Educational Resource

Sexual Health and Relationships Education
safe, happy and responsible
SHARE
Sexual Health and Relationships Education
Safe Happy and Responsible

Education Resource
# Foreword and Acknowledgements

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The SHARE programme is the result of many years of research and development with teachers, students, health professionals, academics, trainers and parents. It builds on guidance issued in 2002 by Learning and Teaching Scotland on sex and relationships education (SRE) and complements the National Sexual Health Strategy Respect and Responsibility. It sits within the framework of health promoting schools and builds on the United Nations Convention on the Rights of the Child.

The SHARE programme is one component of the health curriculum and is aimed at young people in S2–S4. It helps young people to build up knowledge, explore and reflect on attitudes and develop life skills, which will support them in the decisions they make around sexual health. As reflected in Respect and Responsibility, sex and relationships education is a lifelong process, and SHARE is viewed as one important part of supporting this.

All young people have a right to good quality education in sexual health and relationships. Consistent feedback from research shows that appropriately trained teachers working in partnership with parents and the wider community can best deliver this. The SHARE programme makes an important contribution to this process.

The programme is supported by a range of additional materials that are available to supplement and enrich some teaching sessions. There are also full appendices giving guidance and additional information that may support educators as they prepare for sessions.

The SHARE programme has benefited from the partnership approach adopted in health promoting schools. Many skilled people have contributed to and supported its development, and we would like to acknowledge significant input from Hilary Dixon, Daniel Wight and the staff of Healthy Respect and NHS Health Scotland, without whose dedication and commitment this resource would not have been possible.

Monica Merson
Health Improvement Programme Manager (Education)
NHS Health Scotland
Throughout the years, many people have contributed to the ongoing development of SHARE, both as part of the research phase and as part of the curriculum resource development. It has been a collaborative partnership of academic experts in sex and relationships education and practitioners from the health, education and voluntary sectors both within and outwith Scotland. (See Appendix G for a summary of those contributing to these earlier phases.)

This latest resource has drawn on the expertise and practical knowledge of practitioners who have used SHARE in the classroom and other settings. Special thanks go to the members of the SHARE Development Group, who oversaw the drafting process for this enhanced version, and also to the two subgroups that were convened specifically to consider how best to address LGBT (lesbian, gay, bisexual and transgender) issues and the needs of students with learning disabilities (Appendix G gives full membership details of these groups). In addition, the views and comments of existing SHARE trainers have been extremely valuable in bringing this resource to its current state. And lastly we are indebted to Hilary Dixon for her enduring patience in incorporating the suggested changes to this resource and the accompanying trainers’ manual.

Shirley Fraser
Health Improvement Programme Manager (Sexual Health)
NHS Health Scotland
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1. INTRODUCTION: THE CONTEXT OF SEX AND RELATIONSHIPS EDUCATION IN SCOTLAND

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1. Introduction

CONTEXT FOR SEX AND RELATIONSHIPS EDUCATION (SRE) IN SCOTLAND

This sex and relationships curriculum resource has been developed in consultation with practitioners, teachers, researchers, academics, trainers, young people and parents. It has evolved over a number of years. Our experience in this area indicates that it is essential that any practitioner using this resource first receives SHARE training.

In January 2005, the Scottish Executive published its national strategy for sexual health and well-being, Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health (Scottish Executive, 2005). This reaffirms existing policy and guidance on sex and relationships education in schools. It builds on the guidance issued to all schools in 2001 by the Scottish Executive and is consistent with the principles outlined in the report of the Working Group on Sex Education in Schools (known as the McCabe report, 2000 – further details are provided in Appendix B). The strategy emphasises the role of schools in ‘fostering healthy attitudes towards relationships, sex and sexuality in young people’ and states that:

- all schools should be involved in delivering SRE
- SRE should be delivered using trained individuals
- programmes should be based on principles of equity and respect regardless of race, ethnicity, disability, gender, sexual orientation or religion
- SRE should be co-ordinated through local school coordinators and designated officers in local authorities to ensure quality and consistency
- schools should ensure that pupils have information about sexual health services and how to access them
- schools should be actively consulting parents about the development and revision of SRE when the opportunity arises and provide opportunities for young people to express their opinion.

An HMIE inspection of SRE in Scottish schools (HMIE, 2004) stated that more than half of schools inspected reported that they provided parents with information on their planned coverage of SRE content and offered them an opportunity to see key resources.

In addition to policy initiatives, research with parents indicates strong support for schools teaching SRE as part of the curriculum. Many parents feel that schools and parents working in collaboration will provide young people with the range of information and advice necessary to support them in making decisions about their sexual health (National Foundation for Educational Research, 1994; Fullerton and Burtney, 2005). Finally, and most importantly, young people themselves quote schools as a main source of information about sexual matters (Macdowell et al., 2001; Ingham, 2002).
Health promoting schools also place SRE within a broad framework of support for young people, training and ongoing support for staff and involvement of the wider community and parents/carers. In 1995, the World Health Organization (WHO) set out the following definition of health promoting schools: ‘A health promoting school is one in which all members of the school community work together to provide pupils with integrated and positive experiences and structures, which promote and protect their health. This includes both the formal and the informal curriculum in health, the creation of a safe and healthy school environment, the provision of appropriate health services and the involvement of the family and wider community in its efforts.’ As schools move towards gaining health promoting status, the SHARE resource and associated training will be an integral aspect of the framework to support SRE.

EFFECTIVE SEX AND RELATIONSHIPS EDUCATION

A review of sex and HIV education programmes identified key characteristics associated with effectiveness (Kirby et al., 2001). These included:

- consistency and clarity of prevention message
- accurate information
- pupil involvement
- skills-based learning
- recognition of social pressures
- the importance of a trained provider
- adequate length of time
- age-appropriate teaching.

The development of SHARE is based on these key characteristics (Wight and Dixon, 2004).

The following 10 key points are also useful to bear in mind when considering SRE (Young, 2004):

- Sex and relationships education is a lifelong process, and schools should contribute to this through nursery, primary and secondary education.
- Schools have to consider wider issues of health promotion beyond the curriculum – the ‘hidden curriculum’ may convey messages quite as powerful as any learning and teaching in the classroom.
- The way young people feel about school in general may be as important as any specific learning and teaching in the classroom.
- The curriculum relating to sex and relationships education should be viewed as part of a wider health or social education curriculum because of the interconnections that exist.
- The curriculum and teaching approaches should recognise that young people need not only knowledge and understanding about a wide range of issues relating to sexuality and relationships, but also the opportunity to explore attitudes and emotions and to practise skills.
• Learning and teaching should take account of young people’s pre-existing knowledge and beliefs, and build on these – this is most effectively achieved by the use of participatory methods.
• The curriculum must recognise that the school’s influence is only one of many, and that young people need the opportunity to explore the various influences on their behaviour.
• Sex and relationships education needs to address a range of gender issues – for example, when to teach in mixed gender classes and when it may be more appropriate to work in single gender groups; how to engage boys and make the content relevant and challenging to them.
• Schools can enhance the effectiveness of their programmes through the involvement and active co-operation of parents.
• Schools can increase their effectiveness by making links with other agencies, and encouraging students to visit and become familiar with them.

PHILOSOPHY AND VALUES OF THE SHARE PROGRAMME

SHARE is a research-based sex and relationships education curriculum for 12 to 16 year-olds. It is intended primarily as an ongoing programme for use in secondary schools. The approach used and its methodology, content and aims are very specific (Wight et al., 1998). Educators should be trained to use it effectively, and be in broad sympathy with its philosophy and values.

It is important to acknowledge that about a quarter of 16-year-olds have very little sexual experience and two-thirds will not have had sexual intercourse (Alexander et al., 2004). Whenever possible, therefore, the exercises have been made sufficiently flexible to be appropriate to differing levels of maturity and experience. One limitation to such flexibility, however, is the fact that this sex and relationships education is likely to be the last formal input received by those students leaving school at the age of 16. Research shows that this group is the most likely to take sexual risks and we therefore consider it important to prepare them to the best of our ability (Wellings et al., 1994).

Recent research suggests that around a third of young people have had sexual intercourse at least once by the time they turn 16 (Alexander et al., 2004), and that about three-quarters have had relationships that involved at least light petting (above the waist) by that age (Todd et al., 1999). Additionally, young people may have had or be thinking about same-sex experiences. A survey of sexual behaviour indicated that 4% of young men and 9% of women between the ages of 16 and 24 years reported a sexual experience with a same-sex partner (Macdowell et al., 2002). This does not include those who reported that they simply had feelings of attraction for someone of the same sex. It is important that sex and relationships education programmes for 12 to 16-year-olds recognise this. Introducing programmes in the early years of secondary school provides intervention at the crucial point when some are starting on sexual careers. Acknowledging students’ experiences is likely to make programmes more effective. Effective SRE programmes can help young people to gain the knowledge and skills to make appropriate choices in their future relationships.
1. Introduction

The methodologies used by SHARE allow young people to acknowledge, explore and discuss the various influences on their attitudes and behaviour towards sexual health and well-being. There is no evidence that sex education leads to earlier or increased sexual activity among young people and, at best, it is likely to have the effect of delaying or decreasing sexual activity, and increasing the adoption of safer sexual practices (Burtney, 2000, Fraser, 2005).

While many young people gain great pleasure from intimate relationships with their partners, some risk psychological and physical harm in sexual relationships. Unintended health outcomes can include sexually transmitted infections (STIs), for example HIV or chlamydia, and unintended pregnancy. Unwanted emotional outcomes can include pressure, abuse and regret. SHARE aims to reduce these risks by encouraging young people to think about them; to learn about the perspective of others, in particular those of the opposite gender; to acquire practical information; and, most importantly, to develop skills for negotiating sexual relationships. Safer sexual behaviour (avoiding sexual intercourse or using condoms) is promoted by addressing young people’s broader concerns about sex.

The educational basis of SHARE is that practice can prepare students for situations they are likely to confront outside the classroom, and therefore the programme involves active student participation. The main emphasis is to advocate improved communication to reduce the emotional risks of sexual relationships and to enable young people to negotiate taking precautions; in physical terms, it teaches that the safest way to avoid the risks of sexual relationships is to abstain from sexual intercourse but that, if one does have sexual intercourse, the safest approach is to use condoms effectively.

The values underlying SHARE are explicit in the programme. Educators are encouraged to discuss them with students in the first session, provide a handout for all students to keep and use them as a framework throughout.

