality programmes for the delivery of RSHPE, in line with Curriculum for Excellence in all educational establishments within the remit of East Dunbartonshire.
- To provide opportunities to improve communication on relationships and sexual health 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 & 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 Council's position and to have the necessary advice and support to develop their own establishment policy.

## 3. POLICY CONTEXT

The **World Health Organisation** defines sexual health as...

*“A state of physical, emotional, mental and social wellbeing related to sexuality; it is 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 sex experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled”*

World Health Organisation (WHO)<sup>2</sup>

It is widely recognised that sexual behaviour that 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. In a context of earlier physical maturation, wide media attention on sexual behaviour, family breakdown and rising statistics on teenage conceptions and sexually transmitted infections (STIs), there is an understandable demand for a robust RSHPE programme specifically 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<sup>1</sup>.

The wealth of data collated by the Scottish Government and NHS Health Boards indicate that a growing number of people in Scotland experience sexual ill-health and poor relationships. Over the course of the last decade, the Scottish Government has developed policy and guidance documents with the purpose of challenging this trend, most recently with Sexual Health and Blood Borne Virus Framework (2015-2020)<sup>3</sup>. This policy draws heavily on these documents that are commended to colleagues for a fuller understanding of the need for robust RSHPE in schools. Further information on accessing these documents can be found in **Appendix 1**.

## 4. NATIONAL AND LOCAL INTELLIGENCE

In addition to policy and guidance, there is a wealth of national and local research 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. Further information on these can be found in **Appendix 2**.

## 5. ORGANISATION AND MANAGEMENT

### 5.1 Approach

As a signatory to the United Nations Convention on the Rights of the Child<sup>4</sup>, in Scotland it is important that a strong emphasis on children and young people as ‘rights’ holders underpins all approaches to RSHPE in ways that informs them of their rights and responsibilities. Educational establishments should also manage RSHPE in ways that ensure the rights of children & young people are met, whilst being fully aware of the responsibilities that sit alongside these rights. In line with national guidance, RSHPE should be addressed using a whole school approach and within the context of general health and wellbeing.

Within East Dunbartonshire the majority of schools and Early Learning and Childcare Centres are implementing rights respecting learning. This approach aims to put children’s rights at the heart of schools in the UK, embedding children’s rights in schools ethos and culture to improve wellbeing and develop every child’s talents and abilities to their fullest potential.

Programmes should be delivered by teachers and where appropriate, in partnership with specialist partners from external agencies (see **Appendix 3**). It is not necessary to be a sexual health ‘expert’ to successfully lead an RSHPE programme although some knowledge and understanding is required. Personal experience can be helpful but can also raise barriers to the delivery of RSHPE. Therefore, by accessing training and recognising the importance of

core teaching skills, teachers can confidently and successfully deliver RSHPE programmes. They are familiar with 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 Professional Learning 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 in schools and to ensure sustainability of a robust RSHPE Programme. Training is an integral part of East Dunbartonshire Continual Professional Development (CPD) programme for existing teaching staff and for newly qualified teachers.

The delivery of a successful RSHPE 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 RSHPE programmes but only if they are used in a planned, limited and appropriate manner<sup>1</sup>.

## **5.2 Quality of Programmes**

*"RSHPE should present facts in an objective, balanced and sensitive manner within a framework that places value on healthy, safe and respectful relationships, including those that take place online, an awareness of the laws on sexual behaviour, and children's and young people's rights.*

*Children and young people should be encouraged to consider and appreciate the importance of parental responsibility and family relationships in planning for and bringing up children and in offering them security, stability, happiness and love.*

*Children and young people should also be encouraged to understand the value of love and commitment in relationships and partnerships, including marriage and civil partnership. Educators must be aware that children and young people come from a wide range of backgrounds and respect this in their teaching practices.”*

Scottish Government<sup>1</sup>

Relationships, Sexual Health and Parenthood education is a key part of Health and Wellbeing within Curriculum for Excellence. It 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. This aspect of the curriculum is intended to enable children and young people to build positive relationships.

