REPORT OF THE WORKING GROUP ON SEX EDUCATION IN SCOTTISH SCHOOLS

MIKE McCABE
CHAIRPERSON
16 JUNE 2000

CONTENTS

Executive Summary

1. BACKGROUND	Stage 1 – Initial Report Stage 2 – Final Report
2. SOCIAL CONTEXT	Social Issues Public Health Issues The Role of the School Parental Responsibilities and Rights Young People's Views, Responsibilities and Rights Vulnerable Young People Young People with Special Educational Needs Social Inclusion and Diversity
3. EXISTING POLICY/PRACTICE	Evolution of Sex Education in Schools The Views of Teachers The Effectiveness of Sex Education Local Authority Policies/Guidelines
4. EFFECTIVE SEX EDUCATION	Principles Aims Consultation and Parental Involvement Supporting Services and Sex Education The Faith Community
5. LEARNING & TEACHING	Current National Advice Key Components of Sex Education Key Considerations Participatory Approaches Sexual Orientation
6. MANAGEMENT AND ORGANISATION	Whole School Policy Monitoring & Evaluation
7. CONCLUSIONS & NEXT STEPS	Central Recommendations of the Working Group General Recommendations of the Working Group
APPENDIX 1	Membership of the Working Group
APPENDIX 2	Remit of the Working Group
APPENDIX 3	References

EXECUTIVE SUMMARY

This final report of the Working Group follows on from the interim statement where we concluded that the proposed package of safeguards was sufficiently complete, wide-ranging and robust to reassure the legitimate concerns of parents, carers and the wider community.

The Working Group is unanimous that sex education should be presented in a context that values stable relationships, healthy living and personal responsibility.

Throughout the deliberation process, uppermost in our minds has been the importance of meeting young people's needs. These needs will vary and it is essential that the sex education they receive in schools is both relevant and meaningful.

We live in a diverse society and young people need to be aware of the value of commitment and mutual respect in relationships and partnerships. They should be aware of the value placed on marriage by religious groups and others in Scottish society. As they mature, they should be encouraged to appreciate the value of parental responsibility and stable family life as a means of offering children security, stability and happiness.

A balanced programme of sex education, from early years to the upper secondary stages will provide opportunities for all young people to explore these concepts and others in a coherent and supportive environment.

Sex education is an integral part of health education. Any evaluation of the effectiveness of sex education therefore has to consider the links between health education and other aspects of the curriculum such as Personal and Social Education, and Religious and Moral Education. Unfortunately these links appear to have been missed in the more public debate on this issue with the result that some parents and carers may not appreciate the place of sex education within the wider personal and social development of young people.

We know that schools are committed to developing the partnership between home and school and that teaching staff will continue to work conscientiously to develop programmes that show both sensitivity and sound judgement. The Group has identified a set of key principles that reflect the needs of young people and therefore merit the support of the wider community:

- sex education should be viewed as one element of health education, set within the wider context of health promotion and the health promoting ethos of the school;
- sex education should contribute to the physical, emotional, moral and spiritual development of all 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, the school and the community;
- sex education should be non-discriminatory and sensitive to the diverse backgrounds and needs of all young people;
- sex education starts informally at an early stage with parents and carers, and continues through to adulthood both within the home and at all stages of school life.

In the wake of the very public debate on sex education, it is important that everyone agrees on what is important to us and that we unite around the key principles to help nurture continuing links between home and school.

The initial stage of the work of the Group was concerned with the scope and general content of the package of safeguards proposed by the Scottish Executive. Our first report concluded that the package of safeguards was, in principle, sufficiently complete, wide-ranging and robust to meet the legitimate concerns of the public, parents and teachers.

The Working Group went on to review existing curriculum guidelines, advice and support information bearing on sex education. We took the opportunity to identify any material that required to be developed in advance of the repeal of section 2A and to secure general improvements in the quality of sex education. We 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. In addition, we concluded that it is important that the existing and new material should impact on the practice of all schools, not just those managed by local authorities. We urge that all of the Working Group's recommendations be developed with due regard to the cultural, ethnic, religious and linguistic diversity of contemporary Scotland.

CENTRAL RECOMMENDATIONS OF THE WORKING GROUP

1. 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.

2. Summary guidance on available curricular advice and materials should be developed by the Scottish Executive and be made available to schools.

3. The Scottish Executive should offer guidance to local authorities and schools on effective consultation with parents.

4. 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.

5. The Scottish Executive should organise seminars for key personnel from local authorities to help prepare the local response to the statutory guidance.

The above recommendations derive from the general issues and considerations that emerged from the different sections in this report. See Conclusions and Next Steps for general recommendations.

1. BACKGROUND

1.1 In October 1999 the Scottish Executive announced its intention to repeal Section 2A of the Local Government Act 1986. To address concerns expressed by the public, parents and teachers about any potential implication repeal of section 2A might have for the teaching of sex education in Scottish schools and to ensure that good practice continued after repeal, the Executive announced that a package of safeguards would be put in place before repeal came into force. The package of safeguards comprises:

- **a new section in the Ethical Standards in Public Life etc. (Scotland) Bill which puts a duty on councils to have regard to:**

  the value of a stable family life in a child's development;
  the need to ensure that teaching and learning are appropriate to the child's age, understanding and development.

- **strong, clear guidance to local authorities;**
- **advance consultation with parents by individual schools;**
- **simple direct procedures for parents to raise concerns ;**
- **review of curriculum advice and supporting materials for schools and teachers.**

1.2 The Working Group was established in February 2000 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 1986 Act. It was agreed that repeal would not be enacted until the work of the Group had been concluded.

1.3 In addition, in its report of its consideration of the Ethical Standards in Public Life etc (Scotland) Bill, Parliament's Education, Culture and Sport Committee invited the Executive to give due consideration to the Scottish Parent Teacher Council's proposal for giving statutory authority to guidance. The Executive considered the Committee's views and also took into account the views of parents. As a result the Executive introduced a new section in the Standards in Scotland's Schools Bill which would give Scottish Ministers power to issue guidance on the conduct of sex education and which would require local authorities to have regard to such guidance. This was intended to ground the guidance circular in law.

1.4 Responses to the announcement of an intention to repeal section 2A are now a matter of record, but, though it generated considerable interest, media coverage focused almost exclusively on the political implications and accounts of the various individuals and interest groups involved in the debate on homosexuality.

1.5 This public debate on aspects of sex education was not always aware of the current revision or consultation on the National Guidelines for Health Education 5-14. Health Education was formally one of five elements within Environmental Studies. It is now a free standing element within the 5-14 curriculum. This repositioning and higher profile for Health Education should strengthen existing links between sex education, Personal and Social Education and Religious and Moral Education. As a result, sex education will be embedded

in a curricular package which emphasises good health, personal responsibility and positive relationships.

1.6 These changes to the 5-14 guidelines on health education should help reassure those parents and members of the public who are unclear as to what constitutes sex education, or who may be concerned that there is insufficient emphasis on values, or simply uncertain about what is being taught.

1.7 The Working Group has responded to the Minister's invitation to examine the proposed safeguards, curriculum guidelines, advice and support information bearing on sex education as an opportunity to suggest general improvements. We acknowledge that good practice already exists in many schools, but are looking to secure further improvement and greater consistency.

Stage 1 - Initial Report

1.8 The first stage of the Working Group's task was a detailed examination of the package of safeguards proposed by the Scottish Executive. We concluded that the package was sufficiently complete, wide-ranging and robust to meet the legitimate concerns of the public, parents/carers and teachers. In reaching this conclusion we took account of existing good practice in Scottish schools, the professional judgement of teachers, the quality assurance systems used in schools and authorities, and the awareness and involvement of parents. In combination, these factors have already ensured that no inappropriate teaching or use of inappropriate materials has occurred. We welcome the fact that sex education is not a distinct subject, focusing on the mechanics of reproduction, but is embedded within wider education about relationships and healthy living.

1.9 In reporting our conclusion it was recorded that, while agreeing that the framework of the package of safeguards was, in principle sufficient, the representative of the Catholic Education Commission had expressed some reservations and asked that these be formally reported in the following terms:

> *"I consider the new section of the Ethical Standards in Public Life etc (Scotland) Bill, particularly insofar as it makes no reference to marriage, to be inadequate and am concerned that it will impact upon the nature of the circular and the guidelines."*

1.10 The Group then continued with its next important task of reviewing existing curriculum guidelines, advice and support information bearing on sex education and considering whether the existing materials and arrangements for ongoing review are sufficient to meet the legitimate concerns of the public, parents and teachers. This second and final report by the Working Group makes recommendations about those needs which were identified in our interim report:

- **summary guidance for teachers on the available curriculum advice and materials;**
- **advice to schools and teachers on effective consultation with parents; and**
- **a national package of information for parents on the nature and purpose of sex education in Scottish schools.**

Stage 2 Final Report

1.11 We trust this final report will help reassure parents and carers. The Group considers that the most effective safeguards relate to procedures and arrangements which secure continuing professional advice, support to schools and monitoring of quality. We acknowledge that parents have to feel confident that they have no reason to withdraw their child from any aspect of sex education, and every reason to ensure their continuing attendance.

1.12 We consider the partnership between parents and schools to be pivotal to effective sex and relationship education. It is therefore important to identify and deal with any parental concerns or public misconceptions that surfaced during the debate on section 2A in order that we can continue to improve provision in the best interests of young people.

CONSIDERATIONS ARISING

- **The need to clarify the nature of sex education and its place within health education.**
- **The links with other curricular areas, eg Personal and Social Education and Religious and Moral Education.**
- **The need to consider effective consultation and partnership with parents.**

.

2. SOCIAL CONTEXT

Social Issues

2.1 Schools exist in a social context and there is some contradiction in the care with which programmes of sex education are tailored to the age and stage of young people and their daily exposure to sexual imagery and messages through the popular media. Instead of adequate information and open discussion, young people are often faced with sexual stereotypes which are reinforced by social structures. In combination these can influence the behaviour or override the personal decisions of some young people.

2.2 Research suggests that expectations of young women are often contradictory. They are expected to be both submissive and assertive in setting the parameters for sexual contact, while simultaneously relinquishing control. Contraception and pregnancy is often viewed as their responsibility. In contrast young men are often influenced by a 'macho' culture of bragging and competition with regard to sexual activity, with little in the way of meaningful discussion, either with friends, partners or family. These stereotypes are often reinforced through the mass media.

Public Health Issues

2.3 At the start of the twenty first century, Scotland faces two main issues relating to the sexual behaviour of young people:

- the relatively high rates of teenage pregnancy;
- the incidence of Sexually Transmitted Infections, including HIV.

"*Towards a Healthier Scotland*"[1] identifies these as priority areas for action, the Scottish Executive is taking forward a number of issues, including a demonstration project "*Healthy Respect*" this will develop best practice in the promotion of sexual health and the prevention of teenage pregnancies. It will build on the principles of the Scottish Needs Assessment Programmes "*Overview of Teenage Pregnancy in Scotland*".[2] The Scottish Executive is also providing funding to enable the voluntary sectors expertise to be made available to many more schools in Scotland and so promote a more informed and responsible approach to sexual matters on the part of young people.