The values are:

- Our sexuality is a natural and healthy part of who we are.
- Each of us feels differently about our sexuality, and we may express it in different ways.
- We should treat each other as we should like to be treated.
- We should never have to do anything sexual we don’t want to do.
- If we do choose to have sex, we should protect ourselves and sexual partners from unintended pregnancy and from sexually transmitted infections.
These value statements involve both rights and responsibilities, and can be rephrased in these terms:

- I have the **right** to be treated with respect  
  → I have the **responsibility** to treat others with respect
- I have the **right** to express my own feelings and thoughts  
  → I have the **responsibility** to respect other people’s feelings and thoughts, even if they are different from mine
- I have the **right** to ask for what I want in a relationship  
  → I have the **responsibility** to say clearly what I want and what I don’t want
- I have the **right** to good information on sex, and protection from unintended pregnancy and STIs  
  → I have the **responsibility** to use information wisely
- I have the **right** to sexual health and safety in relationships  
  → I have the **responsibility** to keep myself and my partner(s) healthy and safe
- I have the **right** to say no to sexual activity until I feel ready  
  → I have the **responsibility** to say no to sexual activity that I don’t want

**USING THE PROGRAMME**

The **SHARE** programme was originally designed as a two-year programme of 20 sessions in years S3 and S4. Feedback from teachers suggested that it was too long, both in terms of fitting it in among other competing demands and in terms of sustaining student interest. They questioned whether the programme started soon enough and also what could appropriately be taught in S2. The length of lessons also varied hugely, from barely 35 minutes to well over an hour (Buston et al., 2002a). In revising the materials, we have attempted to address these issues by making the programme more flexible (see **Developing a programme** on pages 18–20). The sessions have been rewritten so that each can be completed in 35 minutes. If you have longer, it may well be possible to cover the material of two sessions in one hour, or you may choose to use the material in **Options/extensions** or you may add material of your own.

The latest revision of the **SHARE** materials includes a session which looks at the influences that mould our perceptions of being male or female; integrates lesbian, gay and bisexual issues into the materials; makes references to drugs, alcohol and sex; and has guidance for adapting or supplementing the materials when working with young people with learning disabilities.

The programme has been designed as a whole to address specific learning outcomes. This will not be achieved if sessions are cut short or changed significantly. We have included some sessions that are **optional** – these are sessions that are not essential to the philosophy and approach of the programme. If you have additional time, you may wish to use them, but do not be tempted to use them at the expense of the core sessions (see **Developing a programme** on pages 18–20).
1. Introduction

The issue of who should deliver SRE has been debated for some years. Many schools have moved towards using form, year or guidance teachers to deliver the SRE programme, as far as possible to students they know well. When the teachers who are delivering it are confident, competent and well supported, this system can be effective. However, further research has identified that a teacher’s familiarity with the class is less important than their ability to control it (Buston et al., 2002b). In addition to this model, Respect and Responsibility identifies that successful SRE programmes take advantage of the skills that can be provided by the range of statutory and voluntary providers in the community, and are then best delivered in a multidisciplinary way. Therefore, there needs to be a balance between maintaining continuity and relationships with groups of students and schools working with local partners to deliver a comprehensive programme that provides good information, access to services and effective learning and teaching around SRE.

YOU THE EDUCATOR

The term ‘educator’ is used because it is envisaged that it may not only be teachers delivering SHARE. There is a valuable contribution to be made to SRE by school nurses, other health professionals, youth and community workers. Whatever your professional role, it is essential to be thoroughly prepared. In a broad sense, this means familiarising yourself with the SHARE programme through attendance at SHARE training, and with legislation and guidance on SRE (see Appendices B and C), including issues of student confidentiality and child protection (see Handling disclosure and student distress on page 12). Before going into a session, you must ensure that you understand the learning objectives, have all the materials you need and are clear about the different stages of each exercise.

You may have become involved in this programme for a variety of reasons, both personal and professional. It is useful to examine your motives and consider what you hope to achieve from your involvement for yourself and others.

It is also important to be aware of your values. Sex and relationships education cannot and should not be value free, but your own position on sensitive or controversial issues may influence the way you present material and ideas or respond to students. Consider, too, the language that you use – it should be inclusive and valuing of all students (see The students on page 9).

You might also consider forming a small support group among colleagues who are also providing SRE. It will not only enable you to share experiences and develop ideas together, but will also provide a safe place where you can talk difficulties through in confidence. You may well find too that, as you develop skills in this area of work, so students bring their problems to you – it cannot be overemphasised how important it is to have support for yourself when this happens (see Handling disclosure and student distress on page 12).
The SHARE research showed that a safe environment in the classroom made a significant difference to the success of the programme, the most important factors being that the educator was ‘in control’ and that the students were listened to (Buston et al., 2002a). You will need to:

- create an environment in which students trust one another and feel safe to contribute
- have sufficient control of the class to allow positive relationships to develop
- respect the rights of individual students in the class
- be honest and encourage honesty; however, you should ensure that students are aware that there is no obligation to disclose personal behaviours
- be open to a wide range of opinions and encourage diversity of opinion
- listen and encourage students to listen to one another
- be prepared to explore feelings, attitudes and skills as well as information
- maintain a sense of humour and have fun.

One of the most effective ways of creating such an environment is to spend time forming a group agreement with the class about behaviour at the start of a series of sessions, revisiting the group agreement each session and using it when student behaviour is inappropriate. Session 1 includes making a group agreement. It is also essential to establish what language is acceptable. This is addressed in Session 3.

**THE STUDENTS**

**Recognising, valuing and supporting diversity**

SHARE is designed to be inclusive and valuing of all young people. One of the fundamentals of good SRE is to boost young people’s self-esteem. If students feel valued, their self-worth will grow. It is important to recognise the variety of experiences in the classroom, and to avoid making assumptions about students’ lives.

There may be students who are, or have been, sexually active and those who are not; students who identify themselves as lesbian, gay or bisexual, or who are uncertain about their sexual orientation; students who have experienced pregnancy, or long for marriage and parenthood; and students who have been abused or exploited sexually, or who abuse and exploit. Some may have little or no experience of any of these issues; others may have experience of these issues in their family, among friends or in the neighbourhood. There may be a range of cultural, ethnic or faith differences, which will not always be obvious; there will be a range of different family structures; there may be students with sensory, physical or learning disabilities; and there may be those who are already regular drug users. You need to be constantly aware of such differences, and be careful not to make assumptions or use language that will restrict learning for individuals or groups of students.
1. Introduction

All young people are individuals and have different support needs. By creating an open and affirming environment, where prejudice is challenged, you can help to develop a culture in which young people feel safe to access support. This can be backed up through your school anti-bullying policy, which will outline strategies for dealing with bullying related to ethnic background and sexual orientation among other issues. Further help and support on this issue can be found at www.antibullying.net

Concerns of faith and ethnic minority groups

Some faith or ethnic minority groups may express concerns about the SHARE programme. Sex and relationships education is an entitlement for all young people, and the SHARE materials have been developed to generate discussion and reflection. In a climate which respects diversity and difference, we encourage young people to develop their own values, enabling them to resist pressure and to make good decisions for themselves.

Lesbian, gay and bisexual issues

Lesbian, gay or bisexual young people often feel excluded from SRE because of a lack of representation in materials and an overemphasis on reproduction and contraception. Indeed, one of the key concerns which prompted the development of SHARE was the number of teenage pregnancies in the UK, compared with other parts of western Europe – a heterosexual agenda. However, the SHARE materials have now been adapted to be more inclusive by specific references to lesbian, gay and bisexual issues, encouragement of discussion and a focus on emotional outcomes of relationships, as well as condom use to protect against both STIs and unintended pregnancy. While SHARE does not specifically address the challenging issues linked to young transgender people (an umbrella term for people with unclear gender at birth or who don’t fully identify with their birth gender), it does recognise that there are common issues with regard to discrimination and access to services. There are a number of ways in which educators can demonstrate support for lesbian, gay and bisexual young people (see Philosophy and values on page 5):

• making yourself aware of the contact details of specialist support agencies working in your area (see Appendix F for contact details of national organisations)
• displaying posters and service information about organisations that offer support to young lesbian, gay or bisexual people
• exploring these issues further by including additional material in your programme – local health promotion departments will be able to assist you in sourcing appropriate materials
• ensuring your school has an anti-bullying policy that covers sexual orientation
• using resources to make you more aware of lesbian, gay and bisexual issues and how they can be dealt with in school (for example, a guide for teachers on LGBT issues produced by the national health demonstration project, Healthy Respect)
• challenging homophobic attitudes, should they arise, and promoting the concept that we all have an equal part to play in society.
Young people with learning disabilities

A flexible approach to SRE is essential to meet the needs of young people with a learning disability. Educators need to revisit learning and ensure that an individual’s learning needs are met, especially when different communication techniques are required – this may be required particularly if the DVD/video resource is used.

SHARE offers guidance on:

• the adaptation of the existing materials
• specific exercises and sections in other resources that may be helpful
• resources appropriate to supplement the session
• additional recommended background reading for educators
• resources for parents.

General points on adapting SHARE sessions for people with learning disabilities include:

• ensuring there is adequate time to involve all in the class and check understanding
• having more than one facilitator
• talking through each session – do not assume that all students can read the information
• producing handouts in large print and keeping flipchart writing large and clear
• considering alternatives to exercises that rely on physical dexterity.

This guidance can be found for each session, marked in red, in the Notes for educators section. There is also a list of additional reading given in Appendix D and in Health Scotland’s Review of Resources (Hasler et al., 2005). Nevertheless, it should be noted that SHARE may not be suitable for young people with profound and/or multiple learning disabilities.

Young people, sex and drugs

Some young people are using drugs, in particular alcohol, volatile substances, tobacco and cannabis. Research suggests that numbers are generally small at the age of 11 or 12, but increase over the next couple of years, so that by age 16 a significant number are using drugs, especially alcohol. There are two key concerns in relation to sexual behaviour:

• lowering of inhibitions, so that young people take greater risks around sexual activity – this is particularly true of alcohol, and a recent survey reported that 17% of 15-year-old girls and 12% of 15-year-old boys surveyed had unprotected sex during the previous year as a result of drinking alcohol (Currie et al., 2002)
• risk of sexual transmission of HIV and hepatitis from use of shared needles for intravenous drug use.
Although SHARE is primarily a sexual health programme, it is important to include material about the effects of drug use, particularly alcohol, on behaviour, decision-making and risk of pregnancy and STIs. References are included throughout the text where it is appropriate to raise drug issues.

**Handling disclosure and student distress**

It is quite possible that, as a result of your involvement in this programme, a student may disclose confidential information to you. It is important to make clear at the outset what your professional position is on confidentiality, giving advice and the discussion of problems or issues. This will be different for teachers than for health professionals, and there will be guidelines for your profession, for your area and for the school you are working in. If you are not necessarily able to keep confidentiality, you must explain to the student that you may need to share what they tell you with someone else and assure them of your support (see **Session 1** for guidance about explaining confidentiality to students; and consult and be familiar with the relevant Child Protection Guidelines and school procedures).

In all circumstances, you can explain from the outset, to an individual or a whole class, that you will do your best to provide support and answer questions, and that you will also point students in the direction of additional help. It is good practice to have information about local services available in visual format for students, so that they can access the information for themselves (see **Sensitivity of materials** on page 16).