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 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.
- Provide opportunities for children and young people to consider and reflect upon a range of attitudes to gender, sexuality and sexual orientation, relationships and family life and acknowledge that both opposite sex and same sex couples can marry.
- Reflect the reality of young people’s behaviour and seek to provide them with clear guidance on the benefits of delaying sexual relationships until they are physically and emotionally equipped to participate in a mutually respectful relationship.
- Build the resilience of children and young people to identify and disclose sexual abuse and sexual harm.
- Take account of the developments in online communications, and recognise that relationships for children and young people can begin, and take place online, whilst balancing this with concerns about online grooming and child sexual exploitation.
- Ensure that children and young people are informed on the law in Scotland, and communications involving sexual content.

### **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 RSHPE comes from what



pupils say, write and do and observation of pupils as they work. Further guidance on measuring success can be found in the [Curriculum for Excellence Benchmarks](#)<sup>5</sup>.

#### **5.4 Partnerships**

*“Everyone within each learning community, whatever their contact may be with children and young people 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”*

Education Scotland<sup>6</sup>

Effective RSHPE 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.

#### **5.5 Parents and 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 Government<sup>7</sup>

It is well evidenced that high quality RSHPE at school that is reinforced by parents and carers at home, can contribute to a delay in the onset of sexual activity, reduce the likelihood of unintended teenage pregnancies and may contribute to a reduction of sexual relationships under coercive circumstances<sup>1</sup>.

Parents and carers play a key role in all aspects of their children’s education and the collaborative partnership between them and schools should be a key element of RSHPE delivery, especially as they can consolidate messages received in schools in the home or care environment. It is good practice for schools to regularly seek the views of parents and carers about key aspects of the curriculum, such as RSHPE. It should be standard practice for school to consult with parents and carers when they developing or reviewing their programme of RSHPE<sup>1</sup>.

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<sup>1</sup>.

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 RSHPE 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.
- Enable them to appreciate the negative academic, social and emotional consequences of withdrawal for the child or young person.

In secondary education, young people will often be capable of deciding themselves, with support where necessary from parents, carers and teachers to participate in sexual health programmes. The capacity of a particular young person to take decisions of this nature will depend on their maturity, understanding and experience. In all cases, schools must respect the decision of that young person<sup>1</sup>.

This policy reflects East Dunbartonshire Council's commitment to improving communication between the schools and parents/cares in relation to RSHPE and as such, it is the policy that:

- All parents/carers will receive written communication at the start of each year stating what RSHPE their child will be taught and when.
- Parents/carers will be provided information on the content and language used in RSHPE so that they can consolidate the learning at home with their child.
- All 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**

Curriculum for Excellence outlines six entitlements for learners one of which is that every child and young person is entitled to personal support to enable them to gain as much as possible from the opportunities which Curriculum for Excellence can provide. According to the Additional Support for Learning (Scotland) Act 2004<sup>8</sup> (as amended in 2009) support takes the form of:

- approaches to learning and teaching;
- provision of resources; and/or
- support from personnel.

All young people need support in order to achieve to the fullest extent possible. Support, is provided at two levels: universal and targeted.

**Universal support** means that all children and young people should have frequent and regular opportunities to discuss their learning with a key adult who knows them well and can act as a mentor, helping them to set appropriate goals for the next stages in learning. Young people themselves should be at the centre of this planning, as active participants in their learning and development. All staff share responsibility for identifying the needs, including care and welfare needs, of children and young people and working in partnership to put support in place to meet those needs.

**Targeted support** can be provided by a single agency or may require the collaboration of more than one agency.

To ensure that *Curriculum for Excellence* is a curriculum for all children and young people, it is essential that targeted support is provided to ensure full access to the curriculum for children who may be at risk of exclusion because of their circumstances, or short or longer term needs. For children who need targeted (or additional) support for their learning, this may involve interpretation of the curriculum in ways which address their particular needs and enable them to achieve to the highest levels of which they are capable. The Additional Support for Learning (Scotland) Act 2004<sup>8</sup> (as amended in 2009) provides a structure for the targeted support of children's learning and is based on the idea of additional support needs. Four broad factors may give rise to additional support needs:

- learning environment
- family circumstances
- disability or health need
- social and emotional factors

Where it is decided that targeted support is required to meet the needs of the child or young person this is done through a staged approach to intervention.

Supporting children and young people in their learning can involve a range of people - parents and carers, nursery teachers and early years' staff, primary teachers, secondary teachers, support staff, college staff, psychological services, Skills Development Scotland, volunteers and workers from voluntary organisations and local authority youth work provision. Where the support required is from more than one agency The Children and Young People Act 2014<sup>9</sup> requires that an integrated approach to assessment and planning is in place.