Teenage Pregnancy

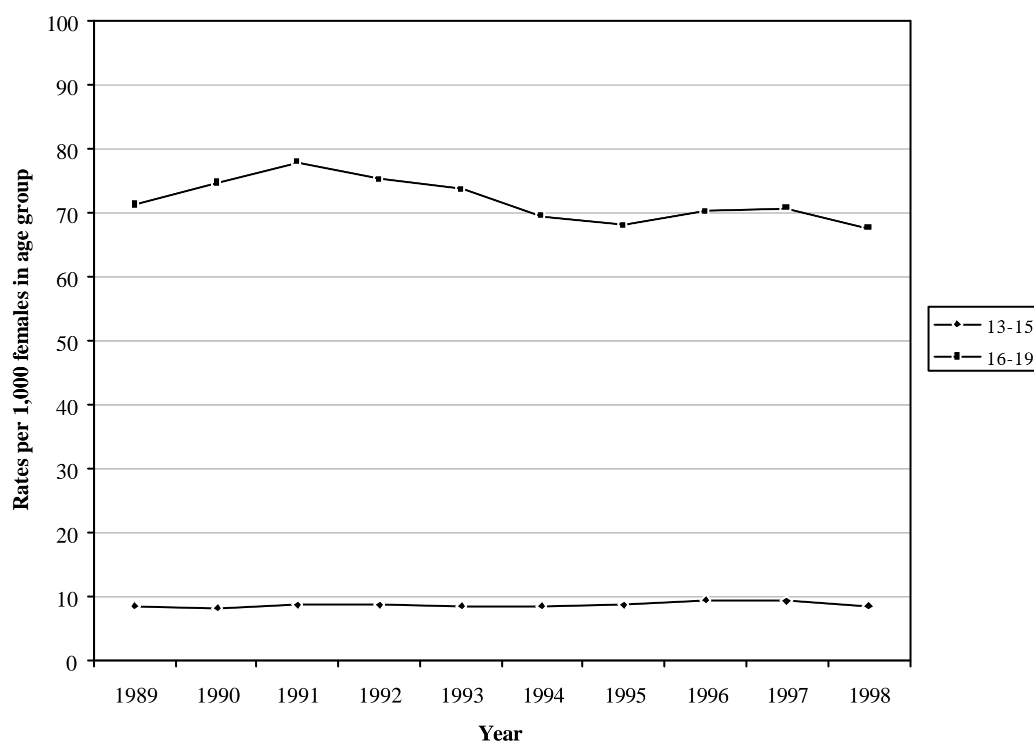

Figure 1: Teenage pregnancy in Scotland, 1989-1998, by age group at conception.
Source: *ISD Health Briefing (1999)*

2.4 The rates of teenage pregnancy in Scotland have remained relatively stable over the last 10 years (see figure 1), with provisional figures for 1998 indicating that 8.4 per 1,000 of 13-15 year olds and 67.6 per 1,000 of 16-19 year olds became pregnant. However, compared with other countries in Western Europe, live birth rates in the UK, which has almost identical rates to Scotland, remain high (see figure 2).

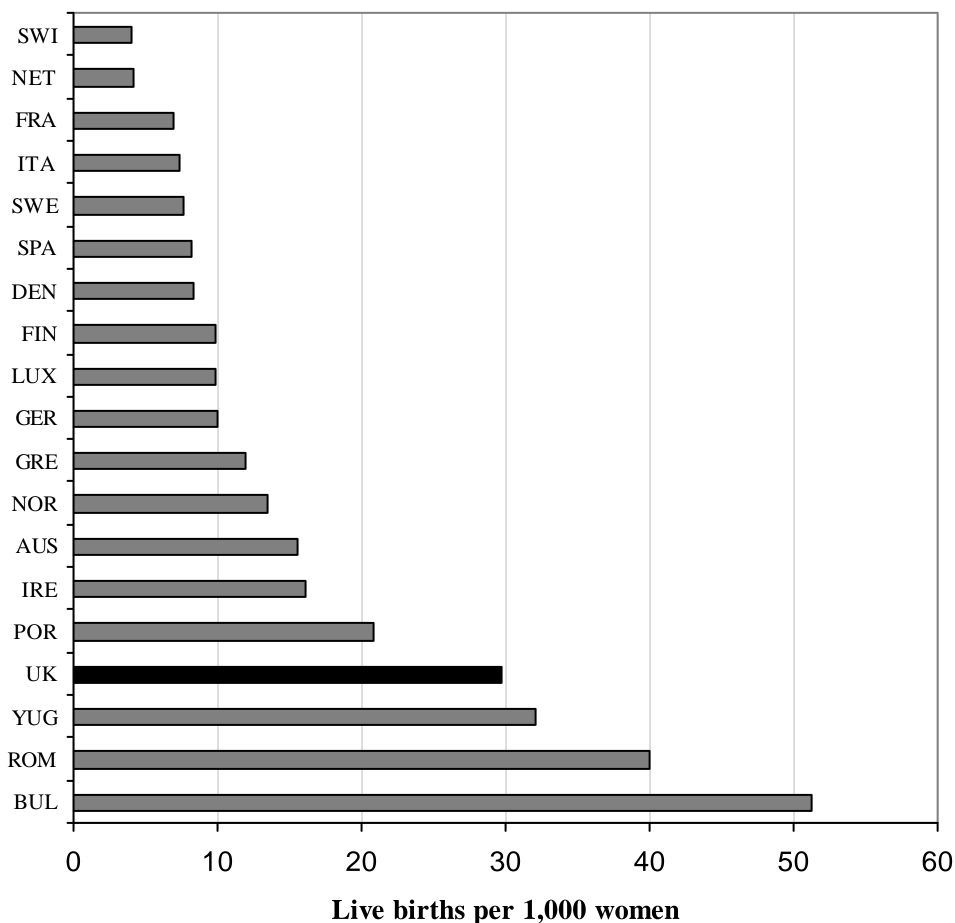

Figure 2: Live births per 1,000 women aged 15-19 in European countries, 1996 (or latest available year)
Source: *Kane and Wellings, 1999 Reducing the rate of teenage conceptions: data from Europe*

2.5 Live birth data for younger teenagers aged 13-15 years is limited. Estimates have been calculated on the basis of young women under the age of 20 rather than 16. Again the UK remains higher than most other Western European countries.

2.6 A range of factors has been associated with varying rates including demographic factors such as age at marriage, economic factors, patterns of social expenditure, employment and educational opportunities, provision of housing and other benefits, legislation governing sexual behaviour and religious and social factors.[3]

2.7 In Scotland there are clear links between teenage parenthood and poverty in later life as a result of exclusion from education and subsequent employment.[4] What is unclear, however, is whether low educational attainment leads to higher rates of teenage pregnancy or whether teenage pregnancy leads to school drop out. Although it is difficult to determine cause and effect, reducing inequalities in life circumstances, such as housing, poverty, or employment, would help reduce inequalities in unwanted teenage pregnancy.[5]

2.8 Certainly, teenage pregnancy rates in areas of deprivation are higher than elsewhere. The following table illustrates the differences in pregnancy rates between the least deprived and the most deprived 13-19 year olds (1 indicates least deprived, 7 indicates most deprived).

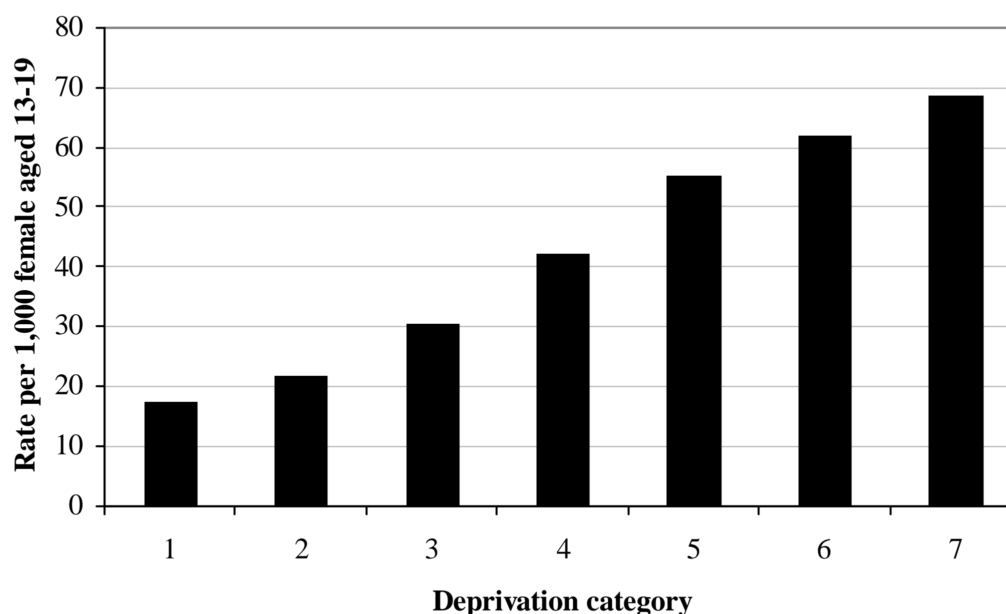

Figure 3: Teenage pregnancy in Scotland by deprivation category, 1987-1996.
Source: *ISD Health Briefing (1998)*

2.9 While not all teenage pregnancies are unintended, it can reasonably be assumed that under the age of 16 years, pregnancy is not planned. This assumption is based on research with teenage mothers[6] and also on the percentage of conceptions ending in termination for this age group, which remains high compared with other age groups. In 1998, just over half of all conceptions in the 13-15 year old age group ended in termination. This figure dropped to one in four 16-19 year olds opting for a termination. There are also differences in the outcome of a pregnancy between social classes. Delivery rates increase with levels of deprivation.

2.10 While homeless young people and those in public care are susceptible to all kinds of health-related problems, they are particularly vulnerable when it comes to relationships and sex. Indeed, pregnancy in some instances can lead to homelessness. Research[7] indicates that the experience of public care is a major factor in teenage conception. High proportions of young women leaving care are pregnant or have a child when they move on, with estimates ranging from one in four to one in seven.[8] Further research indicates that within 18-24 months of leaving care, almost half the young women in their sample had a child.[9]

2.11 Clearly socio-economic factors, life circumstances and expectations have a strong influence on outcomes such as teenage pregnancies. This should not be taken to suggest a diminishing of the role of schools in sex education but to clarify that a range of social changes will also be important to provide a supportive context for school sex education.

Sexually Transmitted Infections

2.12 Sexually Transmitted Infections have often been used as proxy measures for sexual behaviour and rates of HIV transmission. Moreover, they are in themselves important causes of ill-health. If undetected or left untreated they can have long-term consequences, including infertility, ectopic pregnancy and genital cancers.[10]

2.13 Although the incidence of Sexually Transmitted Infections had been steadily falling since the mid 1980s, by 1996 this trend had been reversed with figures indicating an increase in reported incidence among teenagers, especially young women. In 1997/1998, young women accounted for 23% of all women reporting Sexually Transmitted Infections. The equivalent figure for young men was 6%.

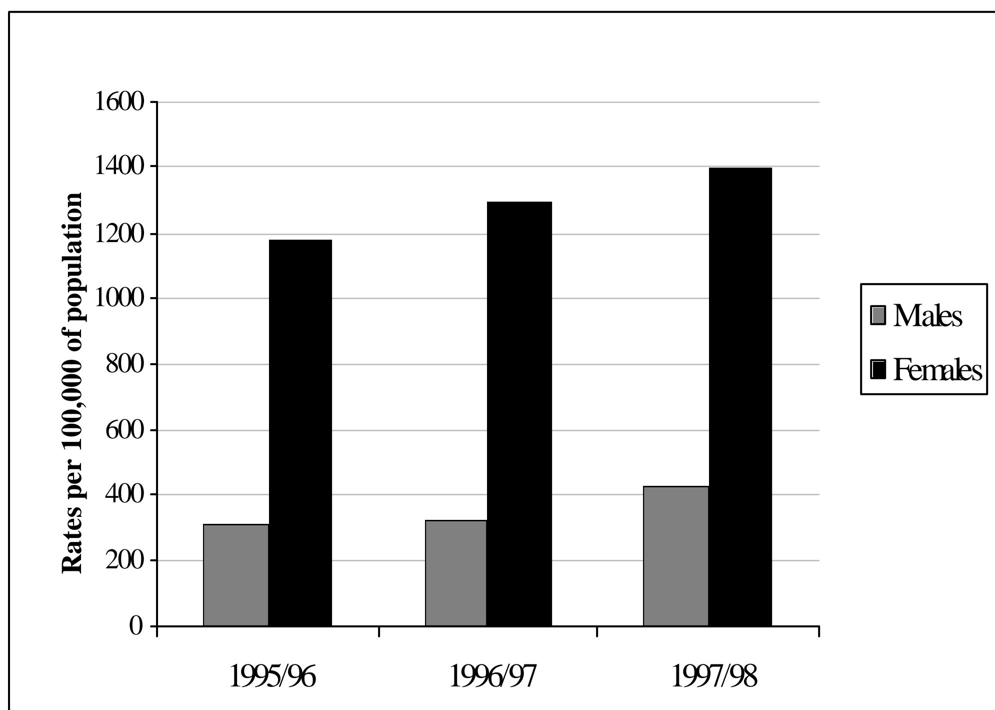

Figure 4: Rates of Sexually Transmitted Infections by gender
Source: *ISD Genito-urinary Medicine Statistics Scotland (1998)*

.

