Sexual Health and Relationships Guidance for all agencies who support Young People

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SECTION 1 - DEFINITION OF SEXUAL HEALTH

The World Health Organisation (WHO) provides a broad definition of sexual health that has been adopted locally and reflects Respect and Responsibility, the National Sexual Health Strategy.\textsuperscript{1,2}

“A state of physical, emotional, mental and social wellbeing related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sex experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled”.
SECTION 2 - BACKGROUND

Sexual health is fundamental to the physical and emotional health and well-being of individuals, couples and families, and to the social and economic development of communities and countries. When viewed affirmatively, sexual health encompasses the rights of all persons to have the knowledge and opportunity to pursue a safe and pleasurable sexual life. However, the ability of people to achieve sexual health and well-being depends on their access to comprehensive information about sexuality, knowledge about the risks they face, their vulnerability to the adverse consequences of sexual activity, their access to good-quality sexual health care, and an environment that affirms and promotes sexual health.

The correlation between education level and sexual health outcomes has been well documented. One of the most effective ways to improve sexual health in the long-term is a commitment to ensuring that adolescents and young people are sufficiently educated to make healthy decisions about their sexual lives. Accurate, evidence-based, appropriate sexual health information and counselling should be available to all young people, and should be free of discrimination, gender bias and stigma. Such education can be provided via schools, workplaces, health providers and community.

The purpose of these guidelines is to provide guidance to enable all staff, irrespective of employing organisation, which provides support and care to children, young people and families, to contribute effectively to the sexual health, relationship development and well-being of those children and young people. The guidelines are a measured and considered response which does not aim to encourage sexual activity amongst young people, but rather provides a framework from which young people can make positive informed choices regarding their health and wellbeing.

It should be noted that this document is for guidance purposes only and all local child protection protocols and procedures specific to professional groups should be followed.

Sexual health and well-being is recognised as an important part of overall health and well-being. It does not exist in isolation and is closely linked to mental, physical and emotional well-being.¹,²,⁷

Staff in a caring, supportive or educational role is well placed to assist young people to make informed choices about sexual health and relationships and to help them develop skills and coping strategies in order to keep themselves safe. The challenges that staff face collectively to ensure that young people minimise risk taking behaviour and make informed choices are evident:

Some of the challenges that young people face include:

- Although some progress has been made, reducing the rate of unplanned teenage conceptions, particularly in girls, under the age of 16 years, continues to be a key priority.¹,²,³

- The spread of sexually transmitted infections, in particular Chlamydia, is increasing in both males and females.¹,²,³

- Access to free condoms and support to discuss their use is inconsistent.¹,²,⁴,⁸,⁹

- The age of young people of having first intercourse is becoming lower.
The proportion of young people who use contraception at first intercourse is poor.\textsuperscript{1,2,4,8}

Evidence both locally and nationally confirms that there are significant levels of regret and need to support young people to delay first sexual intercourse.\textsuperscript{1,2,4,8}

There is a higher rate of termination of pregnancy in young women.\textsuperscript{1,2}

These guidelines support and endorse the values and principles stated in both the national and Ayrshire and Arran Sexual Health Strategies. It acknowledges that sexual health and well-being:

- Is an integral part of life long learning.
- Is an entitlement for all including those who are gay, lesbian or heterosexual, those with physical, learning or emotional difficulties and people of different race, gender, faith or religion.
- Encourages responsible attitudes towards personal and social development which both challenge and support children and young people to make informed choices as part of their preparation for adult life.
- Engages young people in the design and where appropriate the delivery of sexual health and relationship information and services.
- Seeks to promote the role of parents/carers to provide sexual health and relationships education for their sons and daughters.
- Respects and promotes young people’s rights and responsibilities as stated within the United Nations Convention on the Rights of the Child. Similarly to raise awareness of the law as it affects matters relating to sexual health and well-being.
- Encourages young people to recognise the value of healthy stable relationships, marriage and the responsibilities of parenthood.
- Supports young people to feel positive about delaying sexual activity until such times as they are emotionally and physically mature.
- Recognises that matters relating to sexual health can evoke a wide range of views, therefore there is a commitment to engage positively with those who have differing views about sexual health and strive to find common ground.

This document aims to ensure that:

- That there is a shared understanding and continuity in the application of principles and practice across both statutory and non statutory organisations, NHS Ayrshire & Arran, Education, Youth Workers, Community Learning and Development, Health and Social Care, Social Work services and Voluntary Organisations, this list is not exhaustive.
- Staff are clear and confident in their role in terms of providing sexual health information.
- Staff are supported in their delivery of skills based training and education for children and young people.
- Staff are confident in their ability in identifying and responding appropriately to potential risks whilst following local procedures and protocols.
• Young people where appropriate are effectively supported by staff to increase their understanding of sexual health, sexuality and healthy relationships.
• Young people are at the centre of the decision making process around the development and delivery of sexual health promotion and service delivery.

It is envisaged that this guidance will be adopted in practice by all staff who have direct responsibility for the support, care and education of children and young people whilst recognising the expected compliance to local child protection policies.
SECTION 3 - INTRODUCTION

It is widely recognised that sexual health is a complex issue. There is, therefore, a need to understand the societal and cultural aspects that impact on sexual wellbeing and to begin to influence these wider factors.

NHS Ayrshire & Arran, Local Authorities and third sector partner agencies have a key role to play in the health and wellbeing of children and young people. These agencies are committed to providing opportunities, where appropriate, in various settings e.g. community centres, schools and youth cafes to allow young people to learn and grow. This commitment reflects key components of the Scottish Government’s strategies for Relationships, Sexual Health and Parenthood (RSHP) and also supports the implementation of Ayrshire and Arran’s local Sexual Health Strategy and Action Plan ¹ which is based on “Respect and Responsibility” ² the national sexual health strategy and action plan.

This document sets out clear guidance for a range of statutory and non statutory staff across various departments and organisations. The emphasis of the information is on Youth Workers, Community Learning Development (CLD) Teams, Social Work staff and school based staff. It also includes support staff, from any organisation, who delivers on sexual health and relationships education and/or interventions.

This guidance takes into consideration the information from the following policy drivers:

- Ayrshire and Arran Sexual Health Strategy and Action Plan ¹(Appendix B)
- Respect and Responsibility, National Sexual Health strategy and Action Plan ²(Appendix C)
- Curriculum for Excellence ⁷(Appendix A)
- Under-age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns ¹⁰
- United Nations Declaration on the Rights of the Child ¹¹(Appendix D)
- Getting it Right for Every Child ¹²(Appendix E)
- Sexual Offences (Scotland) Act 2009 ¹³
- Adults with Incapacity (Scotland) Act 2000 ¹⁴

This guidance does not aim to promote sexual activity.