### **6.1 East Dunbartonshire Council – Educational Services has responsibility to:**

- Provide a clear policy for RSHPE that takes cognisance of the Conduct of Relationships, Sexual Health and Parenthood Education in Schools (2014) guidance issued by Scottish Government<sup>1</sup>.
- Ensure that all staff are made aware of the Council policy for RSHPE and of their own

roles and responsibilities to ensure its implementation.

- Assist schools in the development of an effective and appropriate RSHPE 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 RSHPE 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 authority.
- Monitor the outcomes for learners and assess the impact of schools policies through the education departments quality assurance processes.

## **6.2 Heads of Establishments have responsibility to:**

- Implement RSHPE. This may be assisted by a named member of senior management within the school who has been allocated the role of RSHPE coordinator.
- Ensure effective communication and implementation of the Council policy on RSHPE.
- Ensure that the school develops and implements a clear policy on RSHPE which takes account of national and local guidance, in consultation with key stakeholders.
- Provide opportunities for consultation and involvement in RSHPE with parents and 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 are given opportunities to participate in CPD opportunities.
- Have clear arrangements for working with partner agencies in school particularly in relation to confidentiality and advice.

### **6.3 Schools and Early Learning and Childcare Centres (all staff) have responsibility to:**

- Participate in consultation processes to ensure that a whole school approach to RSHPE is implemented e.g. policy development, CPD opportunities and programme development.
- Ensure effective implementation of the Council and school policies and guidance on RSHPE that is reflective of the whole school approach.
- Participate in self-evaluation processes in relation to health and wellbeing.
- Undertake training in issues relating to RSHPE.
- Foster an ethos in which delivery of RSHPE is within an atmosphere of trust and confidence.
- Engage in consultation processes with parents and carers, and children and young people to ensure that RSHPE programmes are needs led.
- Ensure that children and 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.
- Answer questions from children and young people appropriately and sensitively.

### **6.4 Children and Young People have responsibility to:**

- Participate in consultation processes to ensure that a whole school approach to RSHPE is implemented e.g. policy and programme development.

### **6.5 Parents and Carers have responsibility to:**

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

## **7. LINKS TO EXTERNAL AGENCIES AND RESOURCES**

*“NHS Boards, Third Sector partners and Local Authorities/Directors of Education should continue to work together to support high quality consistent RSHPE in schools across Scotland. RSHPE should continue to be provided to all young people in all schools and wherever learning takes place, with delivery in line with equality and diversity legal obligations”*

Scottish Government<sup>3</sup>

The production of a new national resource for RSHP 3-18 is currently underway and will be available for all schools and early years establishments from September 2019. Further information is available at [RSHP Scotland](#).

It is important that teachers can signpost pupils to agencies/websites where they can access accurate and evidence based advice and information. 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 and 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.

Useful websites and contacts for pupils will be available within the contents of the taught programme. A list of useful services is found in **Appendix 4**.

## 8. CONFIDENTIALITY AND CHILD PROTECTION

### 8.1 Confidentiality

Every person has a right to privacy under the European Convention on Human Rights (Article 8)<sup>10</sup>. But if you have any worries or doubts about the wellbeing of a child or young person you will have to decide whether you need to share personal or confidential data. Sharing information appropriately is key to putting in place effective child protection services. Unless there is a statutory duty or a court order to share information. You will need to use your professional judgement based on the facts of the case to decide whether to share and what should be shared. When you are making these decisions, the safety and welfare of the child must be your key considerations. You must have a clear and legitimate purpose for sharing information<sup>11</sup>.

### 8.2 Child Protection

East Dunbartonshire's Child Protection policies and procedures are informed by the [West of Scotland Child Protection Procedures](#)<sup>12</sup>. The current guidance given to teachers who may have concerns about a child or young person is to pass information on to their school's Designated Person for Child Protection (Child Protection Officer). All staff must ensure they are familiar with the [East Dunbartonshire Procedure Manual No 3/21: Child Protection Policy and Procedures for the Education Service](#)<sup>13</sup>.

## 9. MONITORING AND EVALUATION

### 9.1 East Dunbartonshire Council

The implementation of this policy and all its requirements will be monitored through existing Quality Assurance processes.