There may be students who, for a variety of reasons, find part or all of the SHARE programme difficult or distressing. They may demonstrate their feelings in a number of ways – by being disruptive, being silent or withdrawn, asking suddenly to leave the room or by crying. You need to be alert to this possibility and consider how to react appropriately and ensure that the classroom agreement acknowledges this. Here are some strategies for dealing with these situations:

- if a student is silent or withdrawn, make eye contact which says ‘I’ve noticed, and it’s OK for you to withdraw for a while’ – if appropriate, talk to the student after the session
- if a student asks to leave the room, give permission if possible – they are likely just to want a little time alone to compose themselves, and they are unlikely to need to be rescued by others in the group
- if a student cries, give attention and support as soon as possible, asking the student what they want – to withdraw, to be left alone for a few minutes or to talk quietly with a friend about what has triggered their distress – check how the student is feeling at the end of the session.
SHARE METHODS AND MATERIALS

Planning the programme

First, decide whether the SHARE programme should take place over two or three years, and whether it is appropriate to start it in S2. A decision within each school should be made based on the needs of young people. Increasingly, secondary schools are opting to bring some of the more explicit aspects lower down the school. This is to ensure that issues are addressed before most young people become sexually active, while also meeting the needs of the minority who may already be sexually active.

Second, decide what material is suitable for each year group. You will need to take account of what has been covered already; what is taught in other subject areas, particularly in science; and what goes on in other parts of the guidance/social education curriculum. The models for Developing a programme (see pages 18–20) provide some suggestions on an appropriate sequencing for the sessions.

Third, you will need to decide how to fit the sessions into the time available. Each session focuses on a theme, and can stand alone, but does not necessarily constitute a ‘lesson’. Most sessions are planned to take a minimum of 35 minutes, will work better if timing is less tight and, with most groups, more will be achieved using double lessons.

The section on Developing a programme (see pages 18–20) indicates which sessions are essential to its success, and which sessions might well be run together. However you plan to work, it will be important that you move briskly into the material, keeping a close eye on the time, especially when students are working in small groups, and do not attempt to complete unfinished sessions at the start of the following lesson.

Involving parents

Schools are expected to consult with parents about their SRE programme. Most will be supportive; many will find it helpful to know when it is taking place and what sort of issues you will be covering; some will have anxieties – they may want to see materials you will be using or they may want to discuss their concerns, some of which may stem from their own lack of knowledge. The more open and involving of parents you are, the more supportive they are likely to be and less inclined to consider withdrawing their child when SRE issues are being discussed in the classroom. Two booklets from the Scottish Executive and Learning and Teaching Scotland are particularly useful, Effective Consultation with Parents and Carers and A Guide for Parents and Carers (see Appendix B for further information).

The session plans

Each session provides learning objectives, notes for the educator, a list of materials needed, a description of the stages of running the session, including approximate timings, and options/extensions where applicable. Project sheets and handouts are also provided.
1. Introduction

The final stage of every session involves review and reflection on the session, and identification of learning from it. It is essential that sufficient time is allowed for this. The process is used to reflect on the ‘what?’ and ‘why?’ of the lesson, followed by the more searching question, ‘so what?’, which leads the individual and/or the class to conclude with ‘now what?’. Questions that refer back to the learning objectives will keep students’ thinking focused on the relevance of the experience.

Classroom environment

In an ideal world, you would probably choose to work with small groups in a comfortable relaxing room with the chairs arranged informally in a circle. Such an opportunity is rare in secondary schools, so compromise is essential. If you can, have groups of less than 20 students and request a room which allows flexibility: the space to arrange the chairs in a variety of ways, a place for students to write, the opportunity to make some noise without disturbing others, facilities for showing videos, wall space to display material and, above all, privacy.

If you are able to sit in a circle for whole group discussions, or in a fairly tight cluster, it will help discussion. It symbolises a relationship between educator and student and between students that is different from normal classroom relationships; it reduces physical distance and the likelihood of distraction, and brings the class together socially.

You may find yourself teaching in a room that is less than ideal, such as a science lab with fixed benches, or where you have to rearrange tables and chairs at the start of each lesson – and maybe again at the end. In these circumstances, you will need to consider the implications of the room for your planning and for the activities that you can do successfully.

It is very important for the success of the programme that a safe environment is created and maintained in the classroom. Despite the extensive use of participatory methods, tight classroom control will be essential.

Group work

The programme uses a wide range of methods: participatory activities and exercises, DVD/video, individual work, small group work and whole group discussions. For some students – and educators – this may be a new way of working and it will take time to establish. Good group work is about eliciting thoughts, feelings and ideas and helping students make sense of their experience.

If students are not used to working experientially, it may take some time to develop sufficient confidence and trust in the group, and between you and the group, to enable some of the activities to take place. It will also be important to consider carefully whether the atmosphere is likely to be conducive to sensitive discussion or whether it could fuel prejudice and discrimination. Group work may be particularly challenging if you have students with learning disabilities in the class. Establishing a group agreement (see
Session 1) is essential as a basis for developing trust. It may also be useful to introduce some games (see Appendix E).

Here are some key aspects of good group work practice:

- be fully prepared beforehand, in terms of understanding the session, knowing the different stages of the exercise that have to be carried out and having all materials to hand
- use games to help create the atmosphere you want (see Appendix E for some suggestions)
- think about the size and composition of small groups, whether you are going to allow an element of choice or whether it will be more productive to impose groups (see Mixed gender groups on page 16)
- explain the learning objectives of the sessions so students know where the activities are leading
- ensure that groups appoint a scribe and/or a spokesperson whenever the activity indicates the need
- if you sense resistance or disruption in the class, stop, tell the class what you are experiencing and ask what is going on
- in plenary discussion, keep a clear picture of what you want to draw out – if discussion digresses, you will need to make a judgement about whether to let it run and for how long
- listen and ask questions of the students rather than talking yourself
- allow time for summing up the key points of the session or for the closing group activity (see the Session plans on page 21)
- afterwards, try to find some time yourself for reflection on the session – ask yourself what went well, what was difficult, how could you overcome difficulties next time.

Discussion

Often the most challenging times are whole group discussions when students are reluctant to put themselves on the line. If you struggle with this, try breaking the class down into smaller groups, have them discuss and report back. It is usually helpful to move around small groups, keeping them on task and encouraging discussion and challenging thinking. The only times when it may be more appropriate to stand back is if a group is brainstorming, or clearly well into a discussion and your approach would break the flow, or if you have asked them to share personal thoughts and feelings that they may not wish to be overheard.

Use a scribe or spokesperson to help focus small group discussion and facilitate plenary discussion. If you need both roles, it is usually best to use the same person, then there is no problem with reading handwriting. However, it is also valuable to rotate these roles. It is most important that students understand that the spokesperson should speak for the whole group, and not identify his/her own views or those of other individuals.
1. Introduction

Mixed gender groups

The sessions in SHARE move from recommending single gender or self-selected groups to recommending mixed gender groups. Given the choice, students generally assume it is easier to discuss sexuality in same gender groups. To enhance their confidence, the early exercises are therefore based on such ‘safe’ groups. However, one of the fundamental aims of the SHARE programme is to make it easier for young people to communicate with the opposite sex about intimate relationships. Many of your students will form heterosexual relationships in the future, if they are not already in them, and the quality of those relationships will depend partly on how easily they can talk about sex, although it is important to remember that there may be individuals in class who are experiencing (or will experience) feelings of attraction for someone of the same sex and/or identify as lesbian or gay. Generally, young people find communication about intimate relationships extremely difficult, particularly at the start of a relationship. By gradually introducing mixed gender groupings, the programme should provide students with cumulative experience of discussing sexual issues with the opposite sex in a sensible way. Our hope is that this will prepare them for the future – when their well-being may depend on it. However, it will be counterproductive to force this, and you will need to judge the appropriate speed at which to introduce them.

Differentiation of materials

The materials have been successfully piloted with a wide range of students. However, there may be some sessions, project sheets or handouts that are not appropriate to the needs of all students. Rather than adopting a ‘lowest common denominator’ approach, we have aimed at the majority in a class and suggest that educators modify materials where necessary.

Guidance is given on modifications for students with learning disabilities. This guidance is marked in red with a hand icon in the Notes for educators section of each session, and there is a full list of references in Appendix A.

Several sessions also contain an Options/extensions section, which may be used where you have additional time available or a particularly able class or individual who would benefit from extension opportunities.

Sensitivity of materials

Students don’t always need information just at the time when we give it to them, and they don’t always retain everything we say in class. In most other subjects, we expect them to keep notes, copies of worksheets and handouts. In sex and relationships education, there is some understandable anxiety about this, lest it is misinterpreted and misused. Only you and your colleagues can decide your policy on this. We believe it could be valuable for students to have the opportunity to keep a personal diary or folder containing handouts, leaflets and even personal reflections on the programme if they wish. Where this is appropriate, it is indicated in the description of sessions.
You may also want to have an ‘Ask-it basket’ available in the classroom where students may post their questions or comments anonymously. If you do have an ‘Ask-it basket’, it will be important that you find an opportunity to respond to all questions and comments.

In the SHARE research programme, all students were given a general leaflet covering sexual health issues. This provided an additional source of information for students to consider in private outside the classroom. In Sessions 6, 7, 8 and 13, we suggest that an information wallet containing a range of leaflets (including some sensitive leaflets which individual students may find useful) might be made available for students to borrow. You may need to check with the school authorities that they are happy with any leaflets you plan to distribute.

Health Scotland has an interactive sexual health website (www.hebs.com/thinkaboutit) for young people, which supports and builds on the material in the SHARE programme. You may want to tell students about this. Access to this site may be limited by your server, so you may need to check that this site is accessible for young people in your school to use. Appendix F provides details of other websites.

**Equipment**

It is assumed that the following equipment will be available for all lessons:

- flipchart paper and felt-tip pens
- exercise paper and pens or pencils
- black- or whiteboard or flipchart stand.

In addition, you may want to make some large posters and/or overhead transparencies (OHTs) of:

- the programme for the year (as you plan to deliver it)
- values, rights and responsibilities (see Handout A)
- the group agreement (see Session 1)
- sources of help locally
- good communication skills (see Handout B).

Consider also providing (see Sensitivity of materials above):

- a wallet for students to keep personal work
- a general leaflet covering sexual health issues for all students
- an information wallet
- a display of condoms and other safer sex materials (see Session 12).
2. Developing a Programme
2. DEVELOPING A PROGRAMME

<table>
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<th>programme</th>
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<td>Two-year programme</td>
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There are 22 sessions, each focusing on a theme, but not necessarily constituting a ‘lesson’. A session can be completed in 35 minutes. If you have longer, it may well be possible to cover the material of two sessions (see below), or you may choose to use the material in Options/extensions, or you may add material of your own. We have also indicated which sessions are essential to the philosophy and approach of the programme. Below is a list of the sessions.