The primary aim of this guidance document is to ensure that children and young people have the opportunity to learn and grow within safe environments where education, support and care staff are confident and capable of discussing sexual health matters. All organisations should endorse the principle that sexual health and wellbeing does not exist in isolation and is closely linked to mental, physical and emotional wellbeing. ¹,²,⁴,⁵,⁷
Research has shown that comprehensive provision of information such as abstinence, delay and comprehensive educational programmes along side accessible services, helps support young people to delay their sexual debut and promotes more consistent contraception use when young people do become sexually active.\(^1,2,4,8\)

This guidance is a measured and considered response in recognition that children and young people are becoming more sexually aware and sexually active at an increasingly younger age. Within the guidance particular consideration has been given to the important roles that Educational staff, Youth Workers and Community Learning and Development teams and Social Work staff play in supporting children and young people and protecting them from high risk situations. The principles and practice contained within this document can also be adopted by any staff member, regardless of organisation or department, who provides care and support to young people, whatever their role may be in that young person’s life.

This guidance aims to ensure that children and young people have access to appropriate information so that they may make informed choices about their sexual health and have opportunities to develop the knowledge and skills to keep themselves and others safe. It is important that interventions are carried out in ways that allow young people to question and receive answers, which are appropriate for their age, level of understanding and maturity.\(^1,2,4,8,11\)

It is recognised that most young people under the age of 16 are not sexually active but a significant proportion will be engaging in some form of sexual activity. Almost 30% of young men and 26% of young women report having had intercourse before their sixteenth birthday and almost 50% engage in sexual touching. It is now well established that many young people are engaging in a range of under-age sexual activities. This can be part of typical adolescent exploratory behaviour, is consensual and raises few child protection concerns.\(^2,4,10\)

It is also acknowledged that a proportion of children and young people will not identify as heterosexual, but will be questioning their sexuality and sexual identity. Research has shown that up to 10% of young people identify as lesbian, gay or bisexual with another 5% experiencing same sex sexual contact by the time they reach adulthood. These young people require and should receive information about different sexualities and support that is non-judgemental and non-biased.\(^2,5,6\)

This guidance seeks to strike a balance between assuring the freedom of children and young people to make decisions about their own lives, and protecting them from activity that could give rise to immediate harm and/or longer term adverse consequences to themselves or someone else whilst following local child protection procedures. The law continues to make clear that society does not encourage sexual intercourse in young people under the age of 16, as it can be a cause of concern for their welfare.\(^6,7\) It does not follow that every case of under age sexual activity has child protection concerns, however all local child protection procedures should be followed to minimise any risk to the young person. This guidance therefore should be read with reference to the national and local Child Protection Guidance, which provides more detailed information on issues such as roles and responsibilities, information sharing, risk assessment and responding to child protection concerns.

However, even if there are no child protection concerns, the young person may still have worries or be in need of support in relation to their sexual development and
relationships, which require being addressed either within the school, home or community setting.

The following chapters provide more information on the levels of involvement that is expected from staff. They also include more information on assessing risk situations and guidance that is more specific for certain key staff groups.
### SECTION 4 - LEVELS OF INVOLVEMENT - ALL STAFF

#### Level 1

At the very minimum all **staff** eg Teachers, Youth workers in contact with children and young people should be in a position to:

- Know where to get up to date, correct and unbiased information on sexual health and relationships.
- Ensure that children and young people know how and where to access sexual health information.
- Know when and how to signpost children and young people to appropriate local Sexual Health Services and/or the School Nurse.
- Know when it is appropriate to implement risk assessment procedures and local child protection protocols.

This information should include the location, opening times and range of local sexual health services, NHS Ayrshire & Arran's public sexual health website, www.shayr.com.

#### Level 2

All of level 1 plus having attended some sexual health training.

Staff will be comfortable discussing sexual health and relationships issues including:

- Puberty
- Delaying or abstaining from sexual activity
- Safer sexual practices
- Peer influences
- Healthy relationships
- Sexual rights and responsibilities

It is expected that staff feel competent and capable and be able to:

- Have and be able to utilise information and resources on sexual health, parenthood and relationships.
- Support access of, or refer a young person, with their permission, to appropriate Sexual Health Services, School Nurse etc.

This should include knowledge of location and named contacts for CCard (free condom) facilitators and Collection Points.

#### Level 3

All of levels 1 and 2 plus having attended sexual health training, including SHARE and deliver educational sessions as part of a comprehensive programme including:

- Sexuality (including transgender issues)
- Contraception
- Sexually transmitted infections

Staff also demonstrate that they are capable, competent and confident in making condoms available through discussion and demonstration as part of education sessions. Where appropriate and following local guidelines staff are able to sign post to local C Card collection points.
SECTION 5 - ASSESSING RISK

Every professional providing help to children and young people will be involved in making assessments and plans, as part of their day-to-day work. Risk assessment relies on the skills, knowledge and abilities of all of the professionals involved in a child’s life. While some professionals may not define their core role as a ‘child protection’ one, their information and involvement may be crucial in ascertaining and managing present and future risks to a child or young person. Different levels of assessment require to be undertaken by professionals depending upon their professional role and proportionate to need. Where staff groups engage with young people on a voluntary basis eg Youth Workers, there will be local procedures to follow if a child/young person is deemed as being at risk.

Where there are concerns about a child’s or young person’s safety, agencies must work together where appropriate to ensure the safety of that child/young person.

All staff should be aware of their own organisations local procedures and protocols and national policy documents on child protection.

Staff must carefully consider all the information that is available to them and where appropriate follow all local child protection procedures.

What follows is a non-exhaustive list of some of the typical factors that may indicate serious child protection concerns. This information is taken from the referenced documents namely GIRFEC, Guidance on Underage Sexual Activity, Sexual Offences (Scotland) Act, Ayrshire and Arran’s Joint Child Protection Guidance and the Age of Legal capacity (Scotland) Act 2000.

Is it consensual? Is it abuse?

There are some circumstances which are clearly abusive. They include:

- Rape
- Forced participation in other sexual acts
- Overt aggression, physical injury
- Any sexual contact where:
  - The partner is a close relative or is in a position of trust in relation to the young person e.g. carer, teacher.
  - There is evidence or indication that the young person is involved in pornography or prostitution (whether sex is exchanged for cash, drugs, alcohol, accommodation or other goods or services).
  - The young person is learning disabled to the extent that (s)he is incapable of understanding the full ramifications of sexual activity and the possible consequences of sexual intercourse.
  - The young person is under the age of 13. Children under the age of 13 are deemed to be too young to be able to give consent to sexual acts.