2.14 Chlamydia is of particular concern given the increased incidence, the implications of long-term effects and the ease of treatment when diagnosed. In Scotland, the number of new infections diagnosed through genito-urinary clinics increased by 13% between 1995/6 and 1996/7. This is likely to be an underestimate for two reasons. First, figures from primary care are difficult to collect; and second, only one in four men has symptoms and the majority of women experience no symptoms. Additionally, levels of awareness about Chlamydia are low, with estimates of three in four 16-24 year olds being unaware of it.[11] Opportunistic screening among high-risk groups has been recommended as a way of increasing detection.[12]

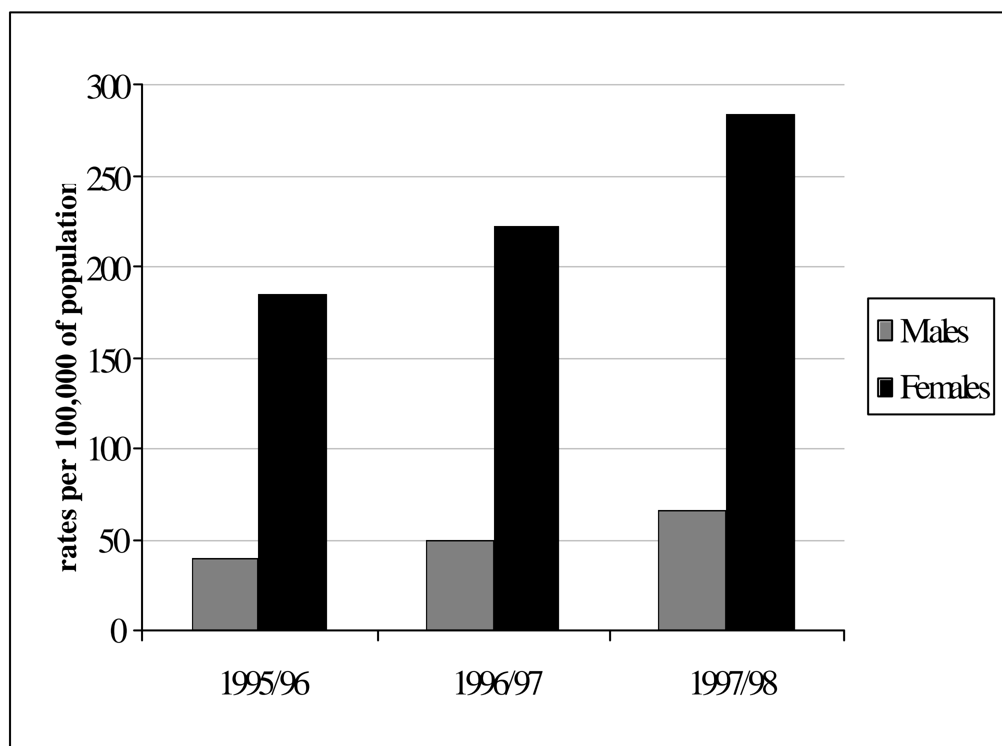

Figure 5: Incidence rates of Chlamydia by gender.
Source: *ISD Genito-urinary Medicine Statistics Scotland (1998)*

2.15 HIV remains a concern in Scotland, with no evidence of a significant reduction in the number of people infected by the virus. Between September 1997 and September 1998 there were 168 new cases of HIV infection, 134 of which are through three major transmission routes: men who have sex with men; heterosexual sex and injecting drug users. Figure 6 outlines HIV infection trends between 1986 and 1998.

.

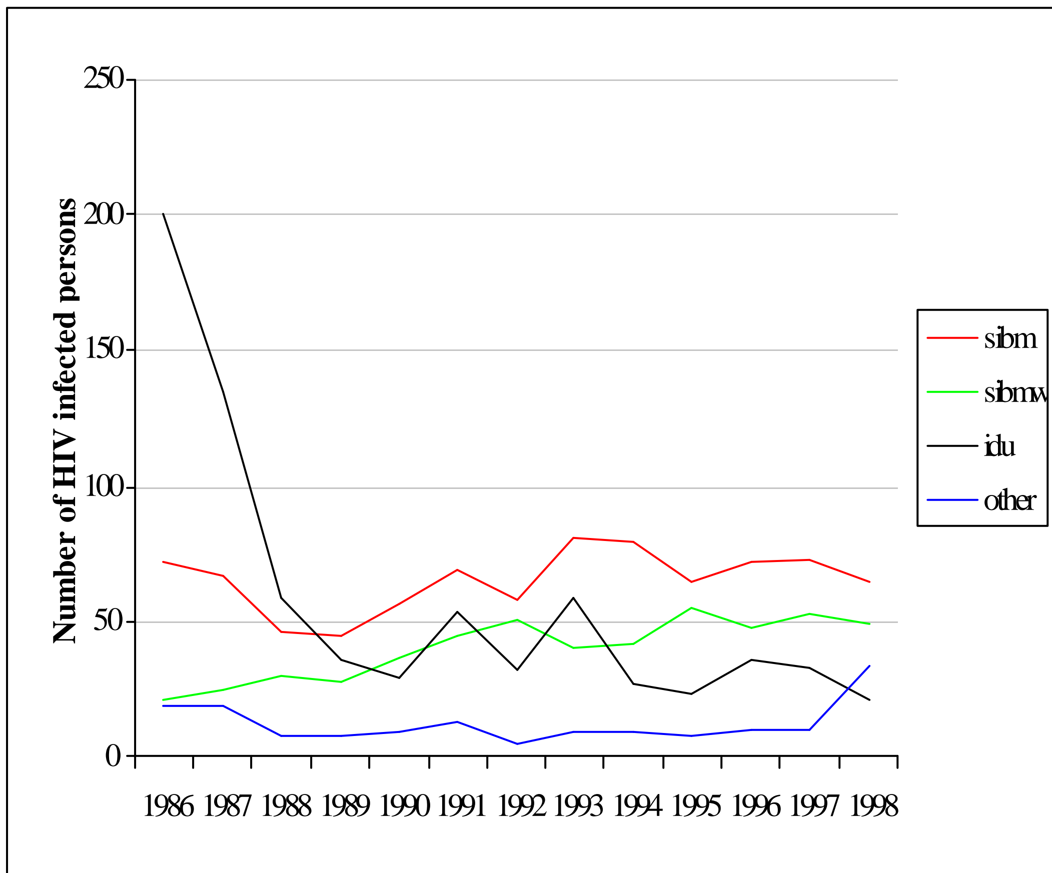

Figure 6: HIV infection rates by transmission route, 1986-1998 HIV/AIDS in Scotland.
Source: *ISD (1998) Genito-urinary Medicine Statistics Scotland.*

(Sibm = sexual intercourse between men; Sibmw = sexual intercourse between men and women; idu = intravenous drug user.)

2.16 While young men who have sex with young men are still at high risk, HIV is increasingly transmitted heterosexually, accounting for almost half the new cases in 1998/1999. Cumulative figures for the number of heterosexually acquired HIV infections have increased to over 5 times the total number infected in the whole of the 1980s (89 cases to more than 500 cases). The number of people infected with HIV while abroad has also increased from 1996 to 1998.

2.17 The yearly transmission rates among people under the age of 25 years remains low, nonetheless, cumulative figures to the end of September 1999 indicate 883 HIV infections in this age group.

2.18 Society generally recognises the importance of providing sex education for young people, though most of the information is targeted at young women, and contraceptive services tend to be located within typically female domains.

The Role of the School

.

2.19 Schools have an important role in sex education. School is the context for the education of almost all pupils between the ages of 5 and 16 and for many beyond these years. This does not mean, however, that such an important responsibility can be left to the school alone. Sex education is a community and family responsibility and should therefore involve the various partners who have different, but complementary roles.

2.20 The way young people feel about school in general may be as important as any specific learning and teaching in the classroom. There is some evidence that even where there is conflict between young people and parents, if the former feel good about school then this is associated with a lower likelihood of being involved in high-risk behaviours.[13] There is also evidence that the life expectations of young people influence the extent to which they take part in high-risk behaviours, such as drinking or unprotected sex, and there is often an association between these activities.

2.21 Schools have a key role in improving the expectations of these young people and it is acknowledged that the concept of healthy living has to extend beyond the classroom. This is reflected in the concept of the 'Health Promoting School' which views the whole life of the school as promoting the physical, social and emotional health of pupils and all school users. There is now a general recognition that schools have to be sensitive to the needs of young people in very basic areas of provision and that the condition of school toilets, provision of soap, towels and sanitary bins are indicators of the school's commitment to this important agenda.

2.22 The curricular review of 5-14 referred to earlier acknowledged that education about sexuality and relationships should be viewed as part of the wider curriculum because of the interconnections which exist in the various topics and themes; eg the link between alcohol and drug use and sexual activity.[14] In addition there are other areas of the curriculum, which can make an important contribution such as Religious and Moral Education, Personal and Social Education and English.

2.23 Any curriculum on sex education must recognise that the school's influence is one of many and that young people, as they mature, need the opportunity to explore the various beliefs and attitudes that may influence their behaviour. This could be particularly important in an area such as sex education, where informal sources of information are more important than, for example, in nutrition education, where the school and family are often the main sources of information.[15]

2.24 When developing policies and practice for the delivery of sex education, authorities and schools have to take into account the various duties and responsibilities placed on them to educate and protect children, while at the same time recognising the rights and responsibilities of both the parents and young people. Pupils should be made aware that teaching staff cannot guarantee absolute confidentiality in relation to any disclosures that they may make to them. All local authorities should therefore devise a policy in relation to confidentiality and ensure it is incorporated into school handbooks. Within the framework of this policy there is also a need for schools to develop shared protocols with external agencies. Consideration should be given to the production of national advice.

<u>Parental Responsibilities & Rights</u>

.

2.25 Parents have an important role to play in sex education. They are considered in law to have the prime responsibility for the education of their children. These responsibilities are balanced by certain rights, some of which relate to education and are enshrined in Scottish and European law. In effect, the law has moved away from adults exercising rights over children. Parental rights exist to allow parents to fulfill their responsibilities towards their children. The following Acts etc set the context for this.

The Education (Scotland) Act 1980

2.26 This Act places a duty on parents of children of school age to provide their child with efficient education suitable to their age, ability and aptitude either by causing them to attend school or by other means.

Human Rights Act 1998

2.27 This Act will allow the courts to take into account, and effectively enforce, some of the rights contained in the European Convention of Human Rights (ECHR), including the right to liberty and security (article 5), and the right to education (article 2 of the First Protocol). The ECHR "right to education" is expressed in the following terms:

> "No person shall be denied the right to education. In the exercise of any functions which it assumes in relation to education and to teaching, the State shall respect the right of parents to ensure such education and teaching in conformity with their own religious and philosophical convictions."

2.28 Article 2 of the First Protocol is subject to a reservation entered by the UK, and reflected in section 28 of the Education (Scotland) Act 1980, to the effect that the second sentence quoted above is accepted only in so far as it is compatible with the provision of efficient instruction and training and with the avoidance of unreasonable public expenditure.

2.29 Tensions may exist between the rights of parents to have their children educated according to their own religious and philosophical convictions and the right of a child to education.

2.30 This is an area which requires further clarification at a national level.

The Children (Scotland) Act 1995

2.31 The Children (Scotland) Act 1995 requires that parents take responsibility for young people up to the age of sixteen. Parents are expected to:

- safeguard and promote the child' s welfare;
- provide direction to the child;
- maintain regular contact with the child;
- act as legal representative;
- provide guidance up to the age of eighteen.

Standards in Scotland's Schools Bill

.