### 9.2 Educational Establishments

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 RSHPE. However it is essential that all stakeholders, school staff, parents and carers, children and young people and partner agencies are involved in evaluating the impact of the school's actions in implementing 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 experiences and outcomes highlighted in Curriculum for Excellence, and what impact this has had on learners.

Monitoring episodes of teaching and learning in RSHPE 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.

## 10. BEST PRACTICE GUIDELINES

In schools a range of issues associated with RSHPE can arise which means that young people require timely and well managed support. **Appendix 5** 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

## 11. REFERENCES

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## APPENDIX 1. NATIONAL POLICY DRIVERS

- **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 also affects practitioners in adult services who work with parents or carers. It is a fundamental way of working that builds on research, practice and evidence to help practitioners focus on what makes a positive difference for children and young people and act to deliver these improvements.'

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

This sets out an approach using eight areas of wellbeing (Safe, Healthy, Achieving, Nurtured, Active, Responsible, Respected and Included - SHANARRI) in which children and young people need to progress in order to do well now and in the future. These eight areas are set in the context of the four capacities (successful learner, confident individual, responsible citizen and effective contributor) used in the *Curriculum for Excellence*.

[www.gov.scot/Resource/Doc/131460/0031397.pdf](http://www.gov.scot/Resource/Doc/131460/0031397.pdf)

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

This legislation builds on work that 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.*'

[www.gov.scot/resource/doc/222395/0059811.pdf](http://www.gov.scot/resource/doc/222395/0059811.pdf)

- **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 RSHPE 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.

[https://education.gov.scot/scottish-education-system/policy-for-scottish-education/policy-drivers/cfe-\(building-from-the-statement-appendix-incl-btc1-5\)/Experiences%20and%20outcomes#hwb](https://education.gov.scot/scottish-education-system/policy-for-scottish-education/policy-drivers/cfe-(building-from-the-statement-appendix-incl-btc1-5)/Experiences%20and%20outcomes#hwb)

- **Sexual Health and Blood Borne Virus Framework (2011-2015) and the update to the Framework (2015-2020)**

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.

[www.gov.scot/Publications/2015/09/5740](http://www.gov.scot/Publications/2015/09/5740)

- **Equalities Act (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 United Kingdom become a fairer society, improve public services, and help businesses perform well.

Legislation is around the protected characteristics listed below:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity

- Race
- Religion and belief
- Sex
- Sexual orientation

<https://www.equalityhumanrights.com/en/equality-act/equality-act-2010>

- **Marriage and Civil Partnership (Scotland) Act 2014**

In February 2014, Scotland became the 17<sup>th</sup> country in the world to legalise same-sex marriage after the Scottish Parliament passed the Marriage and Civil Partnership (Scotland) Act 2014. The Act received Royal Assent in March and the Scottish Government has since been implementing the new law including passing the necessary secondary legislation to bring it into effect.

<http://www.legislation.gov.uk/asp/2014/5/contents/enacted>

- **Equally Safe (2014)**

Equally Safe is Scotland's strategy for preventing and eradicating violence against women and girls. The strategy has been produced by Scottish Government and COSLA with input from key justice agencies (Police Scotland and COPDS) and from third sector agencies which support women.

The overall aim of the strategy is to prevent and eradicate violence against women and girls, creating a strong and flourishing Scotland where all individuals are equally safe and respected, and where women and girls live free from such abuse, and the attitudes that help perpetuate it.

[www.gov.scot/Publications/2014/06/7483](http://www.gov.scot/Publications/2014/06/7483)

- **The Children and Young People (Scotland) Act 2014**

The Act will further the Scottish Government's ambition for Scotland to be the best place to grow up in by putting children and young people at the heart of planning and services and ensuring their rights are respected across the public sector.

It seeks to promote, support and safeguard children and young people's wellbeing by putting aspects of Getting It Right for Every Child (GIRFEC) into statute ensuring more consistent implementation of GIRFEC across Children's Services.

<http://www.legislation.gov.uk/asp/2014/8/contents/enacted>

- **Conduct of Relationships, Sexual Health and Parenthood Education in Schools (December 2014)**

This is statutory guidance under section 56 of the Standards in Scotland's Schools etc Act 2000 and replaces the earlier guidance, Conduct of Sex Education in Scottish Schools, known as Circular 2/2001. This applies to local authorities in relation to education about sexual matters provided in the schools they manage. It relates to the manner in which such education is conducted and local authorities are to have regard to this guidance in discharging their functions relating to the provision of education about sexual matters.