There may be a variety of “softer” signs that all is not well and staff should follow their organisation’s local child protection protocols if they have concerns about any young person’s welfare. It is essential to look at the facts of the actual relationship between
those involved and to take into account the wider needs of the young person. Crucial elements of this assessment relate to issues of:

- Consent and informed choice.
  - **Lack of understanding/consent**: if the young person didn’t really understand the sexual behaviour they were involved in and hadn’t agreed to it at the time. This is likely to point strongly to an abusive situation.

- The ages of those involved.
  - **Age or power imbalance**: a 3 year age gap is often taken as a useful rule of thumb, but there can be circumstances where an age gap narrower than this is problematic and an age gap wider than this is not, particularly where the older person is immature in their own outlook and development. Remember age is not the only form of power imbalance. Abuse of power can also involve differences in size, material wealth and/or psychological, social and physical development. Gender, race and levels of sexual knowledge can all be used malevolently to exert power. It is really a question of degree. Staff need to listen carefully to the young person’s story and use their professional judgement to determine whether the age gap/power imbalance is sinister in any given particular case.

- The relationship between those involved.
  - **Attempted secrecy**: young people in any case, may want the details of their relationship to be kept confidential. However an abuser often demands secrecy. Professional judgement and good relationship with the young person is needed to determine which is which.

- The circumstances surrounding the sexual activity i.e. place, alcohol, drugs or setting.
  - **Misuse of substances**: some young people do experiment substances and they may have sex after drinking alcohol or taking drugs. Many people, including adults, drink alcohol to facilitate sex. This is often seen as a cultural norm but can lead to abusive situations. This may be incidental or could be part of a pattern of abuse, particularly where the sexual partner has provided substances with a view to overcoming resistance to sex or where the sexual partner has taken advantage of a young person under the influence of substances. People under the influence of alcohol or drugs cannot consent to sexual activity and it is up to the perpetrator of the abuse to prove that they had openly consented.

  - **Coercion/bribery/grooming**: this might include bribery, threats, aggression and/or coercion, for example isolating the young person from his or her peer group. Grooming could include attempts to gain the trust and friendship of the young person by indulging or coercing him or her with gifts, treats or money, by befriending his or her family, or by developing a relationship with him or her via the internet. However, many of these can also be part of normal romantic relationships and many young people have multiple on-line relationships. Staff need to listen to the young person and use their professional judgement to determine whether the situation they are
describing departs from the normal spectrum of behaviour within relationships.

- **Regularly visits risky places**: Young people often congregate in social groups in town centres and other spaces where they may or may not arrange sexual encounters with each other. This is quite normal. However, staff should be concerned if a young person, male or female, is regularly visiting places that are used for public sex or anonymous sex and where the young person may be at additional risk, such as risk of physical assault. Staff should also be concerned if a young person, male or female, regularly visits places that are used for prostitution.

- **The vulnerability of the young person involved.**
  
  - **Young person denies / minimises concerns**: older young people may not see why staff would be worried, particularly where they are confident, mature and capable. However, young people should at least understand why staff might be concerned. Staff need to make a professional judgement as to whether, if the young person dismisses their concerns, this is an attempt to conceal sexual abuse or indicates they're being abused but aren't themselves conscious of it.

  - **Child on Child Protection Register or sexual partner known to Agencies** – if staff are directly involved with the young person they should know they are on the Register. All staff will be required to follow all local child protection policies.

  - **Particular vulnerabilities**: a young person may be at higher risk of coercion/bribery/grooming and sexual exploitation if (s)he is disadvantaged within society. Young people who have disabilities, young women, young gay men and women, those affected by poverty, those experiencing homelessness, children and young people who are looked-after, those living away from home and survivors of sexual abuse can all be particularly vulnerable to sexual abuse or exploitation.

The list is not intended to be used as a checklist but provide awareness of the different situations that a child/young person may find themselves. However, the fact that a child or young person falls into one or more of these categories does not necessarily mean they are being exploited and abused. Paradoxically, taking an automatic view that young people within any of these categories are more likely to have been coerced may have the effect of making it more difficult for these young people to access appropriate services, thus disadvantaging them further. However, where appropriate all local child protection protocols and procedures should be followed.
SECTION 6 - ROLE OF SOCIAL WORK STAFF

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work.

Social work has always had a strong ethical basis that emphasises the importance of building a positive, professional relationship with people who require to use the services as well as with professional colleagues. Social workers must be able to balance the tension between the rights and responsibilities of the children, young people and adults who come into contact with the services and the wider requirements of the public (for example, where there are issues to do with child protection, criminal justice or mental health). 16,17

Social work staff must also be able to understand the implications of, and to work effectively and sensitively with, people whose sexuality, culture, beliefs or life experiences are different from their own. In all of these situations, they must recognise and put aside any personal prejudices they may have, and work within guiding ethical principles and accepted codes of professional conduct.

Social work practice should both promote respect for human dignity and pursue social justice, through service to humanity, integrity and competence. 16 Social work ethical principals also include a duty to:

a. Respect basic human rights as expressed in The United Nations Universal Declaration of Human Rights and other international conventions derived from that Declaration;

b. Show respect for all persons, and respect service users' beliefs, values, culture, goals, needs, preferences, relationships and affiliations;

c. Safeguard and promote service users' dignity, individuality, rights, responsibilities and identity;

d. Foster individual well-being and autonomy, subject to due respect for the rights of others;

e. Respect service users' rights to make informed decisions, and ensure that service users and carers participate in decision-making processes;

f. Ensure the protection of service users, which may include setting appropriate limits and exercising authority, with the objective of safeguarding them and others.

Social work and social care services are essential to the delivery of good outcomes, particularly but not exclusively, to the most vulnerable children and young people in our communities. Social work makes an important contribution to the public; working with children and young people and helping them achieve change in their lives and helping them to contribute positively and grow through the development of social relationships. This requires a particular balance of need, risk and rights. Social workers work in complex social situations to protect individuals and groups and promote their well-being. Social workers need to be able to act effectively in demanding circumstances and, reflect critically on, and take responsibility for, their actions. 16,17
Where children’s or young people’s capacity to give informed consent is restricted or absent, social workers will as far as possible ascertain and respect their preferences and wishes and maintain their freedom of decision and action, whether or not another person has powers to make decisions on the behalf that child or young person. Where the law vests the power of consent in respect of a child in the parent or guardian, this in no way diminishes the social worker’s duty to ascertain and respect the child’s or young person’s wishes and feelings, giving due weight to the child’s maturity and understanding. Any action which diminishes children and young people’s civil or legal rights must be ethically, professionally and legally justifiable. 16,17

In this respect they can work to support young people by providing consistent and reliable information on sexual health and relationships. They can also provide a safe place for children or young people to work out any issues that they may have in attaining positive relationships.
SECTION 7 - THE ROLE OF YOUTH WORKERS (CLD or THIRD SECTOR ORGANISATIONS)

Youth workers and CLD teams play a key role in delivering the principles outlined in the UN Convention on the Rights of the Child, particularly Article 12 - the right of the young person to voice their opinion, have their views listened to and be taken seriously. By engaging young people in social activism, youth work builds citizenship, respect for human rights and a sense of mutual responsibility. 11

Youth work is an educational practice contributing to young people’s learning and development that engages with young people within their youth communities. It acknowledges the wider networks of peers, community and culture. In doing so it supports the young person to realise their potential and to address life's challenges critically and creatively, taking account of all strands of diversity. 5,7,11,18

Youth work is voluntary, flexible and can take place in a variety of settings including community venues, uniformed groups, schools, youth cafes and on the street, whilst using numerous approaches such as outdoor pursuits, drama workshops, health initiatives, peer education, single issue and single gender work to engage with young people.