Session 1 Starting out
Session 2 Relationships
Session 3 Talking about sex
Session 4 Bodies and sex
Session 5 Being male or female
Session 6 Learning about sex
Session 7 Sexual activity, pregnancy and contraception
Session 8 Sexual activity and STIs
Session 9 Planning to keep safe
Session 10 Good communication skills
Session 11 Practising the skills to say no
Session 12 Condom use skills
Session 13 Revising sexual health
Session 14 What is sex?
Session 15 Pressures and choices around sex
Session 16 Resisting pressure
Session 17 Experiences of first intercourse
Session 18 Pregnancy and parenthood
Session 19 Where to go for help
Session 20 Negotiating condom use
Session 21 Sex from the opposite view
Session 22 Review and closure

The following pages show two suggested models for using the materials. The first is a three-year programme for S2, S3 and S4, needing between six and eight lessons in each year to complete. The second is a two-year programme for S3 and S4, needing between seven and twelve lessons in each year to complete.
2. Developing a programme

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*Sessions essential to the programme

1 and 2 could be combined
3 and 4 could be combined
9 and 22 could be combined
1 and 13 could be combined
12 and 22 could be combined
1 and 14 could be combined
14 and 15 could be combined
19 could be a homework exercise
20 or 21 and 22 could be combined
### A TWO-YEAR PROGRAMME

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<td><strong>22</strong> Review and closure*</td>
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*Sessions essential to the programme

1 and 2 could be combined
3 and 4 could be combined
8 and 9 could be combined
10 and 11 could be combined
12 and 22 could be combined

1 and 13 or 14 could be combined
14 and 15 could be combined
19 could be a homework exercise
20 or 21 and 22 could be combined
3. Session Plans
## 3. SESSION PLANS

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Session 1: Starting out

LEARNING OBJECTIVES

For students to:
• know about the programme and its values base
• understand the purpose of the group agreement and the limits of confidentiality
• know who they can approach for individual help.

NOTES FOR THE EDUCATOR

This session is intended to explain the programme to students and to create a group agreement for behaviour in subsequent sessions. It is an important session to include at the start of each new course of lessons, whenever a new group comes together for sexual health and relationships education or when you are working with a group for the first time.

If you work in a school with a strong personal, social and health education curriculum and you are sure that students are already familiar with setting group agreements, you may be able to shorten this exercise somewhat.

However, if students are not familiar with setting group agreements, do not be tempted to cut it because it introduces group work, listening skills, talking about personal matters and negotiation.

Any spare time could usefully be used for Getting to know one another activities (see Appendix E). These are a valuable way to express your intention that classroom relationships in this programme will be different from conventional lessons, and they will provide a basis for your first planned activity.

It will be important to remember that there may be students in the group who will find some of the issues raised in this and subsequent sessions confusing or painful. Someone who has been physically, emotionally or sexually abused may find it difficult to talk to people about anything, and least of all about sexuality and relationships. If they have been told constantly that they have no rights, or their self-esteem is so low that they find it hard to imagine being worthy of respect, they may find it equally difficult initially to accept a programme based on rights and responsibilities. There may be students who have little knowledge or experience of sexual matters (see Recognising, valuing and supporting diversity on page 9).

You will need to be alert to all these possibilities and be prepared to support a student who is showing signs of discomfort or distress (see Handling disclosure and distress on page 12). You may also need to consider the ethos of your school and reflect on the extent to which it is affirming of students, and whether it allows them to develop fully a sense of rights and responsibilities.
SESSION 3 – SESSION PLANS

Session 1: Starting out

FOR YOUNG PEOPLE WITH LEARNING DISABILITIES:

- Chance to Choose, select exercises from the ‘Communication’ theme.
- Let’s Do It, useful group-building exercises from Section One (p. 27), especially 1.1 ‘Ground Rules’ (p. 30).

MATERIALS

- Copies of your programme for all students.
- Information about sources of help, both inside and outside the school, for all students.
- Handout A for all students.
- A list of the four questions (see below) you will ask the students – on a flipchart or board.

METHOD

1. (5 minutes)

Give every student a copy of the sexual health and relationships education programme you intend to follow (see Developing a programme on pages 18–20). Explain to the class the purpose of the sessions and their general content.

2. (5 minutes)

Explain also that the materials have been written with a specific set of values in mind, that you will make these clear to students right at the start and that you will refer to them throughout the programme. Introduce the concept of rights and responsibilities in relationships and distribute Handout A. Go through it with the class. Ask if they have any questions or any difficulties with it. This will probably be fairly new to them so you may not get much comment at this stage. Encourage students to take it away and reread it in their own time or for homework.

3. (10–15 minutes)

Explain that you are now going to create a group agreement for behaviour that will help students to talk openly about sex. Divide the class into small self-selected groups of twos or threes. Ask students to take a minute or two to consider the following four questions, and make a few notes if this would be helpful:

- have you ever talked to anybody about sexual matters before?
- is it easy or difficult to do?
- what would help you to be able to talk about sexual matters in this group?
- what would make it more difficult?

Then give two minutes each in their small groups to share their thoughts on the last two questions. Explain that you will keep time, and emphasise that students should listen to one another and not interrupt. Keep a close eye on this to ensure that it does not develop into a general discussion.
At the end of the listening exercise, ask each group to appoint someone to record discussion and report back. Have them identify at least three things that would help them to talk openly about sexual matters in the classroom.

4. (10–15 minutes)

Bring the class back together. Put a heading on a flipchart or board ‘What we should do’ – things that would make it easier to talk about sex. Go round each group asking the spokesperson to identify one item from their list. Discuss and write up suggestions as they are given. Keep going until all items have been mentioned. Explain that this will form the basis for a group agreement for the sessions. Have students read them, and ask if they want anything else added at this stage. Encourage them to keep the agreement in mind during sessions and to challenge each other if it is being broken.

It is important that confidentiality is raised and discussed. If the group does not bring it up, then you will need to. The important points to discuss will be:

- privacy will be respected – nobody will be pressurised to answer questions or to share anything they don’t wish to
- diversity (in relation to gender, sexual orientation, disability, culture or faith perspectives) will be recognised and welcomed, and prejudice and discrimination will be challenged
- each person must take responsibility for what they share – they cannot be sure that others will not break confidentiality
- confidentiality means not talking about something outside the group in which it has been shared
- you are bound by this agreement too, except where a student discloses something you are obliged to report (see Handling disclosure and student distress on page 12).

It is also important to make clear to students where they can go for help and advice on personal matters. Discuss this with the class and produce a handout (see Appendix F) for reference. This will need local adaptation and should include sources of help both inside and outside the school.

ADDITIONAL NOTES

Make sure that you have a ‘good copy’ of the group agreement ready for the group at the next session, both as a handout and on a large sheet of paper for permanent display. In the first few weeks of the programme, you may need to remind students of the agreement at the start of sessions. Use it as a way of helping students to listen and respect others, and to learn how to question, challenge and disagree in a constructive manner.

5. (5 minutes)

To end the session use a round of ‘one good thing about this session for me has been…’. If the group is too big to make this appropriate, have students share their responses in pairs or small groups.
Following discussion of Handout A in Method 2, you could ask students in pairs or small groups (or as a whole class might be particularly helpful for less able or less mature students) to think of examples of how the rights and responsibilities statements could work in practice, e.g.

- I have the right to ask for what I want in a relationship
  I have the right to say: ‘I want to be friends with you, but I don’t want us to go out together’ or ‘I want to be listened to and not laughed at’.
- I have a responsibility to say clearly what I want and what I don’t want
  If somebody invites me out and I don’t want to go, it is kinder to say ‘No’ than to string them along.
- I have the responsibility to keep myself and my partner(s) healthy and safe
  I will use a condom if I have sexual intercourse and will plan ahead to use one.

Have them share their examples in the whole group.

As an introduction to Method 3, if you have a good relationship with the group and are feeling confident, ask for two volunteers (do not pick on individual students) to stand up and tell the group what they know about sex. This will almost certainly lead to silence, confusion, nervous laughter, etc. You may wish at this stage to urge them on humorously – ‘Come on, isn’t anybody willing to start?’, ‘I thought there would be somebody who would want to show us how much they know…’. After a moment or two, stop and discuss with the group what has just happened, that sex is not an easy topic to talk about, and that you did not expect anybody to respond to your request. This will lead into Method 3.
**Handout A: Values of the programme**

1. **Our sexuality is a natural and healthy part of who we are.**

2. **Each of us feels differently about our sexuality, and we may express it in different ways without harm to or coercion of others.**

3. **We should treat each other as we should like to be treated.**

4. **We should never have to do anything sexual we don’t want to do.**

5. **If we do choose to have sex, we should protect ourselves and sexual partners from unintended pregnancy and from sexually transmitted infections.**

These value statements involve both rights and responsibilities, so we can rephrase them in terms of rights and responsibilities.

### MY RIGHTS AND RESPONSIBILITIES IN SEXUAL RELATIONSHIPS

<table>
<thead>
<tr>
<th>Right</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>to be treated with respect</td>
<td>to treat others with respect</td>
</tr>
<tr>
<td>to express my own feelings and thoughts</td>
<td>to respect other people’s feelings and thoughts, even if they are different from mine</td>
</tr>
<tr>
<td>to ask for what I want in a relationship</td>
<td>to say clearly what I want and what I don’t want</td>
</tr>
<tr>
<td>to good information on sex, and protection from unintended pregnancy and STIs</td>
<td>to use information wisely</td>
</tr>
<tr>
<td>to sexual health and safety in relationships</td>
<td>to keep myself and my partner(s) healthy and safe</td>
</tr>
<tr>
<td>to say no to sexual activity until I feel ready</td>
<td>to say no to sexual activity that I don’t want</td>
</tr>
</tbody>
</table>

We shall return to these values, rights and responsibilities throughout the programme.
LEARNING OBJECTIVES

For students to:
• understand what is meant by ‘relationship’ and why many young people want close relationships
• understand what is good about relationships and what is sometimes difficult about them
• recognise good communication skills for starting, maintaining and ending relationships.

NOTES FOR THE EDUCATOR

This session will revise and build on earlier work on communication skills, friendships and relationships. It starts to explore intimate/close relationships between two people and develops the concept of rights and responsibilities in relationships. It also encourages students to explore what they want of relationships and what they need to give in return. It may be a difficult session for some students – you will need to be sensitive to their needs.

It is important that you allow exploration of a wide range of relationships and do not focus only on boy/girl relationships – there may be young people in the class who have experienced feelings of attraction to someone of the same sex or identify as lesbian or gay. Remember too that relationships are not always easy or long lasting – there is no magic formula to making relationships work – and this applies equally to boys and girls.

If you are sure that students have covered this topic thoroughly already, you may choose to move straight on to Session 3. However, this session provides an introduction to good communication skills.

You will need to be clear about – and able to demonstrate – the importance of good communication skills (see Handout B).

FOR YOUNG PEOPLE WITH LEARNING DISABILITIES:

Group work:
• Chance to Choose, select exercises from the ‘Relationships’ theme.
• Lets Do It, Exercises 6.1–6.8.
• Living Your Life, Module 4, Units 1–15.
• Talking Together about Sex and Relationships, Chapter 2, Handout B and Chapter 3, Project Sheet 2.