2.32 This Bill will allow Ministers to issue guidance to authorities on the conduct of sex education in schools. This guidance will take the form of a Circular, which is currently in draft form, makes it clear that all schools should adopt the practice of consulting parents when they are developing or reviewing their programme of sex education. It also makes it clear that schools should have in place simple direct procedures for parents to raise concerns. Schools and authorities have to be sensitive to the rare cases when a parent has a conscientious objection to particular programmes in sex education. There are significant negative academic, social and emotional consequences for the child in such a situation. Since aspects of sex education are delivered in subjects such as science and Religious and moral education as well as in health education, withdrawal will inevitably restrict attainment in these subjects. The child will be isolated from peers and this separation may well adversely affect the child's confidence and self-esteem. In practice, there are significant management implications for schools around this issue. It will not always be a simple and straightforward matter to make suitable alternative arrangements because sex education is ideally integrated into teaching across a number of curriculum areas. It would seem prudent that schools make every effort to consult parents in advance on the programme and ensure that all parents understand the relevance and appropriateness of sex education. In the event of a parent seeking to withdraw a child from the programme, it would be important for headteachers to ensure that the parent and child are fully aware of the available withdrawal arrangements. Ideally, implementation of the package of safeguards alongside the guidance should eliminate the need for parents to exercise this right.

2.33 The best arrangements are found in effective partnerships which are often exemplified by early consultation and good communications between school and home. There are other organisations such as health agencies and churches, which participate in partnerships with schools in the field of sex education and there is great potential for developing a community of interests where all partners acknowledge and celebrate their interdependence.

Young People's Views, Responsibilities and Rights

2.34 There is evidence that young people want better quality sex education at school. Young people often state that what they do get is 'too little, too late'. Evidence of this desire for information comes from two national telephone helplines. For example, 27% of the calls to Childline during 1997/98 were related to sexuality and relationships, while *Sexwise*, a telephone helpline, which provides 12-18 year olds with information and advice on sex and relationships, receives between 8,000 and 9,000 calls a day from the UK.

2.35 Given the fundamental links between expression of sexuality and well-being,[16] education needs to include emotional as well as physical aspects of sexuality. Further, education about relationships, which young people suggest is often the weakest part of their school sex education experience, is important because sex is experienced within relationships and social structures

2.36 Although some parents may be concerned that providing education about sex and relationships only serves to encourage young people to engage in sexual activity, research evidence does not support this view.[17] In fact there is some evidence that effective sex education can actually delay the onset of sexual activity.[18] Further, providing an open and positive environment for young people to discuss sexual health issues will be beneficial in their developing sexuality.[19]

.

2.37 Young people report four main sources of information and education about sex and relationships: friends; the media; schools and parents as outlined in table 1.

	Boys		***Girls***	
	1990	***1998***	***1990***	***1998***
Friends	41%	33%	37%	31%
Media	24%	23%	25%	32%
School	21%	31%	14%	18%
Parents	8%	7%	18%	14%
Books	2%	2%	3%	4%
Other	3%	3%	2%	4%
Total (n=)	**564**	**691**	**689**	**730**

Table 1: Main source of information about sexual health matters.
Source: Todd et al 1999.[20]

2.38 Whilst the importance of friends in passing on information is similarly important for both girls and boys, other sources differ in their importance. Girls increasingly rely on the media, reflecting the range of publications available for young women which touch on issues of sexuality and relationships. While the media have less of a role for boys, schools have become progressively more important. This is despite the fact that, in reality, young males often feel marginalised in formal sex education settings.

2.39 Young people discuss sexual and personal matters, mostly with friends, but other family members are also important.[21] While young people may feel comfortable discussing issues with each other, the information passed between friends may not always be accurate. There is a need to draw on a range of sources of information and to make this accessible to young people when they need it.

2.40 There is a widespread expectation from young people and parents that schools will be the main route through which young people receive information about sexuality.[22] Partly this is because some parents do not feel adequately supported or knowledgeable to deliver sex education to their children.

2.41 Children and young people enjoy certain rights which are enshrined in law. The following Acts etc set this in context:

Standards in Scotland's Schools etc Bill

2.42 The Education (Scotland) Act 1980 places education authorities under a duty to secure adequate and efficient provision of education for their area. The Standards in Scotland's Schools etc Bill will establish a complementary statutory right in favour of every child to have a school education provided by, or under arrangements made by, the authority. It describes a key aim towards which school education must be directed by the education authorities. The aim is to make the development of the personality, talents etc of the child or young person central to the direction of school education. This new provision puts education authorities under a statutory duty to look beyond general provision to the development of the individual child.

2.43 This Bill also introduces a right for pupils at a school to have the opportunity to make their views known when the school is preparing its development plan which sets out the education objectives for the school.

The Human Rights Act 1998

2.44 This Act which comes into force on 2 October 2000, aims to make more directly accessible the rights conferred by the European Convention on Human Rights by allowing the enforcement of Convention rights and freedoms through domestic courts in the United Kingdom. These rights include a right to education.

2.45 As indicated previously there may be some tension between the rights of parents to have their children educated according to their own religious and philosophical convictions and the right of a child to education.

The Children (Scotland) Act 1995

2.46 The Children (Scotland) Act 1995 sets a framework within which local authorities are required to devise a Children's Service Plan. The Act sets out a number of key principles:

- parents have responsibilities as well as rights in respect of their children;
- the welfare of the child should be the paramount concern in the determination of any matters affecting them;
- due regard should be given to a child's religious persuasion, racial origin and cultural and linguistic background;
- due regard should be given to children's views, in line with the child's age and maturity.

2.47 This last point is particularly significant in that the Act requires the parental role to change at the age of sixteen. Parents cease to give direction, instead they offer guidance. This point of transition has to be borne in mind when schools and local authorities are considering provision for young people aged sixteen and over.

Age of Legal Capacity (Scotland) Act 1991

2.48 This Act describes the circumstances under which a child is considered to have reached the age of legal capacity to consent to medical treatment on his or her own behalf. This is determined according to the child's capacity to understand the nature and possible consequences of the treatment concerned.

Vulnerable Young People

2.49 For sex education to be effective, schools and support agencies have to acknowledge the diverse nature of cohort groups within schools, and where possible, respond to the individual circumstances of pupils. There are a number of groups who require particular consideration. These include young people:

- with special educational needs;
- who are looked after by local authorities;

.

- who would be considered to be vulnerable or at risk;
- who have concerns regarding their sexuality;
- who are or believe they are less mature than their peer group;
- whose circumstances might expose them to taunting.

This report highlights one such vulnerable category as an example.

Young People with Special Educational Needs

2.50 Many young people with special educational needs can now benefit from a supported placement in a mainstream setting, but those who are educated separately have the same right to information and support as their peers. The provision of sex education for some pupils in special schools may have some distinctive features:

- the programme will have similarities to mainstream schooling in terms of age but there is an added consideration to do with the extent to which the disability affects the level of understanding;
- there is a greater likelihood that the social and emotional impact of the disability may mean that some young people who are disabled have fewer opportunities to make and develop relationships;
- teachers working with young disabled people in sex education must be prepared to deal with questions and engage in discussion on the impact of disability on physical and emotional aspects of relationships.

2.51 There are also specific considerations:

- some young people with special educational needs are less likely to learn incidentally about sexual development;
- young people with significant learning difficulties may struggle to understand society's conventions and expectations regarding sexual behaviour;
- young people develop the same feelings and needs as others but may find expressing them more difficult;
- intimate care for young people with special educational needs, i.e. areas of personal care that cannot be carried out by the young person alone, has to respect the rights of everyone involved and in particular, respect the dignity of the young person concerned.

2.52 The policy of inclusion means that an increasing number of young people with special needs are likely to be educated in mainstream schools. Staff in these mainstream schools may therefore require additional support or specialised training to help them tailor sex education to the specific circumstances of pupils who may spend some time in a support unit and the rest in mainstream classes.

Social Inclusion and Diversity

2.53 Scotland is a diverse society. Within that society, there is a range of different family relationships. The most common relationship is that of marriage. This is supported by churches, religious groups and others in Scottish society. They see marriage as the ideal to

.

which they aspire. However others in Scottish society have different styles of relationships and family life which they regard as equally valid.

2.54 Teachers will be aware that each class will contain pupils from a variety of family backgrounds. Teachers should ensure that they treat all children with respect and sensitivity when covering these areas of the curriculum. Lack of awareness of diversity can lead to prejudice and discrimination which may lead to bullying. Bullying of any type affects self-esteem and can impact on educational achievement.

2.55 School sex education has a role to play at the appropriate age and stage in discussing the myths and stereotypes around gender, sexuality and sexual orientation issues, both as a means of preventing harassment and bullying and as an opportunity to engender a respect for and understanding of diversity.

2.56 School sex education needs to be sensitive to the fact that young people may find it particularly difficult to speak openly with their parents or carers about their sex, sexuality and sexual orientation matters. It is therefore important that school sex education provides accurate and factual information about sexuality and sexual orientation matters as well as developing a strong anti-bullying stance on this matter.

2.57 Children living in a range of different family groupings might also be vulnerable to bullying as a result of their home circumstances and schools should be aware of the needs of these children and give sensitive recognition to their family units. Schools, parents and pupils can refer to the Anti-Bullying Network[23] for advice and guidance on these matters.

CONSIDERATIONS ARISING

- **The link between early sex and other high-risk activities such as under age drinking.**
- **The strong association between social deprivation and teenage pregnancy rates in Scotland.**
- **Increasing rate of Sexually Transmitted Infections including HIV.**
- **Practical issues associated with the withdrawal of pupils from sex education.**
- **The implications of current legislation affecting children and young people.**
- **Provision for young people with special educational needs.**
- **Issues related to bullying on grounds of gender, sexuality and sexual orientation.**

3. EXISTING POLICY & PRACTICE

Evolution of Sex Education in Schools

3.1 Sex education was not considered as part of the school curriculum in most British schools in the first half of the 20th century although some other European countries, such as Sweden, had established a statutory sex education curriculum as early as 1912. In Britain the Victorian view that sex was private and considered inappropriate to discuss persisted into the 20th century. As late as 1939 a book on health education in schools managed to avoid mentioning sex once in its 100 pages.

3.2 The publication of Curriculum Paper 14 in Scotland in 1974 was an important document in terms of sex education. This paper considered that the role of the school and parents should be complementary in sex education. It also expressed the view that only a small number of parents at that time accepted this responsibility and that the schools should be the main agency in the sex education of young people. The report stated that schools were 'not at present facing their responsibilities in the health education of their pupils.' It acknowledged that sex education was not only concerned with the anatomy and physiology of reproduction but should also include 'aspects of courtship behaviour and the formation of confident attitudes.'

3.3 In the period since 1974 there have been significant advances in the quality and relevance of sex and relationships education in Scottish schools, and yet there is also evidence of wide variation from school to school in the nature and extent of the provision. There is now clear evidence that the overwhelming majority of parents wish schools to address the issue of sex education with their children.[24] The issue of sex education was given a higher profile in Government reports in the early 1990's as a response to both HIV/AIDS and to concerns over the rate of teenage pregnancies.

3.4 In addition, at this time Scotland took a lead role in Europe in developing the concept of 'The Health Promoting School'. This culminated in a World Health Organisation report '*The Healthy School*'[25] and a related Scottish Health Education Group/Scottish Consultative Council on the Curriculum Report entitled *Promoting Good Health Proposals for Action in Schools,* 1990.[26]

3.5 In 1994 a staff development resource for teachers entitled '*Personal Relationships and Developing Sexuality*',[27] was produced. This grew out of a recognition that teachers wanted additional support and guidance on a wide range of issues relating to sex education.

3.6 The evolution of sex education in Scotland can be viewed as having several strands:

- an increasing openness about sexuality in our society;
- a growing acceptance that schools have a role in sex education;
- a recognition that the school's role should be in partnership with parents;
- an understanding that sex education in schools should be developed in the context of the health promoting school;
- a growing expectation that sex education should contribute to public heath initiatives on teenage pregnancy and sexually transmitted infections.

The Views of Teachers

3.7 A study of health education in Scotland[24] suggested that teachers felt they were the appropriate source of health education for young people. There was a general recognition that on-going professional development is needed to sustain teachers' confidence in delivering effective sex education. Outside speakers were usual both for up-dating teachers' expertise and for giving pupils' appropriate contact with health professionals within the controlled context of a school programme.