This revised guidance also reflects the need for discussion of all types of relationships as part of relationships, sexual health and parenthood education to acknowledge that as a result of the Marriage and Civil Partnership (Scotland) Act 2014 both opposite sex and same sex couples can marry.

[www.gov.scot/Resource/0046/00465948.pdf](http://www.gov.scot/Resource/0046/00465948.pdf)

- **Pregnancy and Parenthood in Young People Strategy (2015)**

This Scottish Strategy is focussed on pregnancy and parenthood amongst young people. It aims to increase the choices and opportunities available to young people which will support their wellbeing and prosperity across the life course. It will address the fundamental causes of pregnancy in young people and its consequences, with actions focused on how we can impact on wider environmental and social influences and individual experiences which effect inequalities. Reducing levels of pregnancy in young people helps to reduce the likelihood of poverty and a recurring cycle from one generation to the next.

<http://www.gov.scot/Publications/2016/03/5858>

- **Thematic inspection of personal and social education/health and wellbeing in Scotland's schools and early learning and childcare settings (August 2018)**

Scottish Government committed to a review of Personal and Social Education (PSE) across

a number of schools and early years settings. This report with recommendations was published in August 2018 and includes issues around consent and wider PSE considerations.

<https://education.gov.scot/what-we-do/inspection-and-review/thematic-reports/Thematic%20inspection%20of%20personal%20and%20social%20education>

## APPENDIX 2. NATIONAL AND LOCAL INTELLIGENCE

- **Centre for Research on Families and Relationships and 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 on accessing the full report can be found in the resources section.

<http://www.gov.scot/Resource/Doc/165546/0045071.pdf>

- **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.

[www.healthscotland.com/documents/2439.aspx](http://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).**

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.

[www.healthscotland.com/documents/4146.aspx](http://www.healthscotland.com/documents/4146.aspx)

- **Health Behaviours in School-Aged Children: World Health Organisation Collaborative Cross-National Study. Findings from the HBSC 2014 Survey in Scotland.**

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 2014 are presented and these are compared to equivalent data where available from six previous survey rounds (1990, 1994, 1998, 2002, 2006 and 2010). A nationally representative sample of over 10,800 pupils participated in the 2014 Scottish HBSC survey.

Between 2010 and 2014, there was a decline in the proportion of 15-year old girls that report having had sex (from 35% to 27%). Of those 15-year olds that report having had sexual intercourse, 24% report first intercourse at 13 years or younger, with boys more likely than girls to report this (34% versus 16%, respectively). Over half (58%) used a condom the last time they had sexual intercourse (with or without birth control pills), but this represents a decrease from 72% in 2010\*. Thirteen percent (13%) reported using birth control pills without a condom. One third (29%) used neither a condom nor birth control pills at last intercourse, an increase from 19% in 2010. In 2014, only 16% used both a condom and birth control pills at last intercourse.

[www.cahru.org/content/03-publications/04-reports/hbsc\\_nr14\\_interactive\\_final.pdf](http://www.cahru.org/content/03-publications/04-reports/hbsc_nr14_interactive_final.pdf)

- **Sexual Attitudes and Lifestyles in Britain: Highlights from Natsal-3 (2015)**

The British National Surveys of Sexual Attitudes and Lifestyles, or Natsal, are among the largest and most detailed studies of sexual behaviour in the world.

The third survey interviewed 15,162 men and women aged 16-74 between September 2010 and August 2012. They provided valuable information about their experiences, behaviours, and views which will shape our understanding of sexual health in Britain.

[www.natsal.ac.uk](http://www.natsal.ac.uk)

- **Young People – Sexual Health & Wellbeing: Key Messages (2015)**

During 2014 NHS Greater Glasgow & Clyde along with partners in Local Authorities and Community Health (and Care) Partnerships undertook a series of consultation, evaluation and research processes. Viewed collectively, these include the views and experiences of young people and parents/carers across the health board area

[www.sandyford.org](http://www.sandyford.org)

- **East Dunbartonshire Schools Health and Wellbeing Survey (2016)**

In 2014/15, 2907 secondary schools pupils (S1-S6) from across six East Dunbartonshire schools completed a health and wellbeing survey questionnaire.