One-to-one work:
• Books Beyond Words, Falling in Love.
• Lets Do It, try Exercises 6.1–6.8.
• Talking Together about Sex and Relationships, Chapter 2, Handout B and Chapter 3, Project Sheet 2.
MATERIALS

- copies of a handout on the group agreement for all students, and a display copy
- copies of Project sheet 2 for all students
- copies of Handout B for all students.

METHOD

1. (5–10 minutes)

Explain that you intend to explore relationships in this session, and that you are going to start by looking at relationships in general. Ask the class to brainstorm quickly (generate lots of ideas without discussion or challenge) the people they have relationships with and write the suggestions on a flipchart or board, e.g.

- friends
- boyfriends/girlfriends
- neighbours
- parents
- teachers
- brothers and sisters
- people they work for.

ADDITIONAL NOTES

If students raise the idea of pets, this should be accepted too. For many young people at this age, pets play a very significant part in their lives, and are important in helping them learn about reliability, trust, care and responsibility.

Discuss briefly some of the following questions:

- what does ‘relationship’ mean? Is it broader or narrower than ‘friendship’? (it is used more broadly as in ‘there was a complex network of relationships within the neighbourhood’ or more narrowly as in ‘John and Jane are in a relationship’).

This may be a difficult concept for some students, so you may choose to leave it out and simplify the questions by using only the term ‘friendship’.

- which of these people do you have good relationships with?
- what is it that makes these relationships good?
- what makes relationships difficult sometimes?
- what about a relationship with someone you like/fancy – is that always good?
- what do people want from this kind of relationship?
- what might prevent a relationship happening, e.g. family, external pressures?
- are some relationships valued by society more than others – if so, why?

Draw out people’s need in relationships for intimacy – for acceptance, support and affection.
Session 2: Relationships

2. (5 minutes)
Divide the class into self-selected single gender groups of two to four. Have each person take a moment to identify an important/significant/close relationship (this might be with a parent or carer, a sibling, a best friend, a boy- or girlfriend or anyone else they choose). Explain that they will do some thinking about this relationship, and then share what they choose of this in their small group. Distribute Project sheet 2 and ask them to fill it in for the person they have selected.

3. (10–15 minutes)
When the class is ready, have individuals share in their small groups what they choose of what they have written down, taking no more than two minutes each.

ADDITIONAL NOTES
If some groups finish before others, have them discuss:
- why they think close relationships are important?
- what makes them good?
- what can make them difficult?

4. (10–15 minutes)
Bring the class back together, draw out and discuss:
- why are close relationships important?
- are they important to everybody?
- what makes them good?
- what can make them difficult?
- to what extent do they need to be worked at?
- how important is communication?
- what part do rights and responsibilities play?

5. (5–10 minutes)
Draw out the need for:
- good communication in relationships – being honest and saying what you want so there is no doubt that you mean it
- relationship building – talking and acting in a way that shows you want to keep a good relationship going
- balancing rights and responsibilities in a relationship – being concerned for your own and the other person’s health and well-being (as discussed in Session 1).

Distribute Handout B and go through it with the class. Either go on to the option/extension activity or explain that you will return to these skills later in the programme.
OPTIONS/EXTENSIONS

You may want to raise issues about Internet and text friendships. Some young people feel freer to flirt, be open or exaggerate in these circumstances, and it is harder for them to pick up cues about the other person so they need to be aware of issues of safety.

It is important that young people understand about safe Internet use. They should not give out their real name, telephone number or address online. Further advice on Internet safety for young people is available on www.thinkuknow.co.uk

Following discussion of Handout B, you could have students pair up, single gender or mixed, and write a brief scenario in which one of them issues an invitation (to go out together, to go round to their house, to go to a football match) and the other has to decline using the communication skills on the sheet. They could practise this in pairs, and volunteers might demonstrate to the class. You will need to circulate round the pairs encouraging, supporting and giving practical examples of good communication skills if they are struggling.
Identify a close relationship you have (this might be with your parent or carer, your brother or sister, a best mate, a boy- or girlfriend or anyone else you choose).

1. Why is this relationship important to you?
   
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. What makes it good?
   
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

3. What sometimes makes it difficult?
   
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
4. What do you need from this relationship?

5. What do you give to this relationship?

6. What does ‘relationship’ mean in this case?
Handout B: Guidelines for good communications

1. Know what you want.

2. Stand (or sit) up straight.


4. Look at the other person – make good eye contact.

5. Listen to the other person.


7. If you need to say no, use the word – with supportive body language to back it up.

8. Say what you want.

9. Repeat the message as often as needed.

10. Suggest alternative actions – to show you are willing to maintain the relationship (if you wish to).
LEARNING OBJECTIVES
For students to:
- be familiar with sexual language and its significance
- know what language is appropriate for discussing sexual issues in the classroom and with health professionals.

NOTES FOR THE EDUCATOR
This session is crucial to the establishment of a safe environment in the classroom. You may want to revisit it at the start of each new set of sessions, if there has been a change of teacher, a significant change of students or as students get older.

The session explores the use of appropriate language for discussing sexual issues. It could be embarrassing for some, so it is important not to put anybody on the spot, and to avoid opportunities for bravado and boasting. You may need to remind students of the group agreement and specifically address the issue of embarrassment and offence. There may also be a good deal of laughter – it is a way of dealing with embarrassment and tension and, so long as it is not directed at individuals, it is to be encouraged.

FOR YOUNG PEOPLE WITH LEARNING DISABILITIES:
This session may need revisiting at different stages, particularly if body parts weren’t covered in a previous session:
- **Chance to Choose**, select exercises from the ‘Body Awareness’ theme.
- **Lets Do It**, Exercises 6.9 and 6.10 (pp. 106–107), 2.4 ‘Rush and Go’ (p. 52), 2.9 ‘The Volume Game’ and 2.10 ‘The Giggle Game’ (p. 58), and Section 3 ‘Gender’ (p. 65) or Section 4 ‘Public and Private’ (p. 75).
- **Male and female cloth models** can assist in naming body parts and to identify differences between male and female (**Lets Do It**, pp. 21–25 gives exercises and guidance in using cloth models).
- **Sex and the 3Rs**, Handbook Section 4.1 (p. 34).
- **Talking Together about Growing Up** or the **Body Board**, Sex Education, may also be useful for revision.

MATERIALS
Thick felt-tip pens sufficient for each small group and six prepared sheets of flipchart paper, each with a heading, such as:
- female sexual parts
- male sexual parts
- sexual activities.
Session 3: Talking about sex

ADDITIONAL NOTES

You will probably need to repeat the same headings for more than one group and only rotate the sheets part-way round the class so that each group works on a new heading as they rotate (see next section).

METHOD

1. (5 minutes)

Introduce this session by explaining that you are going to be talking about sexual matters and that this session will be about the language people use. To be able to communicate effectively about sexual matters, students need to understand both common and medical/biological terminology.

2. (10 minutes)

Ask them to divide into small groups (each group should have three to five people in it and you may find it best to have single gender groups). Give each group one of the prepared pieces of flipchart paper and a thick felt-tip pen. Check that students know what the headings mean.

Explain that they should brainstorm any words they know meaning the same as the heading at the top of the sheet. Make sure they understand that all words are permissible and that nobody’s individual contributions will be identified. Allow two or three minutes for this, then circulate the sheets to the next group. Have them read what is on the sheet, check out any words they have not come across before and invite them to add any more words they can think of. Continue to circulate sheets until they have returned to where they started or you run out of time.

3. (5 minutes)

Ensure that sheets are returned to the group they started with. Allow groups time to look at the words that have been added to their list, encourage them to identify words that are new to them and to discuss feelings, particularly any words on the list that they find uncomfortable or offensive.

4. (5–10 minutes)

Pin up the sheets where everyone can see them. Discuss briefly:

- feelings about doing the exercise or about the words that are displayed
- are any words particularly offensive to girls or to boys?
- how do students feel about words used as insults?
- anything they notice about the lists of words – any differences in the number of words for female/male genitalia, what this might say about the way sex is viewed by girls/women and by boys/men.
- do the words for sexual activity reflect same sex relationships?
The last question will provide an opportunity to challenge prejudice, provide good information and consider whether sexual activity between same sex couples is any different from sex between heterosexual couples.

5. **(5 minutes)**

Have students return to their small groups and choose:
- which words are appropriate with family/parents and carers?
- which words would it be appropriate to use at a clinic/with a doctor or nurse?
- which words would be appropriate with a girl-/boyfriend?
- which words are appropriate in the classroom?

6. **(5 minutes)**

Bring the class back together. Remind students that using appropriate language is about being respectful of others’ feelings.

Discuss and agree the words you are going to use in the following sessions.

**OPTIONS/EXTENSIONS**

If you are working with an older, more able or more mature group, you may want to use more specific headings, such as:
- vagina/clitoris
- penis/testicles
- sexual intercourse
- oral sex
- masturbation
- ejaculation/orgasm
- sexual orientation.
LEARNING OBJECTIVES

For students to:
- understand the anatomy of male and female sexual organs
- experience a boost to self-esteem through exploration of positive body image and personality.

NOTES FOR THE EDUCATOR

This session revises understanding of sexual anatomy and introduces work on body image. We live in a culture in which self-deprecation and ‘put downs’ are more acceptable than positive self-esteem and praise. Most of us, young people included, find it hard to be positive about ourselves in public, and girls in particular often worry excessively about body image.

The activities could be embarrassing and difficult for some students. There are faith groups and ethnic minorities for whom images of naked bodies are considered inappropriate. Occasionally, there could be a student in your class who has a specific issue with their body and gender, for example where they feel their gender does not match up with the body they were born with – this can be very distressing and lead to unhappiness and confusion. Therefore, it is important to be sensitive to the needs of students, and ensure that nobody is put on the spot, opportunities for bravado and boasting are avoided and a supportive and trusting atmosphere is created. You may need to remind students of their group agreement.

Some educators have found that it works better to reverse the two activities, doing Methods 4 and 5 before Methods 1, 2 and 3. Or you might consider making Methods 4 and 5 a private exercise, or moving it to S4. Some young people may find Methods 4 and 5 difficult for a wide range of reasons. You will need to be sensitive to this possibility.

FOR YOUNG PEOPLE WITH LEARNING DISABILITIES:

To supplement learning on the anatomy of male and female sexual organs, use:
- **Chance to Choose**, select exercises from the ‘Body Awareness’ theme.
- **Let’s Do It**, Exercises 2.6 ‘Body Outlines’ (p. 55), 2.7 ‘Stick on Body Parts’ (p. 56), 2.11 ‘No that’s Private’ (p. 60), 2.12 ‘What Can I See?’ (p. 61), 2.13 ‘Male and Female Body Parts’ (p. 62), 2.14 ‘Teaching about Female Genitalia’ (p. 63).
- **Living Your Life**, Module Two, Units 3 ‘Identification of Female Body Parts’ and 4 ‘Identification of Male Body Parts’.