3.8 There is evidence that sex education can be ineffective[28] whenever:

- teachers lack confidence and up-to-date knowledge and therefore credibility with pupils;
- pupils feel embarrassed about discussing sex education in school or want confidential individual advice from a health professional; and
- schools lack clear arrangements for teachers providing sex education and responding to parental concerns.

3.9 The variety of findings from these two Scottish investigations may be in part a reflection of the wide range that exists in the amount of supportive staff development which teachers have received in health education and sex education. In addition, the personal qualities of some individual staff might mean that they are particularly suited to working in this area. It is interesting that even when teachers have received intensive training there is evidence that their own perceptions of their teaching do not relate closely to observed effectiveness.[29] The selection of suitable staff can therefore be as complex as it is critical.

The Effectiveness of Sex Education

3.10 There are many ways in which the effectiveness of sex education could be evaluated but much of the clear evidence relates to public health concerns including Sexually Transmitted Infections and pregnancy. Evidence suggests that education programmes can be associated with delay in first intercourse, and increased condom and other contraceptive use at first and subsequent intercourse.[30] There is no evidence to suggest that the provision of sex education leads to increased sexual activity or higher rates of pregnancy.[31] In fact, evidence from other parts of Europe, such as the Netherlands and Scandinavia, indicates that good sex education can contribute to the reduction of teenage pregnancies, particularly when linked with improved access to services.[32]

3.11 Currently there is a major research project, endorsed by the Scottish Executive, being undertaken in Scotland.

3.12 *SHARE* (*Sexual Health and Relationships: Safe, Happy and Responsible*)[29] is a teacher-led approach which involves extensive training of teachers, draws on educational theories and practices, and incorporates existing educational material alongside research into young people's behaviour. SHARE has been piloted in schools in 3 different parts of Scotland. A revised edition, based on best practice, is being produced with funding from the Scottish Executive. After further careful piloting, this well-designed sex education resource will be made available to all Scottish schools.

3.13 Increasingly peer education is being developed in school but this is not without difficulty. It has not been subject to adequate evaluation and as a result we have little detailed knowledge of how peer education operates and at which level. It was argued[33] that in light of little conclusive evidence, the premise that young people will be more effective in their behaviours when educated by a peer rather than other sources, should be 'treated with caution'. Nonetheless, results from the studies should help to clarify the debate on the effectiveness of a range of sex education packages.

3.14 Various criteria drawn from effectiveness reviews have been associated with successful and effective sex education programmes including the:

- use of theory to help children understand the origins and control of sexual behaviour;
- review of existing programmes and recommending improvements;
- involvement of young people throughout the delivery of curricular programmes including their involvement in identifying needs;
- use of activities to address social, peer and media influences through active participation;
- reinforcement of age-appropriate strategies such as the right to say no;
- recognition of local needs and cultural factors;
- provision of education matched to pupils needs.

3.15 In addition, adequate training and clear guidance for teachers can facilitate effective learning. Given the importance of the medium through which the learning occurs it is important that teachers working in this area feel confident, comfortable and able to select appropriate approaches and resources.

Local Authority Policies/Guidelines

3.16 As part of our examination of existing policy and practice, the Working Group requested information from every Scottish council on any policy documents or guidelines issued to schools on sex education, health education and anti-bullying. The responses varied in the extent to which they offered practical guidance to schools. In addition, the status and expectation of the documents was not always obvious. Some spelled out the policy of the authority and expressed a clear expectation that this would be reflected in any documentation produced by the schools. Other authorities submitted general guidelines to schools. Within this group there was considerable variation as to the freedom of response available to schools. Some authorities informed schools that they *must* design and implement their own school policy in accordance with the statutory guidance. Others stated that schools *should* develop a school policy, while a third group invited schools to *consider* whether they should draw up a policy for their school.

3.17 The main features of the returns can be summarised as follows:

Sex education guidelines

- approximately 40% of councils provided schools with guidelines on sex education;
- only half the guidelines were linked to health education;
- a significant minority of councils were reviewing existing guidelines;
- some authorities used guidelines drawn up by predecessor councils.

Health education guidelines

- approximately 50% of authorities provided guidelines on health education;
- over 30% of the councils were reviewing existing guidelines;
- the majority of guidelines emphasised a whole school approach;
- there was significant variation in the nature of the guidelines submitted;
- some authorities used guidelines drawn up by predecessor councils.

Anti-bullying guidelines

- approximately 75% of councils provided guidelines on anti-bullying;
- very few guidelines referred to sexual orientation as a potential issue;
- very few councils indicated that they were reviewing existing guidelines.

3.18 Most policies emphasised the importance of working with outside agencies on health education. However, there appeared to be significant differences in the role afforded to these agencies. In practice this diversity could prove confusing to Health Boards and other agencies working with more than one local authority. A number of local authorities advised schools to devise lists of resources, including outside agencies such as the Health Board, Childline and Family Planning. Some made clear their expectation that information on health agencies should be displayed on school notice boards or otherwise made available to pupils.

3.19 Local authorities' responses did not suggest that there was agreed understanding on roles and responsibilities of external agencies operating within schools. Only one authority spelled out their expectation that school staff required to satisfy themselves that the curricular input from external health agencies would be appropriate to the age and stage of the pupils concerned.

3.20 There are obviously opportunities to increase school involvement by health professionals through initiatives such as the Health Promoting School and New Community Schools. This higher profile and increasing availability of health professionals has significant implications, particularly in relation to confidential counselling and advice. There may be occasions when the professional ethics of health staff lead them in a somewhat different direction from the school. In these situations, the absence of any agreed procedure leaves everyone vulnerable. There is an obvious and immediate need to draw up protocols to ensure that everyone, including parents, is fully aware of the implications of partnership activity.

3.21 Another frequently occurring theme in the responses from local authorities was the expectation that schools should teach about different types of relationship. Unfortunately the guidelines do not always make it clear what this means. It could relate to sexual orientation or to different types of relationship, for example non-sexual friendships, partnerships, marriages or other family relationships.

3.22 None of the responses commented on quality systems or performance indicators in relation to health/sex education although this advice may be contained in other, more generic circulars on quality. The issue of quality is an important one that is taken up in our recommendations. We consider that all schools need to use self-evaluative techniques to maintain and improve the quality and relevance of their programmes on sex education.

3.23 The responses from local authorities provided information on current practice across Scotland. The Working Group has taken account of this information in shaping its recommendations. We trust that local authorities will consider the guidance to be of assistance and we consider it fortuitous that it will be issued at a time when a significant number of authorities has already intimated the intention to review existing advice to schools.

CONSIDERATIONS ARISING

- **The need for continuing staff development in delivering health education.**
- **Variation in the detail of local authority guidelines on sex education.**
- **The need for agreed protocols and procedures relating to the participation of external agencies.**
- **The need for parents to be aware of the implications of this developing partnership with health agencies.**
- **The need to ensure that management responsibilities are clearly defined within the school;**
- **The need to extend self-evaluation to include sex education and other sensitive areas.**

4. EFFECTIVE SEX EDUCATION

Principles

4.1 Sex education could 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 Working Group considers that the key principles are that:

- sex education should be viewed as one element of health education, set within the wider context of health promotion and the health promoting ethos of the school;
- sex education should contribute to the physical, emotional, moral and spiritual development of all 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, the school and the community;
- sex education should be non-discriminatory and sensitive to the diverse backgrounds and needs of all young people;
- sex education starts informally at an early stage with parents and carers, and continues through to adulthood both within the home and at all stages of school life.

Aims

4.2 Similarly the key aims of sex education are to:

- provide accurate and relevant information about the physical and emotional changes that children and young people will experience throughout their formative years and 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 multi cultural 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, 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 service providing support and advice to young people.

Consultation & Parental Involvement

4.3 In education we often talk in terms of a partnership between parents and the school. The greater involvement of parents can enhance the effectiveness of health education programmes.[34] It is recognised (see Table 1) that children get their information from a variety of sources. Nevertheless the active co-operation of parents in the planning of sex education programmes is important because:

- their values can influence the young person's attitudes and beliefs;
- they are the principal source of continuing support to the young person;
- their relationships can be closely observed by the young person;
- schools are accountable to individual parents and the wider community.

4.4 Parents could reasonably be expected to have the best interests of the young person in mind and are therefore more likely to present information in a context that values healthy living, personal responsibility and stable relationships than more indirect sources such as friends.

4.5 Parents have an important role in educating their children about sex and relationships whether or not they accept it. Education is not just about passing on information but "messages" about sexuality are given out in everyday interaction with children and young people. It is worth asking what children are picking up if there is not openness and support for their developing sexuality. One could argue that the question should not be 'what should I teach my child' but 'what messages am I already giving them'. For example, by not answering questions or providing an opportunity for discussion, parents communicate that sexuality is not to be talked about openly, in contradiction to the culture around them which frequently displays sexual images and messages.[35] These mixed messages can lead to confusion in young people around their own developing sexuality and these tensions may surface when it comes to negotiating relationships with potential partners.

4.6 Another reason for involving parents is the responsibilities parents have, and the important role they play in the lives of their children. Although it is not easy to discuss such sensitive issues with a parent, there is a growing body of research which indicates that communication with parents can also help delay the age of first intercourse.[36] Scottish data indicates that young people who have discussed contraception with parents are more responsible in their sexual attitudes and behaviour.[20]

4.7 There are different approaches to discussing issues and the way in which parents talk about sexuality is as important as what they say. The Health Education Board Scotland (HEBS) has taken the view, based on research, that a non-judgemental approach and tone is considered more respectful and acceptable by young people. This is reflected in the HEBS *Think about it* campaign.

4.8 Although there are difficulties, many parents do talk to their children about a range of sexual health issues. Surveys indicate that there is a great deal of variation between what young men and women discuss with parents ranging from physical aspects of growing up to personal relationships. However, young women are more likely to have discussed all topics with their parents on at least one occasion according to a Scottish survey of sexual health in

the 1990s. What is not clear is the extent of discussion, and whether discussion was with father, mother or both.

4.9 It is important to recognise that it is actually difficult to talk about sexual issues and it is not just parents who find it difficult. Sexuality is often treated as a taboo subject, which is all around us but rarely discussed openly without innuendo and embarrassment. This is compounded by the fact that teenagers, as they get older, often find it difficult to talk to parents and this is even more apparent when it comes to sexual matters.

4.10 Further, parents are diverse in terms of beliefs and values, family structure, sexual orientation and parenting styles. Work with parents has to reflect this and recognise that giving information is, in isolation, insufficient.

4.11 There are examples of initiatives which attempt to support parents through workshops or parenting classes etc. Equally, there is evidence to suggest that some school consultation with parents can be superficial. Schools may therefore wish to consider using School Board meetings, the Parent Teacher Association, and parents' evenings as an opportunity to exhibit materials or consult on specific programmes of sex education. There may also be merit in using video recordings to demonstrate classroom activity and stimulate discussion. The fundamental point is that schools need to promote dialogue and not simply display materials or communicate indirectly with parents through newsletters.

Support Services and Sex Education

4.12 An earlier section of this report rehearsed issues around the need to offer young people appropriate advice and support and the relatively high level of teenage pregnancy in Scotland. Young people need information on sources of health advice, appropriate helplines and access to local health services.

4.13 Where such arrangements are set up within a school setting, appropriate shared professional protocols and line management arrangements should be in place to address issues such as teachers' professional responsibilities for pupils' welfare, the rights and responsibilities of parents and the legal capacity of the child to consent to medical treatment. Parents and pupils should be consulted as to the parameters of these arrangements. It would be appropriate for schools to display such information in the medical room and to include it in the health education programme. The school nurse is the health professional most accessible to young people and it would be acceptable for schools to consider making appropriate provision for pupils to self–refer to the school nurse and other school medical services on their scheduled visits to schools. One-stop health clinics for young people are popular because they can provide advice and treatment within a confidential setting. The debate around the more traditional organisation of sexual health services, genito-urinary medicine clinics, which deal with Sexually Transmitted Infections and family planning clinics, which provide contraceptive help and advice is therefore an important one. Services that are located in arrangements which give them a purely medical identity may be less effective than ones that are associated with other services which young people will wish to access.