The report below includes information on relationships and sexual health alongside other health behaviours. The survey found that 83% of young people had received RSPHE at schools, and 19% of S3-S6 pupils have had sexual intercourse and of those 44% always used contraception/protection.

[http://www.nhsggc.org.uk/media/237007/nhsggc\\_ph\\_east\\_dunbartonshire\\_schools\\_health\\_wellbeing\\_survey\\_2014-15.pdf](http://www.nhsggc.org.uk/media/237007/nhsggc_ph_east_dunbartonshire_schools_health_wellbeing_survey_2014-15.pdf)



## APPENDIX 3. GUIDELINES ON THE USE OF EXTERNAL AGENCIES

*“Effective learning through health and wellbeing ....requires partnership working which ensures, through careful planning and briefing, that all contributions come together in ways which ensure coherence and progression.”*

Education Scotland<sup>6</sup>

This guidance applies to Early Years, Primary and Secondary schools and relates to their working with partner agencies in the planning and delivery of RSHPE programmes.

Teachers and Early Years’ practitioners will be the main source of expertise in delivering a robust RSHPE programme, however partners can play an important role in this process. Informed planning is essential if such partnerships are to be fully effective.

Children and young people’s learning benefits strongly from a range of partnerships with local agencies, parents and community groups and by engaging with partners who have specialist expertise and knowledge. These could include health professionals, educational psychologists and staff from appropriate agencies and third sector organisations. Visitors should be seen as complementing the curriculum already in place. They should not be seen as a substitute.

These guidelines should be followed in all education establishments to ensure that working with partners complements and extends learning and teaching. The guidelines are designed to offer advice on preparation, curricular continuity, parental guidance and school security. They should be used in conjunction with the school/authority policies on Child Protection.

Partnership working should:

- Reinforce and complement the curriculum already in place.
- Ensure, through careful planning and communication, that contributions from partners support coherence and progression for the learners.
- Through prior review and evaluation, provide learners with materials that are current and factually accurate, and that are age and stage appropriate.

### **Defining the types of involvement**

There are several types of involvement by partners in schools, including:

- Curricular – partners can support delivery of agreed parts of health and wellbeing curricular programmes operating in schools and early years establishments.
- Service Promotion – young people should be aware of the services they can access in relation to relationships and sexual health. Schools may choose to invite speakers from organisations to describe the services available.
- Events – organisations such as theatre groups may offer events aimed at complementing or enhancing the RSHPE programme.

‘One-off’ inputs, partners should only be considered when the content is relevant to the

RSHPE programme currently being delivered. Care should be taken to ensure that any input is appropriate to the age and stage of the pupils involved. Inputs should focus only on the agreed learning intentions. No personal opinions or views should be communicated by the presenter. Care should be taken to ensure that materials or presentations from agencies comply with the current legislation relating to young people.

It would not be appropriate for the same presentation to be delivered regardless of age and stage

### **Roles & Responsibilities**

#### **Heads of establishments and senior managers have a responsibility to:**

- Check that the organisation/agency/individual has evidence of PVG (Protection of Vulnerable Groups) approval.
- Ensure that appropriate support is in place for a child or young person in the event of disclosure or if any issues or concerns are raised as a result of the input or subject being discussed. This should be in line with Child Protection Policy
- Be confident that the organisation/agency/individual has an understanding of Curriculum for Excellence and any programme is linked to experiences and outcomes.
- Be provided with a programme outline that meets the requirements of the establishment.
- Ensure that the input will be evaluated by establishment staff and any serious concerns raised with your link QIO.
- Provide opportunities for staff to become familiar with materials and resources to be used to ensure compatibility with the work of the class or group.

#### **Organisations, groups and individuals have a responsibility to:**

- Ensure that staff are subject to PVG checks.
- Be able to demonstrate good links with statutory bodies or national organisations such as Health (NHS Health Scotland or NHS GG&C) or Police Scotland.
- Be prepared to discuss how the proposed input will complement the existing programme for health and wellbeing and provide a programme outline if requested by the establishment.
- Ensure that staff providing services directly to young people are fully trained in the aspect of health and wellbeing being delivered.
- Ensure that staff are fully aware of the Council Policy on Child Protection.
- Ensure that no attempt is made to sell publications to pupils or to seek donations.
- Be aware that criticism implied or directed towards other, unconnected organisations is not permitted during the input.