The effectiveness of youth work methods has led to an increasing number of organisations developing youth work approaches, for example those working in youth justice and health improvement programmes. This demonstrates the range of ways youth work can be applied, enabling young people who might otherwise be alienated from support to get the services they need. The youth work sector welcomes these developments and seeks to co-operate with those who contribute to young people's social and personal development.

Purpose of Youth Work

The purpose of youth work was well defined in Step it Up18, following extensive discussion and consultation with the youth work sector, and is as follows:

- Build self-esteem and self-confidence;
- Develop the ability to manage personal and social relationships;
- Create learning and develop new skills;
- Encourage positive group atmospheres;
- Build the capacity of young people to consider risk, make reasoned decisions and take control;
- Develop a 'world view' which widens horizons and invites social commitment.

It is these roles that make youth workers key people to support the sexual health and wellbeing development of young people whilst following local child protection protocols and procedures.
SECTION 8 - ROLE OF THE TEACHER

The new *Curriculum for Excellence* (CfE) states that relationships, sexual health and parenthood (RSHP) education should be taken forward as part of a whole school approach to health and wellbeing following guidelines on sex education in Scottish schools. All schools including early years establishments, primary and secondary schools should have a clear RSHP policy that takes account of national and local guidance as well as respecting cultural, ethnic and religious influences within the home, school and community.\(^1,2,4,7,8\)

Children and young people attending any educational establishment in Ayrshire will receive consistent and accurate messages regarding RSHP. Effective sexual health and relationships education helps young people make responsible and well informed decisions about their lives by enabling them to develop considered attitudes, values and skills which influence the way they behave.\(^1,2,4,7,8\)

As outlined in the RSHP organiser in CfE, learners must develop an understanding of how to maintain positive relationships with a variety of people and are aware of how thoughts, feelings, attitudes, valued and beliefs can influence decisions about relationships, and sexual health.

RSHP is one element of health education set within the wider context of health promotion and the health promoting ethos of the school. The *Curriculum for Excellence* indicates that schools, including early years establishments, should operate within a framework of values and attitudes which will include respect for, and responsibility towards others. It will also provide information on lifestyles and activities which support good health.\(^1,2,4,7,8\) The *Curriculum* also highlights the following areas for action:

- All children and young people at primary and secondary schools and those who are excluded, should receive RSHP which is age and stage appropriate.
- The RSHP curriculum should reflect current national and local advice in this area.
- RSHP should sit within a broader context of Health and Wellbeing.
- The RSHP framework should provide coherence, continuity and progression in learning and the development of values, skills, knowledge and understanding appropriate to the age and stage of young people.
- RSHP should include clear learning outcomes for each lesson.
- The delivery of RSHP should focus on actively involving the children and young people in the learning process, should be interactive and, where possible and appropriate, stimulate debate and discussion which prepares the children and young people to make effective decisions for themselves.
- RSHP should contribute to developing self-esteem in children and young people.
- RSHP should be subject to regular review and evaluation so as to inform development and improvement. Such a process should focus on those delivering elements of the curriculum as well as the material being used.
- Children and young people should be involved in the development of RSHP and in its subsequent evaluation.
To provide effective RSHP, practitioners should develop expertise to enable them to be both confident and competent in this area.

- It is vital that RSHP is supported by accessible health services for young people. Effective practice will involve collaboration and joint action between local schools, NHS Ayrshire and Arran and the local education authority.
- The best approach to delivery is a multi-agency approach, which uses a range of expertise such as the school nurse, local third sector organisations and the health service as well as school staff.
- Schools should achieve continuity and consistency of approach to RHSP through liaison and collaboration with associated primary and secondary schools.
- Evaluation of education sessions is important at transition stages to ensure continuity of delivery and to meet children’s and young person’s needs.
- Early joint planning with partner agencies will ensure that materials used and issued are appropriate for the age and stage of learners.

A comprehensive framework of RSHP should aim to:

- Allow children and young people to develop knowledge and understanding about RSHP
- Provide opportunities for children and young people to develop beliefs, attitudes and values to support them in their choice of healthy lifestyles
- Allow children and young people to develop skills which enable them to make positive choices and decisions, including those which allow them to resist peer pressure
- Link with other components of personal, social and health education to develop life skills and promote access to positive, health-promoting lifestyles
- Establish an awareness of the importance of stable family life and relationships, including the responsibilities of parenthood and marriage
- Provide information about the skills for accessing, where appropriate, agencies and services providing support and advice to young people.

An effective programme of RSHP will be based on the following principles:

- It will be part of a well-organised health and wellbeing framework.
- It will occur at appropriate stages in the curriculum to provide a progressive learning experience.
- It will be consistent within all primary schools in a cluster, and RSHP in secondary schools will follow on from that delivered in the primary sector.
- Learning materials should be interactive in nature to stimulate debate and discussion of issues, leading to effective decision-making by children and young people themselves.
- Parents and carers should be involved to discuss and inform the curriculum as well as to receive information on its content.
• Expertise from other agencies will be utilised, as appropriate, to complement and enrich the ongoing curriculum.

• Regular review and evaluation of the RSHP framework should take place to ensure it is kept up to date.

• It is important that practitioners are familiar with the content of any resources prior to their use.

In this sensitive area, the involvement of parents and carers is critical. The effectiveness of what is taught is increased when the classroom teaching is supported and reinforced at home. This may be achieved by directing parents or carers to other information sources such as NHS Ayrshire and Arran’s sexual health website, www.shayr.com, Speakeasy training or providing them with, the “Talk about it” reading resource \(^1,2\) which is available in every local library (see page 23).
SECTION 9 - FREQUENTLY ASKED QUESTIONS

1) Are we encouraging young people to be sexually active?

Answer – No quite the reverse. By providing accurate, unbiased information on RSHP, staff are supporting and challenging young people to make informed choices which include minimising risk taking behaviour and supporting young people to delay first sexual intercourse. Research has shown that, contrary to popular belief, providing young people with information, the skills and means to undertake safer sexual practices actually delays sexual activity.\(^{1,2,4,8}\)

2) What is the role of staff in relation to discussions about termination of pregnancy?