Resources for self-esteem, positive body image and personality:
- **Chance to Choose**, exercises from ‘Self-Esteem’ theme.
- **Living Your Life**, Module 4, Unit 1 ‘Self-Esteem’ and Module 6, Unit 1 ‘Personal Attraction’.
- **Male and female cloth models** could be used to trigger discussion about variations in shape and size of bodies and from person to person.
MATERIALS

- Copies of Project sheet 4.1 for each small group (can be photocopied back-to-back).
- A copy of the diagrams on Project sheet 4.1 on overhead transparencies (OHTs), flipchart or board.
- Copies of Handout C for all students.
- Copies of Project sheet 4.2 for all students.

METHOD

1. (5–10 minutes)

Explain that you intend to start with revision of genital body parts. Have students divide into small self-selected groups of three or four. Give out one copy of Project sheet 4.1 on male and female genitalia to each group. Ask them as a group to label the parts using the words on the sheets.

2. (5–10 minutes)

Then gather the groups back together. Using diagrams on a flipchart, blackboard or OHTs, label each part, checking that the class understands what it is called and what it is for. Distribute copies of Handout C for students to keep.

When talking about the male genitals, you may also want to mention the prostate gland which cannot be seen on the diagrams (see explanation on Handout C).

3. (5 minutes)

Go on to explain that genitals, like other parts of our bodies, all look different from one another, and that it is quite normal for teenagers (and others) to worry about their bodies. Emphasise that it is important to respect and value our own bodies, and it is worth taking time to explore feelings about them.

4. (5 minutes)

Have students return to small groups and distribute Project sheet 4.2 to each student. Ask them:
- to write in the names of all the people in their group, including themselves
- to write something they like about each of them – either about their personality or the way they look (e.g. height, shape, hair, legs, eyes, skin).

Encourage them to take a few minutes to think carefully about it. Make clear that this exercise is about self-esteem so it is important to be both honest and positive, and that they will be asked to share in their small group what they write down.
When groups are ready, explain that each person in turn should be in the ‘hot seat’. One by one, each group member reads out what they have written about the person in the hot seat, ending with the person in the hot seat reading what they have written about themselves. Explain the rules of the activity:

• be honest and positive
• address the person in the hot seat directly and make good eye contact
• do not qualify statements, e.g. ‘you have quite nice eyes’ or ‘sometimes I like your hair’
• avoid ‘put downs’ either from the giver, e.g. ‘you may be fat, but…’ or from the receiver, e.g. ‘no I haven’t got lovely legs, they’re too thin’
• the receiver may only say ‘thank you’.

If the group feels safe enough, you could end with a round of ‘One thing I like about myself is …’

OPTIONS/EXTENSIONS

Ask the class about the last two sessions:
• how did it feel to discuss such personal things?
• did it help to spend some time in self-selected groups?
• does it feel any easier now?
• is there anything else that would make it easier to talk?

It may be useful here to revisit the group agreement.
Here is a diagram of the external genital parts of a woman’s body. Correctly label the parts by writing the appropriate letter next to the words at the bottom of the page.

- pubic hair
- inner lips (labia)
- entrance to vagina
- anus
- clitoris
- urinary opening
- outer lips (labia)
Here is a diagram of the external genital parts of a man’s body. Correctly label the parts by writing the appropriate letter next to the words at the bottom of the page.

testicles/scrotum
penis – uncircumcised
foreskin
penis – erect
penis – circumcised
urinary opening
pubic hair
anus

Illustrations ©1994 Michael Emberley from Let’s Talk about Sex by Robbie H. Harris Permission granted by the publisher Walker Books Ltd.
Female genitals

**Outer and inner lips (labia)**
Soft folds of skin that cover the clitoris, the opening to the urethra and the opening to the vagina.

**Clitoris**
A small mound of skin about the size of a pea. When the clitoris is touched and rubbed, it can make the body feel good both outside and inside, feeling tingly, warm and nice – in short, sexy. This feeling can become more and more intense until it reaches a peak or climax, which is called having an orgasm or ‘coming’. This might happen through touching the clitoris directly, or during vaginal sexual intercourse or oral sex.

**Urinary opening**
A small hole at the end of the urethra. This is a tube through which urine (pee) leaves the body.

**Entrance to the vagina**
This is bigger than the urinary opening. The vagina is a passageway between the womb (uterus) and the outside of the body. During vaginal sexual intercourse, the erect penis goes inside the vagina which stretches to fit around the penis.

**The hymen**
A very fine piece of skin that covers part of the opening to the vagina. The hymen may tear when a girl is growing, or when she is very active, or when she first uses a tampon or has sexual intercourse. The opening then becomes somewhat larger.

**The anus**
The opening through which faeces (solid waste from food we have eaten) leave the body.
Female genitals

- pubic hair: A
- inner lips (labia): B
- entrance to vagina: C
- anus: D
- clitoris: E
- urinary opening: F
- outer lips (labia): G
Male genitals

Scrotum
Soft sack of wrinkly skin that holds and protects the two plum-shaped testicles. It expands when warm and contracts when cold (e.g. in cold water) in order to keep the testicles at the same temperature.

Testicles (or testes)
Two organs that produce sperm. They are shaped like small balls or plums and are covered by the scrotum. Usually one testicle hangs lower than the other.

Penis
Made of soft tissue and blood vessels. Inside the penis is the urethra. This is a tube through which urine (pee) leaves the body.

When the penis is touched and rubbed, it can make the body feel good both outside and inside, feeling tingly, warm and nice – in short, sexy. This usually leads the penis to become stiff and hard, standing out from the body. This is called an erection.

When a boy or man is stimulated enough, the penis ejaculates sperm in a fluid called semen. This spurting out of semen causes a feeling of excitement called an orgasm or ‘coming’. During vaginal sexual intercourse, the erect penis goes inside the vagina and is usually stimulated by rhythmic movement until the point of ejaculation.

Urinary opening
A small hole at the end of the urethra, through which urine (pee) leaves the body.

Foreskin
Loose skin covering the end of the penis. Some boys (usually as babies) have their foreskins removed by a doctor or specially trained person, for either medical or faith reasons. This is called circumcision.

Prostate
The prostate gland is hidden away between the bladder and the penis. Its purpose is not fully known, but it contributes to the production of semen and to the effectiveness of ejaculation. Sometimes, in later life, men have problems with their prostate.

Anus
The opening through which faeces (solid waste) leave the body.
Handout C: Female and male genitals

Male genitals

- testicles/scrotum: A
- penis – uncircumcised: B
- foreskin: C
- penis – erect: D
- penis – circumcised: E
- urinary opening: F
- pubic hair: G
- anus: H
Complete the following sentences for each of the people in your small group, and then complete the sentences about yourself.

Be **honest** and **positive**.

You may choose something about their personality or the way they look (e.g. height, shape, hair, legs, eyes, skin).

One thing I like about ........................................................................................................ ......................................
is ..........................................................................................................................................................................................  
One thing I like about ........................................................................................................ ......................................
is ..........................................................................................................................................................................................  
One thing I like about ........................................................................................................ ......................................
is ..........................................................................................................................................................................................  
One thing I like about ........................................................................................................ ......................................
is ..........................................................................................................................................................................................  
One thing I like about ........................................................................................................ ......................................
is ..........................................................................................................................................................................................  
One thing I like about ........................................................................................................ ......................................
is ..........................................................................................................................................................................................  
One thing I like about **my** personality is ..........................................................................................................

One thing I like about **my** body is.............................................................................................................
LEARNING OBJECTIVE
For students to understand the influences that mould perceptions of being male and female.

NOTES FOR THE EDUCATOR
This session links to Session 4 on male and female body parts and to Session 6 about sexuality and sexual behaviour. The exercises explore the influences that mould our perceptions of being male or female, and encourage students to consider how such influences affect themselves, people within their families and communities and the wider society. The exercises provide opportunities to discuss expectations around gender roles for men and women, the way people are expected to look and behave and how they are expected to express their sexuality.

Respect for and valuing of all students will be critical to the success of this session. The activities could be difficult for some students. You may have a student in your class who has a physical disability or disfigurement, is uncertain about their sexual orientation or feels that their gender does not match up with the body they were born with. Any of these concerns may cause unhappiness, confusion and isolation, so it is important to be sensitive to individual needs and create a supportive and trusting atmosphere.

FOR PEOPLE WITH LEARNING DISABILITIES
Most people with mild/moderate learning disabilities could participate in the session as it stands. However the following exercises are useful alternatives.

- **Chance to Choose**, page 84 ‘Women, Men and Roles’ is a very similar exercise with simplified questions.
- **Living Your Life**, page 96 ‘Presentation of Self’ offers a similar exercise where discussion on what influences the way we look can take place.

MATERIALS
- A range of magazines and newspapers, including ones aimed specifically at boys and young men, girls and young women, adult men and adult women – enough so that everyone has at least one to use at any given time in the activity.
- Large sheets of paper, scissors (though some educators say they are not necessary) and glue.

METHOD

1. *(5–10 minutes)*

Introduce this session by explaining that students are going to explore images of men and women in society, the way in which we learn how to be men and women and the effect that this has on us.

Ask the group:
- in learning to be girls and women, or boys and men, where do the messages come from?
You may need to give the class an example to start them off, e.g. fathers may tell their sons that ‘big boys don’t cry’ or mothers will tell their daughters ‘you need to be careful’.

Make a list on the flipchart or board of where the messages come from, and categorise them as you go, e.g.:
- parents/carers, brothers/sisters, other relatives
- friends/peers
- media – advertising, TV, films, video, magazines, newspapers, Internet, computer games
- teachers/school
- norms and expectations of a person’s faith, culture or ethnicity.

**2. (5–10 minutes)**

Explain to the class that you are going to focus now on media messages. Divide the class into groups of four or five, and have each group sitting round a table.

**ADDITIONAL NOTES**

For most groups, you will probably want to keep the task simple, in which case allocate images of girls/women to half the groups and boys/men to the other half. If you have more time and an able group, you might choose to widen the range of themes, e.g. images of boys, images of men, images of girls, images of women; or invite some groups to look for non-stereotypical images of girls/women or boys/men.

Give out the magazines and newspapers, paper, scissors and glue and have groups make quick collages to illustrate images of women and men, or girls and boys.

**3. (10–15 minutes)**

Pin up the collages and draw out:
- how consistent or diverse are the images of boys/men and girls/women?
- the extent of representation of people who are non-stereotypically male or female, or recognisably belong to a minority faith or ethnic group, or who have a disability or disfigurement, or people who do not live in conventional families, or people in same sex relationships, or people who are black or Asian?
- are the images positive?
- what do the images portray about expectations of boys/men and girls/women?
- what do the images portray about the sexual behaviour of boys/men and girls/women?
- to what extent are young people free to make their own choices or are restricted by expectations?
Session 5: Being male or female

4. (5–10 minutes)

End with some sentence stems that can be completed by individuals in the whole group or in small groups of two or three, e.g.