4.14 Information about family planning, including responsible methods and the services of local clinics should be part of the sex education programme for secondary pupils. The majority of young people will not be planning a family and may otherwise be deterred from

.

using the service because of the “family planning” title. Indeed, many young people attend clinics in times of crisis, for example, requesting emergency contraception or pregnancy tests. Although this is not the ideal, it must be faced as a reality. Locating services within health serves to reinforce a female focus, as young men are renowned by their absence from any form of health provision. Currently more females use family planning facilities, creating an unfortunate impression that this is a facility exclusively for females. As a result, this may be a deterrent to the young male sharing responsibility for sexual health with his partner.

4.15 The in-built difficulties in one to one service provision for young people should not be taken as an excuse for not developing more appropriate services in Scotland. It also has to be remembered that many young people will choose not to be sexually active or lack the maturity to have developed relationships. As stated earlier, if school health education wishes to promote responsible sexual behaviour the research evidence suggests that education needs the support of confidential counselling and advisory services to be effective. The development of New Community Schools and Healthy Living Centres could result in health professionals spending more time in schools and being accessible for counselling and advice. Schools and partner organisation therefore need to establish a protocol to take account of the professional ethics of the staff involved and the rights of parents and young people.

4.16 We consider that all schools should:

- devise a school policy on external agencies and the issues of counselling and advice;
- use the school handbook to inform parents about protocols and procedures;
- clarify for parents the issue of confidentiality and external agencies;
- inform parents in advance of any sensitive visit or presentation;

4.17 These developments raise moral issues for some pupils and teachers. Account should be taken of the wide range of diverse beliefs and values to be encompassed within an area of the school curriculum as sensitive as 'Sex Education.' While there are core values to which we all would subscribe, it has to be recognised that there are important issues on which divergent views are to be found. Among these are the faith communities' opposition to sex outside marriage, abortion and artificial contraception.

4.18 There is also a case for developing collaborative approaches that include other professional staff. They may also wish to draw on the skills of community education or social work staff skilled in working with vulnerable or disaffected young people.

The Faith Community

4.19 Faith communities have beliefs, attitudes and values concerning relationships and sexuality. All the major faiths in Scottish society agree that marriage is the proper setting for sexual intercourse and bringing up children but they may have differing views on such matters as divorce, homosexuality, contraception and abortion.

4.20 Young people in developing their own beliefs, attitudes and values will be influenced by the beliefs, attitudes and values of their homes and of the faith communities to which they belong. Teachers have to take account of the range of the beliefs, attitudes and values in the backgrounds of their pupils.

.

4.21 Another dimension of personal and social development is the opportunity for young people to benefit from the support of a wider faith community. Strong links already exist in the denominational sector where the Catholic Church liaises closely with schools and authorities, particularly in the areas of Religious and Moral Education. Local priests often take on the role of school chaplain, supporting the general ethos and values of the school and providing pastoral care for pupils.

4.22 Most non-denominational schools invite a minister from a local Christian church to be their school chaplain. The relationship of a chaplain to members of the school community is quite different to that of the denominational school. Some pupils and teachers may be associated with the local congregation from which the chaplain comes but many will not. The precise role undertaken by a chaplain depends on what is agreed with the head teacher of the school. Most school chaplains will undertake a limited pastoral role in schools for both staff and pupils. Occasionally sensitive issues such as those related to sexuality might be raised with them. A number of schools now operate a team chaplaincy consisting of several local churches.

4.23 A possible extension of the team chaplaincy approach is for schools to involve the leaders of other faith communities. However, a chaplaincy role is not necessarily one to which other faiths can fit into with ease. What is important is that schools recognise the faith backgrounds from which their pupils come and build up constructive relationships with the faith communities.

4.24 The National Guidelines on Religious and Moral Education 5 – 14 (1992) identified the aims of the Programme as including:

- appreciating moral values such as honesty, liberty, justice, fairness and concern for others;
- investigating and understanding the questions and answers that religions can offer about the nature and meaning of life;
- developing beliefs, attitudes, moral values and practices through a process of personal search, discovery and critical evaluation.

4.25 Some of these aims reinforce and are, in turn themselves reinforced by aspects of sex education. There is a symbiotic relationship among the different elements of 5-14.

4.26 For many young people the teenage years are a period characterised by personal search and reflection. Young people are often concerned with who they are, how they are seen and what they believe in. They often demonstrate a willingness to take a moral stance

.

and are generally interested in different faiths or beliefs or feel strongly on humanitarian issues. The wider faith community is a valuable resource which schools should use to help young people explore their personal beliefs and value systems.

CONSIDERATIONS ARISING

- **The importance of clear principles and aims.**
- **A lack of confidence among many parents in discussing sexuality with their children.**
- **The need for the role of parents to be clearly defined.**
- **The need to find new ways of actively engaging with parents.**
- **Issues emerging from partnerships with health professionals.**
- **The faith communities as a potential source of support.**

5. LEARNING AND TEACHING

Current National Advice

5.1 National advice on aspects of health education, including sex education is incorporated within a number of documents and support materials:

- National Guidelines: Environmental Studies 5-14;
- National Guidelines: Health Education 5 - 14;
- National Guidelines: Personal and Social Development 5 - 14;
- National Guidelines: Religious and Moral Education 5 - 14;
- National Guidelines: Religious Education: Roman Catholic Schools 5-14;
- The Health Education for Living Project (HELP);
- Personal Relationships and Developing Sexuality;
- Relationships and Moral Education: Catholic Education Commission.

5.2 The HM Inspectors' report *Issues in Health Education*[37] (1996) identified a number of aspects of good practice in sex education:

- views of parents and representatives of the wider community (including church representatives) were considered when programmes were being developed;
- sex education was set within an overall programme of learning about positive personal relationships and self-awareness;
- clear guidelines for teachers were established;
- teachers had access to good quality resources;
- effective programmes promoted responsible behaviour;
- effective schools promoted positive personal relationships within health education programmes and as part of the school ethos;
- several health boards worked with education authorities and schools on peer education programmes, where older pupils worked with younger pupils.

Key Components of Sex Education

5.3 Sex education is part of the school's health education programme, closely aligned with provision for personal and social development. In addition to these curricular aspects, young people's personal and social development is enhanced by the positive ethos of the school.

5.4 The National Guidelines Health Education 5-14 provides a complete framework for health education; the three interrelated strands of physical health, emotional health and social health provide a helpful structure for addressing a wide range of health issues. Sex education is an integral part of that framework, with the three elements of knowledge, skills and attitudes inextricably linked throughout the framework. Beyond 5-14, schools provide a range of contexts for young people to reflect on health issues; often the content and nature of this programme is negotiated with the pupils.

5.5 While acquiring knowledge is important for informed decision-making and other skills development, attitude and values clarification remains an integral part of that process. Therefore effective sex education requires to develop and explore three interrelated elements.

Knowledge and understanding: up to date, accurate information that is appropriate to the age and maturity level of the young person; it should encompass how bodies develop and work, sexuality, reproduction, sexual behaviour, sexual health, the law, access to services, emotions and relationships.

Beliefs, attitudes and values: young people need the opportunity to explore values and attitudes; this will help them clarify what they believe in and why they believe in it. Sharing these can promote an awareness of, and respect for others' views. There are fundamental values that will be common to all aspects of sex education; these relate to trust, respect, love, care, empathy and responsibility.

Skills: there is a range of personal and interpersonal skills that are essential to help young people make informed choices and decisions, develop and maintain relationships and manage emotions. Assertiveness, communication, and decision-making skills are particularly relevant to social and emotional well being.

5.6 The following general areas reflect the breadth of sex education. Although they have been categorised into stages, an element of flexibility is required, as the needs of pupils will vary. This list should not be seen as exhaustive.

Early stages of primary school

- 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 stages of primary school

- 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 stages of primary school

- physical and emotional changes 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 stages

- skills to make and maintain friendships and relationships
- risks involved in sexual relationships
- links with other risk-taking activities
- Sexually Transmitted Infections and HIV & 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 stages

- responsibility and commitment within relationships
- awareness of the needs of others
- information, advice and support services
- Sexually Transmitted Infections and HIV & AIDS
- parental responsibility
- responsible sexual behaviour

Key Considerations

Sensitive issues in sex education

5.7 This report has already rehearsed the importance of ensuring that all teachers are familiar with the contents of any programme of sex education. However, the handling of potentially sensitive issues ultimately has to rely on the professional judgement of individual teachers. We readily acknowledge that the teaching profession has exercised sound judgement with the result that schools currently enjoy the confidence of the overwhelming majority of parents in teaching sex education. In the wake of the section 2A debate, it will be necessary to review school programmes and procedures. It would also be prudent to refresh staff about some of the practical considerations which need to be borne in mind when devising lesson plans or counselling individual pupils.

5.8 It is very important that teachers involved in sex education are familiar with the young peoples' needs. Headteachers therefore need to be alert to the potential difficulties arising from teacher absence. A supply teacher, or teacher who is unfamiliar with the class should not be left to cover the more sensitive parts of the programme. Even when the regular teacher is taking the class, there may be occasions when a second adult would be of benefit.

5.9 Some schools make good use of a school nurse, health-promotion staff, voluntary organisations or other external agencies. Any significant input into a lesson from an external provider should be pre-planned and followed up. The school must be aware of the nature of the proposed input to ensure that it accords with the information on the programme that has been presented to parents. It is not sufficient for teachers to leave the nature of the input to the professional judgement of the external staff involved. This reinforces an earlier point regarding the need for shared protocols between the school and external partners.

5.10 It is likely that some pupils will, at least in the immediate aftermath of media coverage surrounding section 2A, pick up on the national debate on the nature of personal relationships and the status of marriage. The average class is likely to have young people from a range of backgrounds and teachers should resist comments which effectively grade home backgrounds and therefore risk embarrassing individual pupils or leading them to think that while their family type is to be accepted, it is to be regarded as second best. The role of the teacher is to encourage each pupil to look to their future and find personal fulfillment, not to feel that their current circumstances pre-determine future options.

5.11 It is acknowledged that:

- there is likely to be a wide spectrum of maturity within any class;
- sex education deals with feelings as well as facts and this can make additional demands on the teacher;
- young people, especially boys, are unlikely to want to discuss their feelings publicly;
- there may be feelings of discomfort within the class at times;
- some pupils may be tempted to boast about their experiences;
- teachers may be asked questions about their personal lives;
- some pupils may be uncertain about their sexuality or certain that they are gay or lesbian.

5.12 It is important that the teacher feels comfortable and secure in their role in the classroom when teaching any aspect of sex education. The following skills and qualities are helpful:

- a good relationship with pupils;
- secure in the use of participatory methodology;
- knowledgeable about issues that are relevant to young people;
- ability to encourage reflection on beliefs, attitudes and values;
- recognition of the influences of sexuality on the individual and on society;
- ability to provide an open and supportive environment for discussion;
- skills to encourage discussion and handle controversy;
- ability to contribute to young people' s thinking without imposing own values;
- awareness and respect for one' s own attitudes and values in relation to gender, sexuality and sexual orientation.

Establishing a supportive climate for learning

5.13 The quality of interactions between teachers and learners is the critically important feature of effective learning. The environment within which sex education takes place will

.

contribute to the success or otherwise of the learning process. Central to this are the relationships established between the teacher and pupils; relationships that enhance a sense of well-being and a disposition to learn, and foster mutual respect, empathy and genuineness. Where young people feel valued and respected, their confidence and self esteem increases and they are more likely to become fully involved in the challenges of learning. Key elements of a supportive climate for teaching sex education to secondary pupils include:

- ***consultation with pupils*** - talking to young people, establishing what their needs are and ensuring that needs are met through a programme that has true relevance for them;
- ***setting and agreeing ground rules including appropriate language*** - this promotes a shared responsibility and encourages a level of autonomy on the part of the learner;
- ***agreement on personal revelations*** - establishing an agreement whereby both teacher and pupils are confident that they will not have to answer personal questions nor enter any discussion which they may feel uncomfortable about;
- ***participatory approaches*** - using methodologies that encourage interaction and a sharing of views, while at the same time, allow distancing so that young people do not a reveal their own concerns within a group unless they wish to do so;
- ***addressing discrimination*** - ensuring that gender, sexuality and sexual orientation issues are addressed appropriately and that harassment or bullying in the classroom or elsewhere is challenged;
- ***reflecting on learning*** - providing opportunities to consider the implications of their learning experiences and how they may impact on their lives and lives of others.