Answer – The role of staff is to support and signpost young people to access sexual health services, not to get involved in some of the complex matters that can surround this particular subject. The matters relating to referral for termination of pregnancy and pre and post termination of pregnancy counselling are ones which should be held with specialist agencies such as the Sexual Health Department or the person’s own GP. It is important that staff display an open and non judgemental manner. Staff do not apply their personal attitudes and morals regarding termination of pregnancy to the young person. Where appropriate local child protection protocols or procedures should be followed.

3) Can staff give details of local contraceptive and sexual health services to young people?

Answer – Yes. If a young person asks for this information, staff should be able to give it to them, this should include young people who are under 16, or indeed those who have additional learning needs. Withholding information on matters relating to sexual health, as well as details of where and how to access local services, is contrary to the principles of the UN Declaration on the Rights of the Child.\(^{10,12,13}\) Providing information of this type is supporting young people to make responsible choices. Where appropriate local child protection protocols or procedures should be followed.

4) Can staff display and have leaflets promoting sexual and/or local sexual health services?

Answer – Yes. It is good practice to ensure that accurate and user friendly information is displayed in appropriate venues that are easily accessible to young people.\(^{1,2,4}\)
5) Can staff support young people to attend local sexual health services?

Answer – Yes. For Social Workers, Youth Workers and CLD teams this is dependant on young people making requests and the nature of the request. Staff should check its appropriateness with their line manager(s). The same principle would apply if a young person(s) requested that staff support them to go to the Housing Department or other services. For teachers, however, this is not seen as part of their role and in these circumstances, staff should help the young person access the School Nurse in the first instance. Where appropriate local child protection protocols or procedures should be followed.

6) Can staff give young people information on different methods of contraception?

Answer – Yes, however it is not the role of staff to give advice on specific methods of contraception a young person may choose to use. Young people needing to find out more about contraception should be encouraged and supported to visit a local service such as Sexual Health Department or their own GP. It is the role of staff to assist in minimising risk taking behaviour through supporting and challenging discussions with young people. All sexually active young people should be encouraged to use condoms every time they have sexual intercourse. This includes supporting young people to feel OK about delaying first sexual intercourse.

Where appropriate local child protection protocols or procedures should be followed.

7) Can staff make condoms available to young people in community based settings?

Answer – Yes. They must have completed Ayrshire and Arran’s CCard training, are clear about their role, and are competent about discussing relationship matters with young people. This can be done within the context of a broader sexual health and relationships workshop or programme. Staff who have undertaken the appropriate training can make condoms available to young people on following a confidential discussion and completion of a checklist. Staff can also sign post young people to the nearest C Card collection point.

8) Is there a law relating to making condoms available to young people?

Answer – No. A young person of any age can buy condoms from shops and garages, as well as accessing them from free condom collection points (once they have reached 13 years of age).

9) Can free condoms be made available to young people of any age?

Answer – No. The lower age limit for accessing free condoms via the CCard scheme is 13 years of age. This is in line with national initiatives to offer emergency hormonal contraception to young girls aged 13 years and over. Ayrshire and Arran CCard (free condom) scheme is only made available to young people after a consultation with a trained CCard facilitator. Young people aged 14 – 16 years who are well known to CCard facilitators (staff who have undertaken appropriate CCard training) can be signed up by the facilitator where there has been no child protection concerns raised.
Young people aged between 13 and 16 years can also be signposted to School Nursing staff or Sexual Health staff so that a full consultation on condom use, the risks and safer sexual practices can take place.  

If the young person is aged less than 14 years, they should be directed to the School Nurse or the Sexual Health Clinic for first time access and full assessment of risk.

10) Can staff do a pregnancy test for a young person?

*Answer – No, this is not appropriate.* The role of staff is to support the young person and where appropriate should follow local procedures and protocols for directing young people to the relevant Sexual Health Department or their own GP Practice, as soon as possible for testing and advice on pregnancy. The young person can also be referred, in confidence, to their School Nurse for testing and advice.

11) What happens if a child protection issue emerges as part of offering sexual health & relationships information and support or condoms to young people?

*Answer – Staff should follow the same procedures as they normally would within their local Child Protection Guidelines. When staff are unsure about the course of action to take when faced with a particular scenario, they should consult their manager and follow the relevant procedure or protocol.*

12) What happens if there is a complaint from a parent or a local newspaper in relation to the role of staff in sexual health & relationships education?

*Answer – Staff should liaise with their line manager (s) and aim to diffuse the need for complaint as soon as possible. Alternatively for Teachers, the complaint should be referred to the Head Teacher who will respond to any concerns from third parties. Staff should remember that they are acting for the protection of the child when they are providing information and support that protects the child from harm. This harm includes supporting to protect the child or young person from sexually transmitted infections or unintended pregnancy.*

13) What do we mean by the term ‘healthy relationships’ within the context of health and well-being?

Relationships can, but do not necessarily need to, include sexual relationships. Either way, some of the key principles of healthy relationships include:

- Mutual respect for self and others.
- Free of coercion, violence and sexual exploitation.
- Sexual activity is based on mutual consent.
- Those involved feel good about themselves, share trust and care for each other.

14) What if staff are reluctant or refuse to become involved in initiatives focusing on Sexual Health & Relationships?

The Guidance supports an open and accepting attitude towards staff and members of the public, irrespective of age, gender, sexuality, colour or religion.

It is not the role of staff to:
• Impose their own personal and moral values or their religious beliefs upon young people.
• Influence young people to make a choice that fulfils the needs of staff rather than the best interests of the young person.

Staff can be supported to be clear about their role in relation to Sexual Health and Relationships through support and supervision and Continuing Professional Development.

At the very minimum, all staff should be in a position to:
• Know where to get good quality information on sexual health and relationships.
• Ensure that young people know how and where to access this information.
• Signpost young people to appropriate local Sexual Health Services and/or the School Nurse.