**The class teacher has a responsibility to:**

- Ensure that the input is compatible with the health and wellbeing programme being delivered in the class or group.
- Remain present for the duration of the input.
- Provide appropriate support for a child or young person in the event of disclosure or if any issues or concerns are raised as a result of the input or subject being discussed. This should be in line with Child Protection Policy.

## APPENDIX 4. USEFUL SERVICES AND CONTACTS

### **Sandyford: NHS Greater Glasgow & Clyde Sexual Health Services**

All of the services below are available to women, men and young people, of all sexual orientations, for example heterosexual or gay. They offer information, advice and services relating to a number of sexual, reproductive and emotional issues:

- Pregnancy
- Testing and treatment of sexually transmitted infections
- HIV Testing
- Counselling
- Hepatitis testing and vaccination
- Free condoms
- Contraception (birth control) including emergency contraception and male sterilisation (vasectomy)
- Women's health problems including gynaecology and menopause
- Termination of pregnancy (abortion)
- Rape and Sexual Assault Support
- Gender Identity Service
- Clinic for people who sell or exchange sex

[www.sandyford.org](http://www.sandyford.org)

0141 211 8130 (to make an appointment)

### **Young People @ Sandyford**

Dedicated sexual health service for young people aged 17 and under. You do not need to make an appointment as all the clinics are drop-ins.

<https://youngpeoples.sandyford.org/>

### **Free Condom Service**

Free condoms are available to anyone who wants them in venues across East Dunbartonshire and Greater Glasgow and Clyde.

<http://www.freecondomsglasgowandclyde.org/>

### **Sandyford Termination of Pregnancy and Referral (TOPAR) Services**

<https://www.sandyford.org/emergencies/abortion-services/>

0141 211 8620

### **NHS Greater Glasgow & Clyde Pregnancy Central Booking Line**

You should make an appointment with a midwife as soon as possible.

0141 232 4005

**East Dunbartonshire Social Work Services**

<https://www.eastdunbarton.gov.uk/health-and-social-care/services-children-families>

0141 777 3000

**LGBT Youth Scotland**

Information, advice and support for young people including youth groups.

[www.lgbtyouth.org.uk](http://www.lgbtyouth.org.uk)

0141 552 7425 (Glasgow telephone number)

**LGBT Helpline Scotland**

Information and support by LGBT Health & Wellbeing.

<https://www.lgbthealth.org.uk/helpline/> (online webchat available Tuesdays 3-9pm)

0300 123 2523 (available Tuesdays and Wednesdays 12-9pm)

[helpline@lgbthealth.org.uk](mailto:helpline@lgbthealth.org.uk) (email anytime and they will get back to you during office hours)

**Childline**

[www.childline.org.uk](http://www.childline.org.uk)

0800 1111

**Talking Together Book Collection**

This special book collection is available in all East Dunbartonshire Libraries and is aimed at parents and carers to support them to confidently 'chat' with their child about growing up, relationships and sexual health. The books have a colour coding system to assist parents and carers to select the most suitable material for the developmental stage of their child. These books are neither intended nor promoted at children to read on their own, but rather are for parents and carers to use alongside their child.

<https://www.edlc.co.uk/libraries>

## APPENDIX 5. 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.

### 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 (LGB). 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 provides 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 Education 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 syndrome 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 body parts.
- Let children know that others may have 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 accessible.

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

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.
- 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.

For further information refer to the **“East Dunbartonshire Sexual Health Protocol for**

## **Sexually Active Young People under 16 years old and Vulnerable Young People aged 16-21 years old”**

### PREGNANCY & PARENTHOOD

Although East Dunbartonshire has a teenage pregnancy rate much lower than the Scottish average. 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, if the young woman wishes, 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 or carers however staff should be mindful that there is no obligation to inform parents or carers 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.

For further information refer to the **“East Dunbartonshire Council Guidance for Schools to Support Young Pregnant Women and Young Parents to Remain in Education”**.

### 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 LGBT 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 or carers but respect their decision if they do not wish to do so at this time.

For further support refer to the [LGBT Youth Scotland Guidance for Schools in Supporting Transgender Young People](#).

## HIV

- If 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.