- Something I have learned in this session about images of men/women is...
- One message I would like to change about what men/women should be is...
- I like the way men/women can...
- I don’t like the way men/women are expected to...
- I wish that men/women were able to....

Remind the class that traditional stereotypical gender roles are determined by the particular society we live in, that they can be harmful to the health of women and men and are not the only way to behave. It is OK to be different so long as the behaviour is respectful of others and is legal.

OPTIONS/EXTENSIONS

If you have additional time, at the start of Method 2, have students divide into self-selected groups of four or five, provide them with large sheets of paper and a felt-tip pen and allocate one category to each group.

Ask them to list messages that their category gives about what men and women should be.

ADDITIONAL NOTES

You will need to circulate, support and encourage.

Then bring the class back together, pin up their lists and draw out what different groups have written. Discuss with the class:

- how widespread/universal are these messages?
- how influential are they?
- are they positive or negative?
LEARNING OBJECTIVES

For students to:
• be aware that both sexuality and sexual behaviour is individual and varied
• be aware of gender differences in preferences and dislikes
• understand that sexual activity does not only mean penetrative vaginal sex.

NOTES FOR THE EDUCATOR

This session attempts to explore and challenge some of the myths and misunderstandings around male and female sexuality. Some of the material is sensitive, and you will need to be well prepared and to handle it with a great deal of care.

It may be useful to emphasise at the start of the session that this is about sexual feelings and behaviour in general – for some students, this information will be entirely new, for some it may be useful very soon and for others it may be useful at some point in the future – and that a box will be available for anonymous questions which will be answered in a later session.

You may also want to consider providing some wallets containing leaflets and information on the topics you are covering in this session. These could be made available for students to borrow.

FOR YOUNG PEOPLE WITH LEARNING DISABILITIES:

For group work:
• Chance to Choose, select exercises from the ‘Being Sexual’ theme.
• Lets Do It, Exercises 6.11 ‘Male and Female Masturbation’, also exercises in Part 5 ‘Sexual Relationships’ (pp. 113–122).
• Living Your Life, Module 6, Units 2–7.
• Male and female cloth models can be used to demonstrate appropriate touching depending on setting – where they like/dislike to be touched; male and female masturbation.
• Sex and the 3R’s, Handbook Section 4.2–4.3 (pp. 32–35).
• Talking Together about Sex and Relationships, Project sheet 5 (p. 61).

For one-to-one work:

For parents/carers to read:
• Now They Are Growing Up, ‘Female Masturbation’, ‘Male Masturbation’.
MATERIALS

- Copies of the quiz (Project sheet 6) and notes (Handout D) for all students.
- A copy of the Educators’ notes on the quiz.
- You may also want:
  - postcards (or slips of paper) for questions
  - a box or other container to post questions
  - some information wallets for students to borrow.

METHOD

1. (5 minutes)

Introduce the session and explain that this is an opportunity for students to confirm what they know already, clarify information they were unsure and gain new information. Remind them of the values of the programme – that our sexuality is a natural and healthy part of who we are and that each of us feels differently about our sexuality and may express it in different ways. Make clear that the quiz is not a test, that its purpose is to raise points for discussion and that students’ opinions and experiences are relevant and useful.

2. (10 minutes)

Have the class divide into self-selected groups of two or three. Give out the quiz (Project sheet 6) and have students spend a few minutes filling it in alone. When most have had time to complete it, encourage each group to discuss their responses among themselves, appointing a spokesperson to note any comments or questions and be prepared to report back.

3. (15–20 minutes)

Bring the class back together. Go through the quiz asking the spokesperson from a different group in turn to feed back on each statement. Make clear to the spokesperson that what they report back must be anonymised. Draw out additional points from other groups, ask students what they think and offer correct information as you go through the quiz (see Educators’ notes).

4. (5 minutes)

Give out brief notes on the quiz (Handout D) for students to keep.

End with a round of ‘Something I learned today…’, which may be done in the whole group if it is no more than about 16 students, in the small mixed groups or in the original twos and threes.

Remind students to write down anonymously on pieces of paper or a postcard any other questions they would like answered and post them in the container provided. Explain that they can add questions at any time, and you will attempt to answer them over the next few weeks.
OPTIONS/EXTENSIONS

If you have time, have students form single gender groups in **Method 2**, without a spokesperson. Then have a girls’ and a boys’ group join up to form **mixed groups** no bigger than five. Ask them to share single gender group responses (e.g. ‘we thought that...’ or ‘some of our group thought...’) to each statement and discuss. Have them appoint a spokesperson to record discussion and report back at the end.
1. **When do boys and girls mature sexually?**
   - a) about the age of 18
   - b) about the age of 15
   - c) about the age of 12
   - d) none of these.

2. **How many teenagers in Scotland have not had sexual intercourse before they are 16?**
   - a) very few
   - b) about a third
   - c) about two-thirds
   - d) almost all.

3. **Is it true that women want love and men need sex?**
   - a) yes
   - b) no
   - c) not sure.

4. **How do people learn what they enjoy sexually?**
   - a) it just comes naturally
   - b) they learn by experience.

5. **Is masturbation only for people who haven’t got a partner?**
   - a) yes
   - b) no
   - c) not sure.

6. **Is it true that, once aroused, boys/men have to have sex?**
   - a) yes
   - b) no
   - c) not sure.

7. **What makes a person heterosexual, lesbian, gay or bisexual?**
   - a) nature
   - b) the way they are brought up
   - c) choice
   - d) nobody knows.

8. **Do some people choose not to have sex?**
   - a) yes
   - b) no
   - c) not sure.
1. When do boys and girls mature sexually?
   a) about the age of 18
   b) about the age of 15
   c) about the age of 12
   d) none of these.

   Answer: d
   There is no standard age at which a person matures sexually.

   Puberty is a process of physical and emotional changes taking several years. The start of puberty and the speed at which it takes place vary greatly from one individual to another. Most girls will have their first period between the ages of 11 and 14, but some girls start as early as 8 while others may be as late as 17. Most boys start to notice changes in their bodies between about 10 and 16.

   Our bodies may be sexually mature by the age of 15, but that does not necessarily mean that we are emotionally ready for sexual relationships. We may not be ready at 18 either.

   The use of alcohol and some illegal drugs lowers inhibitions and makes good decision-making more difficult. Research indicates that 17% of 15-year-old girls and 12% of 15-year-old boys surveyed had unprotected sex during the previous year as a result of drinking alcohol. In addition, drug users were more likely to have under-age sex and at an earlier age (Currie et al., 2002).

   How do we decide if we are mature enough for sexual relationships?

   What might influence young people to engage in sexual activity that they may regret later?

2. How many teenagers in Scotland have not had sexual intercourse before they are 16?
   a) very few
   b) about a third
   c) about two-thirds
   d) almost all.

   Answer: c
   Research from SHARE (Wright et al., 2002) and from Alexander et al., 2004 suggests that about 65% of teenagers in Scotland have not had sexual intercourse before the age of 16.

   SHARE research also found that at least 82% of boys and 85% of girls had not had sexual intercourse by 13 or 14 years old. Of those who had had sexual intercourse at least once, about a third thought it was too early (Wright et al., 2002).
By the age of 16, girls are more likely to have had sexual intercourse than boys. Young people may be sexually active, but not having sexual intercourse. Different data suggest slightly different things – findings from the 2000/01 Health Behaviour of Schoolchildren (HBSC) survey report that 34.6% girls and 32.9% boys are sexually active before age 16, whereas feedback from the SHARE research indicates that 31% of boys and 41% of girls are sexually active by this age. One reason for the difference might be that the SHARE questions are completed by young people at age 16 while the HBSC survey is at age 15.

Do these figures surprise you? Why do you think that some may have had sex only once? Why might some young people regret early sexual intercourse?

Discuss pressure on young people (from within, from peers, from the media) to have sex. Discuss the effect of alcohol and illegal drugs on behaviour and decision-making.

Research also suggests that about 65% of teenagers have had sexual intercourse by the age of 18, and that a quarter (25%) of 18-year-olds in Scotland have had sex with more than two people.

Does this surprise you?

Why do you think many believe that the figures are actually much higher?

3. Is it true that women want love and men need sex?

   a) yes
   b) no
   c) not sure.

Answer: a and b
Some women need sex less than some men; some women need sex more than some men.

Some women and some men rate love as more important than sex; and many women and men want both. People’s want or need for sex varies greatly. At certain times in their lives, some women and some men may want more sex than their partners.

Do you think boys need sex more than girls?

Why might this be/seem to be?

The idea that women need less sex than men may have developed because women tend to take longer to be aroused sexually. It is important to remember this if women are to enjoy sex.
Do both men and women want to be loved?

Why do boys tend to talk more of sex than of love or relationships?

Are boys able to talk about their feelings?

4. How do people learn what they enjoy sexually?

a) it just comes naturally
b) they learn by experience.

Answer: b
People learn by experience what they enjoy sexually.

We are all sexual beings.

We learn through our upbringing and from experience:
• what we feel about sex generally
• whether we want to have sex
• whether we enjoy it
• who we enjoy sex with
• what we like to do sexually.

How we feel, think and behave sexually may change as we get older.

A good sexual relationship is likely to develop over a period of time when two people care for one another.

Do people always have good sexual experiences?

In what circumstances are they sometimes not good?

Discuss lack of consent, ambivalence, fear of consequences, inexperience, premature ejaculation, first sexual experiences, the need to develop a good relationship.
5. Is masturbation only for people who haven’t got a partner?

   a) yes
   b) no
   c) not sure.

Answer: b
Masturbation is not only for people who haven’t got a partner.

Masturbation is touching or rubbing genitals to produce pleasurable sexual feelings. Some girls and boys will discover masturbation quite young; others will discover it as teenagers or adults. Some people never masturbate. This may be because they don’t know about it, they don’t like it or because it is against their faith or cultural beliefs.

Why might people masturbate?

Explain to the class that many women and men masturbate alone or with a partner because they enjoy it. It is one form of sexual activity. Emphasise that it does not do any harm.

6. Is it true that, once aroused, boys/men have to have sex?

   a) yes
   b) no
   c) not sure.

Answer: b
Boys/men do not have to have sex once they have been aroused.

Some boys might really believe the myth.

Why else might they put this view about? Discuss whether it is to persuade partners into sex, because they believe this to be true or because it maintains a myth about men as sexual predators?

No harm will come to a person who is aroused and does not have sex. If they wish to relieve themselves, they can masturbate.
7. What makes a person heterosexual, lesbian, gay or bisexual?

a) nature  
b) the way they are brought up  
c) choice  
d) nobody knows.

Answer: d
It is not known what makes a person heterosexual, lesbian, gay or bisexual.

Ensure the class understands the terminology used in the question. A person who is heterosexual is attracted to people of the opposite sex; a lesbian is a woman who is attracted to other women; a gay man is attracted to other men; and a person who is bisexual may be attracted to others of the same sex or people of the opposite sex.

Why is this question often asked about people who are lesbian, gay or bisexual when it is not asked of people who are heterosexual?