15) Is providing information and advice to children legal?
The law seeks to support organisations and individuals who act in support of the child. It states that a person does not commit an offence under this section (14 Arranging or facilitating commission of a child sex offence) if – “for the purposes of subsection (2) a person acts for the protection of a child if he acts for the purpose of:

(a) Protecting the child from sexually transmitted infection
(b) Protecting the physical safety of the child
(c) Preventing the child from becoming pregnant, or
(d) Promoting the child’s emotional well-being by the giving of advice, and not for the purpose of obtaining sexual gratification or for the purpose of causing or encouraging the activity constituting the offence within subsection (1)(b) or the child’s participation in it. 13

Staff are obliged to inform parents/carers about the delivery of planned, school based, sessions on relationship and sexual health education. However there are no laws governing this. Where young people request information on an individual or small group basis, there is no legal requirement to inform parents/carers of the context or outcome of this request. 7,8,10,11

16) What if the child has special educational needs?
Children with special educational needs should not be excluded from receiving RSHP, as they have the right to receive the same age and development appropriate information on relationships and sexual health. They are also entitled to access appropriate services where required. NHS Ayrshire & Arran has a specialist nurse practitioner who can manage the sexual health needs of young people with a learning disability. Further support can be also accessed via the Community Learning Disability Team. 1,2,8,10,11,14
SECTION 10 - SEX AND THE LAW

It is essential that professionals work within the legal boundaries and have knowledge of the law, using legal provision to inform and determine their decisions and intervention. However, the paramount consideration at all times should be the welfare of the child.\(^{10,11,13}\)

**Consent**

- The age of consent for sexual intercourse is 16 years, and this is the same for heterosexual couples as it is for same sex couples. Couples under the age of consent who are experimenting with sexual activity, should not automatically be referred to child protection. The law is not set out to criminalise, experimental sex between two individuals who are consenting.\(^ {6,10,13,14,15}\) However, where appropriate all local child protection procedures and protocols specific to staff groups should be followed.

- A young person under the age of 13 is considered unable to give valid consent to any sexual act. This means that any sexual act (sexual kissing, sexual touching, oral, anal or vaginal sex) involving anyone under the age of 13 is by definition a Child Protection issue, whether the young person has consented or not.\(^ {10,13,15}\)

- It is illegal for anyone to have sex with someone who is unable to give their consent. This could be because they do not understand what is happening, for example due to disability, or they may be unable to express their wishes, or they may be below 13 years of age. This includes situations where the person is unable to consent through being inebriated or incapacitated with drugs.\(^ {10,13,14}\)

- People who are under duress or have been threatened are also not in a position to consent to sexual activity, i.e. where a person is threatened with violence or the threat of violence towards others if they don’t do as asked.\(^ {10,13,15}\)

- People can withdraw their consent at any time up to and during the sex act. The onus is on the accused person to show they reasonably believed the other person had freely agreed to have sex and be able to convince a jury of this should a arrest be made.\(^ {10,13}\)

**Breach of Trust**

- It is a criminal offence for anyone in a position of trust to have sexual contact with anyone under the age of 18 years.\(^ {10,13,14,15}\)
SECTION 11 - MEDICAL STATEMENT

Age of Legal Capacity (Scotland) Act 2000 \(^{14}\) states that young people under the age of 16 are able to consent to their own surgical, medical or dental treatment or procedure, if in the opinion of a qualified medical Practitioner the young person is capable of understanding the nature and possible consequences of the procedure.

The guidelines were issued to help professionals after the ‘Gillick’ Case (1985) and are known as the ‘Fraser Guidelines’. In essence they establish the right of young people under the age of 16 to receive medical or surgical treatment from a GP or other appropriate service without their parents having to be informed. These guidelines are applied providing that:

1. The young person understands the information provided and consequences of sexual activity.
2. The young person cannot be convinced to involve parents/carers in their decision making nor allow the practitioner to do so on their behalf.
3. It is likely the young person will begin or continue having intercourse with or without treatment/contraception, thus putting themselves at risk of sexually transmitted infection or unintended pregnancy.
4. If he or she doesn't receives treatment/contraception, their physical and mental health (or both) is likely to suffer without treatment.
5. The young person’s best interests require that contraceptive advice, treatment or supplies to be given without parental consent.

Even if the professional decides not to provide treatment, the whole consultation will be kept confidential where there are no Child Protection issues. \(^{11,14}\)

Compliance with the Fraser Guidelines in difficult situations will ensure young people receive the accompanying advice and support they need. It is worth noting that some individual agency policies, for example, in schools, may not permit this type of approach. However all School Nurses within non denominational schools, have the Council’s permission to provide holistic services to all young people following a consultation with them regarding the risks and outcomes of sexual activity. The holistic service includes the testing for chlamydia, pregnancy testing and advice and signing young people up to the CCard scheme.
SECTION 12 - SUPPORT TO ACCESS CONDOMS

All Local Authorities support the Ayrshire and Arran CCard scheme (free condom card), which is coordinated by NHS Ayrshire & Arran Public Health Department. The CCard Scheme has various sign up facilitators and collection points across the area. Collection points are mainly community pharmacies and sign up facilitators are school nurses or other appropriately trained staff. This scheme is open to all members of the public, not just young people.

The role of staff in offering sexual health and relationships education is informed by consultations with young people, which confirm the need to offer easy access to information, support and condoms through supportive and challenging methods.

Young people, under 16 years of age, can legally buy condoms from any outlet that sells them, including shops and garages as there is no law concerning the supply of condoms to young people.

There are no legal restrictions on professional staff in relation to the provision of condoms to young people under the age of 16 without parental knowledge as they are unrestricted and legally available commercially.

Although making condoms available is not illegal, different organisations have adopted varying policies and guidelines in response to this area of practice. Please refer to your own organisational policy

Best practice advises that staff who distribute condoms also adopt the Fraser Guidelines. Any young person under the age of 14 wishing to access condoms should be referred to their School Nurse or the Sexual Health Department for a full assessment of risk.

Condoms should be provided within council premises where staff have undertaken appropriate CCard training or where NHS staff are responsible for the distribution.

Condoms are not provided within school premises but young people can access the school nurse and be signed up to the CCard scheme, thereafter they can access free condoms at any of the collection sites. For more information on the CCard scheme please visit www.shayr.com.

Key Points for Discussion

Having participated in Sexual Health/CCard (free condoms scheme) training, staff should be comfortable and able to discuss the following with young people:

- Assess level of knowledge – what do young people know already about sexual health?
- The Law – raise awareness of legal issues in relation to sexual intercourse/activity.
- Levels of Confidentiality – explain Council policy as well as those of other services.
- Consent and Negotiation issues - key point is to explain what a healthy relationship can be. Reassure young people that it is wise to delay sexual intercourse and if they feel that they cannot openly discuss contraception with
their partners, then maybe they should rethink their decision to have sex. Young people should also never feel pressured into having sex. 8,9

- Reassure that ‘practising’ with condoms on their own is wise before using them with a partner. Providing young people with the correct way to use a condom is also beneficial. 8,9

- Emotional and physical implications of sexual activity e.g. unplanned pregnancy, parenthood, sexually transmitted infection, feelings of regret. 1,4,10

- Parent/carer awareness – Stress the importance of discussing sexual health matters with parents, carers or another trusted adult. 1,2,9
SECTION 13 - EMERGENCY CONTRACEPTION

If a young person has had unprotected sex or thinks that their method of contraception has failed e.g. missed pill, split condom, emergency contraception (the morning after pill) can be taken up to 3 days (72 hrs) after unprotected sexual intercourse. This is available free from:

- Most Community Pharmacies (free to any women over 13 years of age)
- GPs
- Accident and Emergency at Ayr Hospital
- Sexual Health Clinics

Other methods of emergency contraception can also be prescribed up to five days after unprotected sex and are available from the Sexual Health Department or the person GP. Young people should be advised to tell staff, when phoning the Sexual Health Department, that they are seeking emergency contraception, to ensure that they are given an urgent appointment.