Participatory Approaches

5.14 Active learning, where young people are engaged in structured activities or tasks that encourage interaction, provides opportunities to generate and share ideas, challenge one another constructively and explore a range of issues relevant to their lives. Structured use of a combination of class and group work allows teachers to take sensitive account of the range of maturity and experience in any class. However, this requires the teacher to use a more informal approach whereby pupils take more responsibility for their learning and the teacher facilitates the learning rather than leads it. Discussion and debate needs to be open and honest, with individual contributions taking account of the feelings and sensitivities of other members of the class.

Working in groups

5.15 While individual learning through reading and listening is appropriate at times, working in groups provides opportunities for meaningful discussion. This has a number of benefits including:

- the development of personal and interpersonal skills;
- acceptance of and respect for individual differences;
- the fostering of a sense of belonging and concern for one another;
- shared responsibility;

.

- a supportive and inclusive environment.

5.16 There is a range of methodologies that can be used within the group setting; a number of them encourage objectivity where the focus is on a fictional character or situation, thus allowing open discussion that does not become personalised, but at the same time provides strategies and ideas that can be used in the real life situation. Video scenarios can be excellent material to stimulate discussion.

Use of language

5.17 It is important to establish agreement on the language used in the classroom. Young people may have their own words for sexual development or sexual activity. The teacher may feel uncomfortable with certain words or phrases used by young people but at the same time, wish the young people to use words they know and understand. Young people should also understand how different types of language can be considered appropriate in different situations. As indicated earlier agreement on the type of language to be used can be made as part of the ground rules.

Confidentiality

5.18 Health-related issues can raise concerns about confidentiality. Pupils may have questions or may inadvertently reveal information which suggest that someone has acted unlawfully. Teachers may be willing to listen to pupil concerns or queries but are not in a position to guarantee confidentiality and this should be clear to the pupils. A teacher, for example, cannot guarantee the confidentiality of information that is evidence that a criminal offence has been committed.

5.19 If a young person is in moral or physical danger, then the teacher (and school) must act to protect them. Such action may involve disclosure to appropriate people or agencies. All schools must act in accordance with procedures on child protection.

5.20 As stated earlier in the report (Effective Sex Education – Support Services and Sex Education) appropriate shared professional protocols and line management arrangements should be in place to address issues such as teachers' professional responsibilities for pupils' welfare, the rights and responsibilities of parents and the legal capacity of the child to consent to medical treatment.

Responding to questions and requests for advice

5.21 An earlier part of this section emphasised the importance of managing the class dynamic and the notion that the teacher sets ground rules to ensure that classroom discussion does not embarrass or upset any members of the group. Teachers should not avoid controversial issues, nor should they lead discussion by advancing their own personal views on controversial issues. If an issue is considered by society to be controversial, they should explain why it is considered to be so, rehearse the different perspectives and allow pupils to determine their own beliefs.

5.22 When asked questions or asked for advice there are a few issues to consider. Are questions being asked out of curiosity, out of a need to know or simply mischief making. Whatever the reason, it may not be necessary to give a response to the whole class. There

may be different levels of maturity within the class and some pupils may not be ready to deal with certain issues.

5.23 If a request for information arises with an individual pupil, then the teacher should speak to the pupil after the class session. There is a need to be cautious in giving advice as the teacher cannot guarantee confidentiality. However, where it is appropriate to refer to an external agency such as a health professional, the school's policy on referral should be followed.

Single and mixed gender groups

5.24 It is important that boys and girls have the opportunity to work together in order to foster understanding about one another. However, there may be times where it is more appropriate to work in single gender groups because it is more productive or there is a need to explore an issue in some detail. For some young people, it will be culturally inappropriate to discuss some issues in mixed gender groups.

Sexual Orientation

5.25 As young people mature, they experience a range of feelings which affect their attitudes, behaviours and personal relationships.

5.26 As they enter adolescence, most begin to develop feelings of a sexual nature towards members of the opposite sex. Some develop similar feelings towards members of their own sex. Some young people become aware of their sexual orientation at a relatively early age while others take longer. For a number, the process is fraught with uncertainty, confusion and anxiety. It is important that teachers show understanding of these issues and are sensitive to protecting and supporting vulnerable young people as they come to terms with their feelings and work out how best to deal with them.

5.27 All young people should be helped to understand, at an appropriate age, that different people can have different sexual orientations. Teachers have an important role to play in enabling young people to consider such issues and to discuss them in an open, sensitive and non-discriminatory way in order that all young people may develop understanding of these differences. The central purpose should be to promote understanding and mutual respect for one another, regardless of orientation. This approach is considered an important way of encouraging respect for and valuing the diversity of, human life.

5.28 Opportunities for discussion may arise within class through a planned session on relationships or sexual development; through a response to a specific incident or as a result of an incidental question or comment by a pupil. Teachers may be approached by an individual pupil regarding concern about the pupil's sexual orientation; teachers should respond in a similar manner, i.e. sensitive and non-judgemental and, where appropriate, indicate sources of support either within the school or external to the school.

Support for Individuals

5.29 There may well be occasions, particularly at the secondary stage when an individual pupil confides in a member of staff or seeks counselling for a particular issue or concern.

.

Guidance staff are already well equipped to deal with a great many issues, but the following points may help clarify matters or reassure staff working with young people:

- the nature of the support to young people requires to be carefully considered and should be in line with the protocols agreed with external agencies;
- support for a young person with concerns about sexuality should not be considered to be promoting homosexuality;
- pupils should be made aware that teaching staff cannot guarantee absolute confidentiality in relation to any disclosures that they may make to them. Outwith the issue of protocols with external agencies, all schools should devise a policy in relation to confidentiality and incorporate it into the school handbook;
- any suspicion of child abuse should be dealt with in accordance with the local authority's child protection procedures;
- any suspicion of bullying relating to sexual orientation, minority beliefs or racial origin should be referred to a member of the senior management team and dealt with in accordance with the school's anti-bullying policy.

CONSIDERATIONS ARISING

- **The need for diverse methodology in the teaching of sex education.**
- **Summarising and packaging national advice to teachers.**
- **Identifying sources of good practice eg HMI reports.**
- **Practical advice and training for school staff.**
- **Joint training, where appropriate.**
- **Protocols and procedures governing external agencies and confidentiality.**

.

6. MANAGEMENT AND ORGANISATION

Whole School Policy

6.1 This report has highlighted the need for teachers of sex education to be clear about the aims of the individual programme and secure in their understanding of how information is to be presented to young people. This can only be achieved if the management and organisation of individual programmes has been carefully considered and communicated to everyone involved. The different sectors all have particular management issues, in addition to the generic ones of staff development, resource allocation and curricular development.

6.2 Secondary schools enjoy a degree of freedom in the way headteachers can configure different structures of promoted posts which are dependent on the school roll. There is therefore no real consistency in the way secondary schools delegate responsibility for the management of sex education and other aspects of health education. Managerial responsibility is likely to be spread across a number of promoted staff, usually, but not exclusively in guidance or senior management. The majority of these staff carry other responsibilities associated with their promoted post and this could mitigate against development. Secondary headteachers therefore need to ensure that all staff are clear about the allocation of the responsibility for different aspects of sex education, including its interface with Personal and Social Education and Religious and Moral Education as part of the 5-14 Programme and beyond.

6.3 In primary schools, particularly the smaller ones, the issue may be somewhat different. The headteacher may have to take personal responsibility for managing and delivering a substantial part of the programme. These curricular pressures on a relatively small community of staff are encouraging some schools to work collaboratively, sharing curriculum development and expertise. There may also be significant advantages in developing further, the links between a secondary school and its associated primaries to form an educational cluster. Authorities might wish to consider inviting associated schools to develop a cluster approach to sex/health education.

6.4 All local authorities need to determine whether, taking account of national advice, they wish to devise an authority policy on sex education or provide guidelines for schools to develop their own school/cluster policy. In either event, it should be the responsibility of the individual headteacher to ensure that all staff have access to and are familiar with the policy. It should also be the responsibility of the individual headteachers, or a delegated member of their senior management team to approve programmes, methodology and resources that are to be used in the school as part of a sex education or Personal and Social Education programme. They should ensure that parents are consulted on all such materials in advance of their use in the classroom. This is already established practice in a number of schools and extension of the practice to all schools should offer important additional safeguards against any errors of judgement.

6.5 Schools will need support in developing programmes of sex education which lend themselves to more sustained and detailed open scrutiny and the corresponding public debate on issues relating to sexual practices among young people.

6.6 The education authority needs to be confident that:

- schools are operating within a clear policy on sex education which accords with the statutory guidance;
- staff development needs of teachers are properly addressed;
- all teaching staff are clear about their role and responsibilities;
- all programmes, methodology and resources are approved by school managers;
- parents should be consulted when a school is developing or reviewing their programme of sex education;
- the curricular materials are of high quality and familiar to staff;
- all school staff should know who has responsibility for delivering the programme;
- schools know they can draw on outside expertise as appropriate;
- schools exchange and network on practice and issues.

6.7 School managers need to take account of the issues arising from the different needs of boys and girls. These include:

- the appropriateness of mixed and single gender groups for certain activities;
- the need for boys to receive education on issues such as menstruation to counteract misconceptions and stereotyping;
- issues of gender and power;
- discussing issues of sexual orientation.

For many young males, school health education classes may be the only opportunity they have to learn about and to discuss issues relating to sexuality and gender.

6.8 A range of issues combine to place additional burdens on teachers. These include the recent media coverage of section 2A, the increased emphasis on consultation with parents and the pressures associated with public health issues such as teenage pregnancies. There may therefore be merit in attempting collaborative approaches when organising lessons.

Monitoring & Evaluation

6.9 The publication '*A Route to Health Promotion: Self-evaluation Using Performance Indicators*'[38] is based on the national approach to self evaluation which was set out in '*How Good is our School*?'[39] and provides a framework for schools to undertake a structured audit of health promotion. It would now seem appropriate for the Scottish Executive to assist local authorities in extending self-evaluation to sex education by commissioning the production of exemplar materials which build on '*A Route to Health Promotion*'. Individual schools and local authorities will wish to use these materials to evaluate the quality of the programmes operating. Headteachers and other members of the senior management team require to undertake monitoring and evaluation of programmes as part of this self evaluation.

6.10 Local authorities are now fully aware of the implications of the revised guidelines in health education and the development of statutory guidance in relation to sex education. Individual headteachers are likely to anticipate requests from parents and school boards for an early opportunity to discuss the impact of these developments on schools. Given the

significance of the issues and the level of public interest, the Scottish Executive should organise seminars for groups of local authorities in order that key representatives from each authority is clear about the nature of the guidance and associated support material. Local authorities could then be expected to disseminate this information to staff and parents. Consistency will become an important consideration if we are to secure the confidence and support that will be necessary to support further development of the partnerships which are so critical to effective sex education.

CONSIDERATIONS ARISING

- **Local authorities need to decide whether to prescribe either a common policy for all schools or issue guidelines.**
- **Schools need support by local authority in development of their policies.**
- **Primary/Secondary liaison on sex education.**
- **Responsibility for communication on the policy rests with the headteacher.**
- **Responsibility for approving programmes & methodology rests with the headteacher.**
- **Monitoring and evaluation should apply to sex education as well as other sensitive health areas.**
- **Schools need to be aware of gender issues in managing the provision of sex education.**

.

7. CONCLUSIONS & NEXT STEPS

7.1 The initial stage of the work of the Group was concerned with the scope and general content of the package of safeguards proposed by the Scottish Executive. Our first report concluded that the package of safeguards was, in principle, sufficiently complete, wide ranging and robust to meet the legitimate concerns of the public, parents and teachers.