PREGNANCY OPTIONS

For young women who think they may already be pregnant i.e. have missed a period, it is important that they receive the help and support that they need as soon as possible. However, where appropriate all local child protection procedures and protocols should be followed.

Referring young people directly to the Sexual Health Department ensures that they are seen by appropriately trained professionals who can discuss all the options open to them in a non judgmental and unbiased fashion. Young women can also be signposted to their own GP practice. For young women who decide to continue with the pregnancy, they can be referred for their first booking appointment with a midwife.

Those young women who are unsure what to do, can be offered counselling and further support from the School Nurse or the Sexual Health Department until they have considered all their options, including telling their parents/carers.
SECTION 14 - MONITORING MECHANISMS

Ayrshire and Arran Sexual Health Programme Board will ensure that any changes or updates to this guidance will be communicated to staff as appropriate.

- The Guidelines will be reviewed on an annual basis with staff and other partners as appropriate.
- The number of Sexual Health & Relationship workshops will be recorded, including aims, objectives and outcomes.
- The recording methods at Youth Information Points will be monitored on a six monthly basis to identify the number of Sexual Health & Relationship enquiries.
- CCard Co-ordinating Team will assess staff competence in making condoms available to young people and this will be certificated.
- Staff will keep up to date with the most relevant research and will refine practice accordingly as part of continuous improvement.
SECTION 15 - SEXUAL HEALTH SUPPORT AGENCIES

Sexual health services for young people (all are free and confidential):

GPs:  
**What:** Most GPs provide general sexual health services and some provide additional specialised services.  
**Where:** Young people can attend their own GP or any GP who is willing to provide the service  
**How:** Phone to book an appointment.

Sexual Health Department:  
**What:** The NHS Sexual Health service, providing general and specialist sexual health services to people of all ages.  
**Where:** Various drop in and appointment based clinics are held across Ayrshire on a daily basis. There is also a drop in available every morning from the Gatehouse in Ayrshire Central Hospital, Kilwinning Road, Irvine.  
**How:** Phone to book an appointment or to find out drop in times. Check out www.shayr.com for clinic days and phone for appointment times.

Pharmacies:  
**What:** All NHS pharmacies can provide information on sexual health issues and sign posting to local services. The majority carry out sexual health interventions such as participating in the free condom scheme, providing emergency hormonal contraception (over 13s), chlamydia and gonorrhoea postal testing.  
**Where:** Across Ayrshire and Arran.  
**How:** No appointments are needed people can walk in off the street.

“Talk about it” Community Library Resource:  
**What:** The NHS Health Promotion Specialist devised a recommended, age appropriate, reading list for parents, carers and young people  
**Where:** Local community libraries  
**How:** Phone to request a leaflet or book. If the local library does not stock the book you requested, they can request it free of charge from another library.

School Nurses:  
**What:** General help, advice and signposting for sexual health services. School nurses provide a holistic drop in service that includes chlamydia and gonorrhoea testing, pregnancy testing and advice, information and support on contraception and Ccard facilitation.  
**Where:** Through the school  
**How:** Make contact during school hours. 
**This service is confidential, young people can self refer to the school nurse.**
Health Information and Resource Service (HIRS): 01292 885 925/927

**What:** Leaflets, booklets, DVDs, training packs, posters, etc on a wide range of health topics including sexual health aimed at young people and practitioners.

**Where:** NHS Ayrshire and Arran Afton House, Ailsa Hospital Campus, Dalmellington Road, Ayr, KA6 6AB

**How:** Leaflets, posters etc can be ordered free through the website or by post. Larger resources are available on free loan. Visits to the Library can also be arranged by appointment.

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Sexual Health Promotion Team:
01292 885 913
Tina.mcmichael@aapct.scot.nhs.uk

**What:** Information and support on a wide range of issues relating to sexual health and wellbeing

**Where:** Public Health Department, NHS Ayrshire and Arran Afton House, Ailsa Hospital Campus, Dalmellington Road, Ayr, KA6 6AB

**How:** Phone or email.

For other information check out [www.shayr.com](http://www.shayr.com)

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Sexual Health Nurse for Learning Disabilities:
01294 323485
michelle.bell@aapct.scot.nhs.uk

**What:** Information and individual client support on a wide range of issues relating to sexual health and people with a learning disability.

**Where:** The Sexual Health Department, the Gatehouse in Ayrshire Central Hospital, Irvine, KA12 8SS

**How:** Phone to make and appointment or to seek advice.
SECTION 17 - USEFUL WEBSITES

www.shayr.com
NHS Ayrshire and Arran's public facing website for sexual health information, including clinic times, venues and other support information on lesbian, gay, bisexual and transgendered individuals. It also has pages dedicated to teenage health, support for parents and people going abroad. There is a specific section for women who think that they are pregnant and this describes all options open to them and where they can seek further assistance.

www.lgbtyouth.org.uk
LGBT Youth Scotland is Scotland's largest youth and community-based lesbian, gay, bisexual and transgender (LGBT) organisation. They work to improve the health and wellbeing of LGBT youth and LGBT communities in Scotland.

www.fpa.org.uk
fpa provides information, advice and support to all people across the UK on all aspects of sexual health, sex and relationships. It also have a wide range of resources to support people in dealing with and discussing sexual health matters.

www.sexetc.org
An American based website that provides sexual health information to teenagers.

www.healthscotland.com
The Wellbeing in Sexual Health (WiSH) component of this website provides support to professionals by producing resources to encourage better knowledge and understanding of sexual health issues. The WiSH network provides professionals and others with access to relevant research and policies so that local practice is evidence informed. It also hosts a forum for sharing new practice and a sounding board on new ideas.
APPENDIX A

AYRSHIRE AND ARRAN SEXUAL HEALTH STRATEGY AND ACTION PLAN

The Ayrshire and Arran Sexual Health Strategy sets out to protect and promote positive sexual health and wellbeing, it also addresses the high levels of teenage conception; identifies action to address the rising incidence of Sexually Transmitted Infections (STIs); plans to meet the needs of ‘at risk’ or ‘hard to reach’ groups; and to improve service integration and access.

The strategy placed emphasis on relevant best practice guidance, evidence for the effectiveness of the different public health interventions and targeting work to areas of greatest need based on local health intelligence data. This included consultation with a wide range of target groups and took into consideration the expressed views of young people throughout Ayrshire and Arran. This information was instrumental in shaping the recommendations and the action plan.

Working with young people and professionals tell us that:

- Sexual health and relationships education (SHRE) is a vital element of acquiring knowledge and life skills for young people.
- Schools play a major role in developing young people’s access to sexual health information and services, however not all young people have equal access to information and support.
- Parents have a responsibility to support the development of sexual health and relationship education for their children, but highlighted a need for better information, education, guidance and support to do this well.

The full document is available from the Communications team, at comms@aaaht.scot.nhs.uk, or telephone 01563 577037.
APPENDIX B

RESPECT & RESPONSIBILITY:
THE NATIONAL SEXUAL HEALTH STRATEGY

The Scottish Executive Sexual Health Strategy – ‘Respect and Responsibility’ was launched in January 2005. The following quote is from Andy Kerr, Minister for Health and Care:

“Respect for each other and strong, trusting relationships, based on sound values, are at the heart of our national, community and personal well-being. The nurturing of these priceless assets begins at an early age and, are developed in the stable environment of family life and parental guidance, they help to equip us for the challenges of later life. Sexual well-being is firmly embedded in this system of values and relationships and, pre-eminently, touches on our responsibilities as individuals, on respect for the feelings and values of others, and on trusting relationships.

To view the full document please see NHS Health Scotland’s website at http://www.healthscotland.com/topics/health/wish/policy-initiatives.aspx.
APPENDIX C

CURRICULUM FOR EXCELLENCE

*Curriculum for Excellence*\(^7\) aims to achieve a transformation in education in Scotland by providing a coherent, more flexible and enriched curriculum from 3 to 18.

The curriculum includes the totality of experiences which are planned for children and young people through their education, wherever they are being educated.

The principles and purposes of the Scottish Executive’s ‘*A Curriculum for Excellence* (2009)\(^7\) are essential components of school education and complimentary to the nature and purpose of youth work. Successful Learners, Confident Individuals, Effective Contributors and Responsible Citizens have a direct impact upon the Sexual Health & Relationships Guidelines for staff.

The curriculum states that learners are entitled to a curriculum that includes a range of features at different stages of learning. The entitlements ensure that children and young people are provided with continuous opportunities to develop skills for learning, skills for life and skills for work.

It is the responsibility of schools and their partners to bring together the experiences and outcomes and apply these entitlements to produce programmes for learning across a broad curriculum.

It also acknowledges that young people can learn about sexual health and relationships at home, at school and in informal settings within their own community.
APPENDIX D

UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD

Practitioners and agencies should bear in mind these principles and values when working with children and young people. Some of the key principles to be aware of are set out below:

The best interests of the child are paramount (Article 3)
29. The founding principle of legislation relating to children and young people clearly states that the child's welfare or 'best interests' is the paramount consideration.

Children and young people should be able to voice their opinions (Article 12)
30. Practitioners should ensure that all children and young people are given a genuine chance to express their views freely on all matters that affect them and to have these views taken into account. To safely and properly exercise this right, practitioners need to listen and to create an environment based on trust, information sharing and sound guidance that is conducive to children and young people's participation.

Children and young people should be able to access information (Article 17)
31. Practitioners should ensure that all children and young people are provided with, and not denied, accurate and age-appropriate information on how to protect their sexual health and well-being and practice healthy sexual behaviour.

Children and young people should be protected from harm (Article 19)
32. Practitioners have an obligation to ensure that all children and young people are protected from all forms of violence, abuse, neglect and exploitation. Under-age sexual activity may not necessarily be a child protection issue but there may still be concerns that result in a young person requiring support.

Children and young people should be protected from sexual abuse (Article 34)
33. Practitioners have an obligation to ensure that all children and young people are protected from sexual abuse.

Children and young people have a right to special support (Article 39)
34. If a young person has been hurt or badly treated they have the right to special support to help them recover and professionals should take this into account when planning an appropriate response to their needs.
APPENDIX E

GETTING IT RIGHT FOR EVERY CHILD

Getting it Right For Every Child (GIRFEC) places children's and young people's needs first, ensures that they are listened to and understand decisions which affect them and that they get more co-ordinated help where this is required for their well-being, health and development. It requires that all services for children and young people - social work, health, education, police, housing and voluntary organisations - adapt and streamline their systems and practices to improve how they work together to support children and young people, including strengthening information sharing.

The GIRFEC approach is underpinned by common values and principles which apply across all aspects of working with children and young people. Values and principles of particular relevance to sexual health and wellbeing are :-

- **Promoting the well-being of individual children and young people**: this is based on understanding how children and young people develop in their families and communities and addressing their needs at the earliest possible time.

- **Keeping children and young people safe**: emotional and physical safety is fundamental and is wider than child protection.

- **Putting the child at the centre**: children and young people should have their views listened to and they should be involved in decisions that affect them.

- **Taking a whole child approach**: recognising that what is going on in one part of a child or young person’s life can affect many other areas of his or her life.

- **Building on strengths and promoting resilience**: using a child or young person’s existing networks and support where possible.

- **Promoting opportunities and valuing diversity**: children and young people should feel valued in all circumstances and practitioners should create opportunities to celebrate diversity.

- **Providing additional help that is appropriate, proportionate and timely**: providing help as early as possible and considering short and long-term needs.

- **Supporting informed choice: supporting children**, young people and families in understanding what help is possible and what their choices may be.

- **Respecting confidentiality and sharing information**: seeking agreement to share information that is relevant and proportionate while safeguarding children and young people’s right to confidentiality.

All of the values and principles are relevant at all times but some are particularly relevant when working to support sexually active young people. By placing children and young people at the centre of policies, activity and planning, and by having common principles and values, we can secure better outcomes.
REFERENCES


2 Scottish Executive, Respect and Responsibility Strategy and Action Plan for Improving Sexual Health, 2005


4 NHS Health Scotland, Sexual Health Interventions targeted at children and young people: a short evidence briefing, 2010

5 Scottish Executive, Social Justice, Improving Policy and Practice for LGBT People: Guidance for Local Authorities, December 2006


7 Learning Teaching Scotland, Curriculum for Excellence, 2009

8 NHS Health Scotland, SHARE Educational Resource, 2006

9 NHS Ayrshire and Arran, Free Condom Distribution Scheme Protocol, 2008

10 The Scottish Government, National Guidance, Under-age Sexual Activity: Meeting the Needs of Children and Young People and Identifying Child Protection Concerns, 2010


14 Scottish Government, Adults with Incapacity (Scotland) Act 2000, 2000


17 Scottish Social Services Council, Codes of Practice for Social Service Workers and Employers, 2009

18 Scottish Executive, Step it up, Charting young people’s progress, May 2003