7.2 The Working Group went on to review existing curriculum guidelines, advice and support information bearing on sex education. We took the opportunity to identify any material that required to be developed in advance of the repeal of section 2A, and to secure general improvements in the quality of sex education. We 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. In addition, we concluded that it is important that the existing and new material should impact on the practice of all schools, not just those managed by local authorities. We urge that all the Working Group's recommendations be developed with due regard to the cultural, ethnic, religious and linguistic diversity of contemporary Scotland.

7.3 It is important to distinguish between these recommendations. The first and most important group that should precede the withdrawal of section 2A are shown below.

CENTRAL RECOMMENDATIONS OF THE WORKING GROUP

1. **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.**

2. **Summary guidance on available curricular advice and materials should be developed by the Scottish Executive and made available to schools.**

3. **The Scottish Executive should offer guidance to local authorities and schools on effective consultation with parents.**

4. **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.**

5. **The Scottish Executive should organise seminars for key personnel from local authorities to help prepare the local response to the statutory guidance.**

7.4 The above recommendations derive from the issues and considerations that emerged from each of the earlier sections in this report. We respectfully suggest that it should be possible to retain the overwhelming support of parents for programmes of sex and relationship education that is both relevant and of high quality by implementing fully the following suggestions which relate to more general improvements that are not directly related to section 2A.

GENERAL RECOMMENDATIONS OF THE WORKING GROUP

The Scottish Executive

- **Should ensure that the existing and new material should impact on the practice of all schools, not just those managed by local authorities.**
- **Should monitor sex education and the use of exemplar material on sex education through HMI reports.**
- **Should provide financial assistance to support local authorities with staff development in relation to sex education.**
- **Should develop national advice that helps local authorities work within relevant legislation covering issues of confidentiality and also shared protocols for schools and external agencies.**
- **The Scottish Executive should assist schools with self-evaluation in sex education and other sensitive health areas by commissioning exemplar materials which build on the national document 'A Route to Health Promotion'.**
- **Should provide support to local authorities and Higher Education Institutions in ensuring pre-service training and continuing professional development are addressed appropriately.**

Local Authorities

- **Should review existing policies & advice to schools to take account of the statutory guidance.**
- **Should develop appropriate training and in-service for school staff and partner organisations involved in sex education.**
- **Should promote and monitor the use of exemplar materials.**
- **Should devise protocols and procedures which spell out the operating arrangements between schools and external agencies involved in health promotion.**
- **Should review existing advice to schools on bullying.**
- **Should put in place arrangements which ensure that headteachers monitor the programmes and methodology used in relation to sex education and Personal and Social Education.**

Headteachers

- **Should initiate discussion with parents on the package of safeguards.**
- **Should ensure that all staff are made fully aware of the school's/authority's policy and response to the statutory guidance.**
- **Should ensure that appropriate materials are used in relation to sex education.**
- **Need to ensure that all staff are fully aware of the implications of any protocols with external partner agencies.**
- **Should undertake arrangements to keep parents informed about the school's programme of sex education.**
- **Should liaise with the associated pre-school centre/primary/secondary school to ensure continuity of health education.**
- **Must consider the particular issues arising from the provision of sex education for young people with special educational needs;**
- **Should use staff development and review to identify training and in-service needs relating to health education.**

School Staff

- **Should familiarise themselves with the statutory guidance and relevant policy documents.**
- **Should contribute to the development of school policy and programmes of work.**

Parents

- **Should work in partnership with the school.**
- **Should have opportunities to contribute to the development of school policy and programmes of work.**

.

APPENDIX 1

Membership of the Working Group

The members of the Working Group on Sex Education are:

Mr Mike McCabe (Chair)	Director of Educational Services, South Ayrshire Council
Ms Rowena Arshad	Director of the Centre for Education in Racial Equality in Scotland
Ms Kim Connelly	Director of the Scottish Parent Teacher Council
The Rev Jack Laidlaw	Convener of the Church of Scotland Education Committee
Mrs Gill Mackay	Senior Teacher at Dunard Primary School, Glasgow
Mr John Oates	National Field Officer, Catholic Education Commission
Mr John O'Keane	Headteacher of Cardinal Newman High School, North Lanarkshire
Mrs Anne Pearson	Headteacher of Park Primary School, Alloa, Clackmannanshire
Mr John Waddell	Vice Chair of Williamwood High School School Board, East Renfrewshire representing the Scottish School Board Association

In addition, the Group's advisers were, **Mr Mike Ewart** (Scottish Executive Education Department), **Mr Colin MacLean** (HM Inspectorate of Schools), **Mr Ian Young** (Health Education Board for Scotland) and **Ms Joan Forrest** (Senior Lecturer), Strathclyde University. The Working Group were also assisted in their task by **Mrs Joan Fraser**, **Mrs Moira Wilson**, and **Mrs Linda Miller** from the Scottish Executive.

APPENDIX 2

Remit of the Working Group

In the light of the Scottish Executive's intention to repeal section 2A of the Local Government Act 1986 to:

- consider the scope and general content of the package of safeguards described in the letter of 27 January 2000 to School Boards and Headteachers from the Minister for Children and Education;

- report to the Scottish Executive on whether this package is sufficiently wide-ranging and robust to meet the legitimate concerns of the public, parents and teachers;

- review existing curriculum guidelines, advice and support information bearing on sex education;

- consider whether these existing materials and the existing arrangements for ongoing review are sufficient to meet the legitimate concerns of the public, parents and teachers;

- report to the Scottish Executive with recommendations for any revisions or additions to these existing materials and arrangements;

- commission with the Scottish Executive any agreed revisions and/or the development of any agreed new materials, which are to be completed before repeal of section 2A is brought into force.

In addition, the Group was asked to consider the full package of safeguards and to comment on it.

Method of Operating

The Group met on 9 occasions between February and June 2000, 8 of which were full days. The work included consideration of:

- the terms of the draft guidance circular to Directors of Education;

- the references to sex education contained within existing national guidelines on the curriculum;

- the broader context for sex and relationship education within personal and social development and health education;

- legal advice about the implications of the European Convention of Human Rights and Human Rights Act 1998;

- representations made by interested parties.

- commissioned papers and presentations on:

    - the range of options open to the group (statutory provisions, regulations, guidance and guidelines);

    - best practice in sex education;

    - sex education and special educational needs;

    - issues for denominational and multi-faith schools;

    - teacher training issues; and

    - local authorities' existing policies and practice on sex education, health education, anti-bullying and consulting with parents.

In addition, individual members drew on the extensive material that was provided as background information.

.

APPENDIX 3

References

1. The Scottish Office (1999) *Towards A Healthier Scotland*, The Scottish Office, Edinburgh.

2. Scottish Needs Assessment Programme (SNAP)(1994). *Teenage Pregnancy in Scotland.* Scottish Forum for Public Health Medicine, Glasgow.

3. Kane, R. and Wellings, K. (1999). *Reducing the rate of teenage conceptions: Data from Europe.* Health Education Authority, London.

4. Acheson, D. (1998). *Independent Inquiry into Inequalities in Health report*. The Stationery Office, London.

5. Magee, C (1994). *Teenage parents, issues of policy and practice*. Dublin: Irish Youthwork Press.

6. Biehal, N. and others (1992). *Prepared for Living? A survey of young people leaving the care of the local authorities.* National Children' s Bureau

7. Corlyon, J. and McGuire, C. (1999). *Pregnancy and Parenthood.* National Children' s Bureau, London.

8. Biehal, N. and others (1995). *Leaving care in England: a research perspective Children and Youth Services Review,* 16 ¾, 231-254.

9. Duggan, M. and Weyman, A. (1999). *Individual choices: Collective responsibility. Sexual health, a public health issue*. Family Planning Association, London.

10. Health Education Authority (1997a). *Health Update. Sexual health.* Health Education, London.

11. Health Education Authority (1999a). *Chlamydia: Why you should know about it*. HEA, London.

12. Department of Health (1998). *Chlamydia trachomatis: Summary and conclusion of CMO's Expert Advisory Group*. Department of Health, London.

13. Currie, C. and Todd, J. (1993). *Health Behaviours of Scottish schoolchildren. Report 3. Sex education, personal relationships, sexual behaviour and HIV/AIDS knowledge and attitudes*. Research Unit in Health and Behavioural Change, Edinburgh.

14. Plant, M (1990) *Alcohol, Sex and AIDS*. Journal of Alcohol and Alcoholism, 25, 293-301.

15. Young, I (1992) *A Study of the Effects of a School Health Promotion Initiative on the Knowledge, Attitudes and Behaviour of the Pupils*. MPH Thesis, University of Glasgow.

16. Health Education Authority/BMRB (1998). *Sexual Health Matters Survey,* Health Education Authority, London.

17. Wellings, K., Wadsworth, J., Johnson, A.M., Field, J., Whitaker, L. and Field, B. (1995). *Provision of sex education and early sexual experience: the relationship examined.* British Medical Journal, 311: 417-420.

18. Aggleton, P., Oliver, C. and Rivers, K. (1998). *The implications of research into young people, sex, sexuality and relationships.* Health Education Authority, London.

19. Reid, M. (1999). *Teen sexual health advertising post-test research.* Health Education Board for Scotland, Edinburgh.

20. Todd, J. Currie, C. and Smith, R. (1999). *Health Behaviour of Scottish Schoolchildren: Technical report 2 Sexual health in the 1990s.* University of Edinburgh, Edinburgh.

21. Health Education Authority and National Foundation for Education Research in England and Wales (1994). *Parents, schools and sex education-a compelling case for partnership.* HEA, London.

22. Allen, I (1987) *Education in Sex and Personal Relationships.* Research Report, No 6555. London: Policy Studies Institute.

23. Anti-Bullying Network (2000) "*Information for Schools*" Information Line Number 0131 651 6100. Website WWW.antibullying.net

24. Devine, M and Mapp, J (1995) *Exploring the Health Needs of Young People.* Edinburgh: Scottish Council for Research in Education.

25. Young, I and Williams, T (1989) "*The Healthy School*" SHEG, WHO

26. Scottish Health Education Group/Scottish Consultative Council on the Curriculum (1990) *Promoting Good Health Proposals for Action in Schools.*

27. Forrest, J et al (1994) "*Personal Relationships and Developing Sexuality*", Glasgow University of Strathclyde.

28. Lowden, K and Powney, J (1994) *External Evaluation of two Health Education Programmes.* Edinburgh, Scotland: Scottish Council for Research in Education.

29. *Sexual Health and Relationships: Safe, Happy and Responsible.* (SHARE)(2000 Unpublished).

30. UNAIDS (1997). *Impact of HIV and sexual health education on the sexual behaviour of young people.* Joint United Nation Programme on HIV/AIDS.

31. Meyrick, J. and Swann, C. (1998). *An overview of the effectiveness of interventions and programmes aimed at reducing unintended conceptions in young people.* Health Education Authority, London.

32. Faculty of Public Health Medicine, Committee on Health Promotion Guidelines (1995). Sex Education for Young People: a background review. *Guidelines for Health Promotion*, 42: 1-8. Faculty of Public Health Medicine, London.

33. Milburn, K. (1996). *Peer Education Young People and Sexual Health: A Critical Review*. Health Education Board for Scotland, Edinburgh.

34. Perry, C et al (1988) *Parent Involvement with Children's Health Promotion: The Minnesota Home Team*. American Journal of Public Health, 78, 11156-11160.

35. MacAskill, S., Will, V., Eadie, D. and Hastings, G. (1991). *Sexual Health: An exploration of young adults' perceptions.* Advertising Research Unit, University of Strathclyde, Glasgow.

36. Dilorio, C., Kelley, M. and Hockenberry-Eaton, M. (1999). *Communication about sexual issues: mothers, fathers and friends*. Journal of Adolescent Health, 24(3): 181-189.

37. HM Inspectors of Schools (1999) "*Health Promotion, Issues for Councils and Schools*", HMI Audit Unit.

38. HMI Inspectors of Schools, Health Education Board for Scotland, Aberdeen City Council (1999), "*A Route to Health Promotion, Self Evaluation Using Performance Indicators*", HMI Audit Unit.

39. HM Inspectors of Schools (1996) "*How Good is Our School? Self-Evaluation Using Performance Indicators*", HMI Audit Unit.

.