Why is there so much discrimination in society against people who are lesbian, gay or bisexual?

Is a person always entirely heterosexual or entirely lesbian, gay or bisexual?

Discuss the idea of a continuum from entirely heterosexual feelings and experience at one end to entirely lesbian or gay at the other, with a wide range of sexual feelings and experiences in between, including adolescent experimentation, feelings of attraction for someone of the same sex, bisexuality, etc, and that you don’t have to identify as lesbian, gay or bisexual to have same sex feelings or experiences.

A survey of sexual behaviour indicated that 4% of young men and 9% of women between the ages of 16 and 24 years reported a sexual experience with a same sex partner (Macdowell et al., 2002). Remember this does not include those who reported that they simply had feelings of attraction for someone of the same sex.

Does the label describe how a person feels or how they behave?

A person may describe their sexuality/sexual orientation in a particular way, but this does not necessarily describe their behaviour, e.g. a lesbian may be sexually active with women or men, she may be married and have children or she may be celibate or in a partnership.

Does a person’s sexuality/sexual orientation ever change?

People express their sexuality in different ways at different times.
8. **Do some people choose not to have sex?**

   a) yes
   b) no
   c) not sure.

**Answer:** a

*Some people choose not to have sex. Others do not have the opportunity.*

Celibacy means not being sexually active – for some, this is called abstinence. A person may choose to be celibate at any stage, for a period of time or for the rest of their life, or they may be celibate because they have no one to have sex with.

**Why do you think a person might choose celibacy?**

Discuss faith reasons, negative experiences, not being interested in sex, wanting time alone.

**Why do you think a person might be celibate when they would rather not be?**

Discuss difficulties in forming relationships or unavailability of potential partners.
Sexual understanding and activity

1. **There is no clear age when girls or boys mature sexually.**

Puberty is a process of physical and emotional changes taking several years. The start of puberty and the speed at which it takes place vary greatly from one person to another. Some girls start having periods at the age of 9, others not until they are 14 or 15. Boys start to notice changes in their bodies between about 11 and 16. Even when our bodies are sexually mature, that does not necessarily mean that we are emotionally ready for sexual relationships.

Remember that most young people have not had sex before they are 16.

Research also suggests that:
- about 35% of teenagers in Scotland have not had sexual intercourse by the age of 18
- only a quarter (25%) of 18-year-olds in Scotland have had sex with more than two people.

It is worth remembering that there are lots of pressures to have sex, particularly because everybody seems to be doing it. Remember that NOT everyone is doing it, and it is OK to wait until you are ready. Nobody should pressurise you into having sex.

The use of alcohol and some illegal drugs lowers inhibitions and makes good decision-making more difficult. Research shows that 17% of 15-year-old girls and 12% of 15-year-old boys surveyed had unprotected sex during the previous year as a result of drinking alcohol. In addition, drug users were more likely to have underage sex and at an earlier age.

2. **Research suggests that 65% of teenagers in Scotland have not had sexual intercourse before they are 16.**

Remember that most young people have not had sex before they are 16.

Research also suggests that:
- about 35% of teenagers in Scotland have not had sexual intercourse by the age of 18
- only a quarter (25%) of 18-year-olds in Scotland have had sex with more than two people.

It is worth remembering that there are lots of pressures to have sex, particularly because everybody seems to be doing it. Remember that NOT everyone is doing it, and it is OK to wait until you are ready. Nobody should pressurise you into having sex.

The use of alcohol and some illegal drugs lowers inhibitions and makes good decision-making more difficult. Research shows that 17% of 15-year-old girls and 12% of 15-year-old boys surveyed had unprotected sex during the previous year as a result of drinking alcohol. In addition, drug users were more likely to have underage sex and at an earlier age.

3. **Some women need sex less than some men; some women need sex more than some men.**

Some women and some men rate love as more important than sex; and many women and men want both.

People’s want or need for sex varies greatly. At certain times in their lives, some women and some men may want more sex than their partners.

The idea that women need less sex than men may have developed because women tend to take longer to be aroused sexually. It is important to recognise this if women are to enjoy sex.

Research also suggests that boys learn about sex through masturbation (wanking) while girls tend to learn about sex through experience with a partner.

Most people, both men and women, want to be loved.
We are all sexual beings. We learn from our upbringing and experience what sex means to us, what we feel about sex and who we find attractive.

How we express ourselves sexually may change over time.

Good sexual relationships develop over a period of time when two people care for one another.

Masturbation is touching or rubbing genitals to produce pleasurable sexual feelings. Some girls and boys will discover masturbation quite young, others will discover it as teenagers or adults.

Some people never masturbate. This may be because they don’t know about it, they don’t like it or because it is against their faith or cultural beliefs.

Many women and men masturbate alone or with a partner because they enjoy it. It is one form of sexual activity.

Some boys might really believe this myth, and some boys may repeat it to persuade partners into having sex.

No harm will come to a person who is aroused and does not have sex. If they wish to relieve themselves they can masturbate.

A person who is heterosexual is attracted to people of the opposite sex; a person who is lesbian or gay is attracted to people of the same sex; and a person who is bisexual is attracted to people of both sexes.

Experiences vary widely. Most people will identify as heterosexual, and some will identify as lesbian or gay from quite a young age. Some people who identify as heterosexual will experience same sex relationships or have feelings of attraction to someone of the same sex.

It is worth asking ourselves why we need a reason for being lesbian, gay or bisexual – the same question is not asked about heterosexuality.

Young women and young men who are lesbian or gay usually say that they recognised their difference in their early teens, although they rarely knew the words to describe it, or found anyone to talk with about it.
8. Some people choose not to have sex. Others do not have the opportunity.

Celibacy is the word to describe not being sexually active.

A person may choose celibacy (or abstinence) at any stage, for a period of time or for the rest of their life; or they may be celibate because they have nobody to have sex with or because of faith or cultural beliefs.
LEARNING OBJECTIVES

For students to:
• be aware of vulnerability to becoming pregnant or getting a partner pregnant
• know about contraception and contraceptive services
• have considered the consequences of pregnancy.

NOTES FOR THE EDUCATOR

The next two sessions are primarily about information to help students keep themselves and their partners safe. This session explores the risks and consequences of pregnancy. It aims to challenge those who are sexually active to keep themselves safe and to validate those who are not yet sexually active.

Keep an eye on any questions students have written anonymously – the next few sessions will provide a good opportunity to answer them.

FOR YOUNG PEOPLE WITH LEARNING DISABILITIES:

Some of the sexual terms may need to be more fully and explicitly explained. For those with literacy or visual impairment, large script might be needed on Handout 6.1.

For those with poor literacy or problems with concentration, extra input using more picture-based resources or body boards would be helpful.

For group work:
• Body Board, Pregnancy, People and Families, Contraception and Making Love.
• Chance to Choose, select exercises from the ‘Sexual Health’ and ‘Pregnancy, Birth and Parenting’ themes.
• Sex and the 3R’s, Handbook Sections 4.23 and 4.24 (pp. 68–70), Pictures 55, 57 and 59.
• A Visit to Caledonia Youth, a free leaflet about contraceptive services, designed specifically for people with learning disabilities, which can be given to students to keep.

Alternatives to parts of Session 7:
• Talking Together about Sex and Relationships, Sheet 7.1, practitioners suggest substituting ideas from pp. 55–56 to explore the reasons for having sex or not.
MATERIALS

- Copies of *Janine and Eddie: Questions* (*Project sheet 7.1*) for each student.
- A copy of the *Educators’ notes* on the scenario.
- You may also want:
  - one copy of *Janine and Eddie: Tasks* (*Project sheet 7.2*), cut up (see Options/extensions)
  - copies of a general sexual health leaflet for all students
  - a selection of other leaflets, books and posters on pregnancy, contraception and STIs
  - some wallets for students to borrow containing leaflets and information on the topics you are covering in this session
  - a contraceptive kit on display, examples of different kinds of condoms and a demonstrator available.

METHOD

1. (15 minutes)

Explain what you plan to explore this session. Distribute the Janine and Eddie questions (*Project sheet 7.1*).

Read out, section by section, the *Janine and Eddie* scenario and ask questions of the class, specifying the number of each question. Each person must decide, individually and without discussion, whether they think the answer is yes or no. Allow a moment for decision, then have students tick the appropriate box. Do not read the answers at this stage.

At the end, score the questions with one point for each correct answer:

1. YES 8. NO
2. NO 9. YES
3. YES 10. NO
4. YES 11. YES
5. YES 12. YES
6. YES 13. YES
7. NO 14. YES

Explain that those with the lowest score may need further support and information. Those with the highest score are at least risk as long as they remember to put into practice what they know.
Go through the scenario again, giving correct information, raising points (as indicated in the Educators’ notes) and answering questions. Focus on the questions that students got wrong.

Discuss with the class what options would now be available to Janine and Eddie. Draw out the possibility of:

- Janine and Eddie getting married and setting up home together
- Janine having the baby and staying with her mum
- Janine having the baby and offering it for adoption
- Janine having an abortion.

What do students think Janine and Eddie should do?

End the session with a discussion of what Janine and Eddie could have done to avoid this situation, or a round of ‘One thing Eddie or Janine could have done to avoid this situation...’.

Remind students of the values of the programme – that we should never have to do anything sexual we don’t want to do and, if we choose to have sex, we should protect ourselves and sexual partners from unintended pregnancy and from sexually transmitted infections.

Give out a general sexual health leaflet for all students to keep. Or direct students to some of the websites mentioned in Appendix D.
After Method 2, if you have sufficient time, divide the class into four to six mixed gender groups and appoint a spokesperson for each. Give each group one of the Janine and Eddie tasks (Project sheet 7.2) and ask the spokesperson to read out to the group what is on the card.

Have students reflect quietly to themselves for a moment, and then share their responses in turn in the small groups. You will probably need to explain the difference between feelings and thoughts. Feelings (or emotions) are produced by changes in chemicals in our bodies, which may lead to a range of sensations such as increased heart rate, dry mouth or ‘butterflies in the stomach’. The feelings associated with these changes are often instant and sometimes powerful and irrational, e.g. anger, joy, disappointment, sadness. Thoughts, on the other hand, always involve the brain and allow us to control our emotions. They tend to come more slowly and rationally.

When each person has shared, then they can discuss as a group and attempt to reach consensus. You may need to circulate among the groups and encourage them to think through the issues.

Have each spokesperson in turn report back. Draw out from the feedback:

- the reactions of others to Janine’s pregnancy
- the problems facing Janine and Eddie
- the options open to them.

Have the class vote on what Janine and Eddie should do.
Janine is 15 and Eddie is 17. They have been going out together for about two months. The first time they had sex was at a party when both of them had been drinking. Janine did not worry about pregnancy that time, especially as it had hurt and she hadn’t liked it much.

1. Could she have got pregnant the first time?

It is quite possible to get pregnant the first time a girl has sex. She does not have to enjoy sex (or have an orgasm) to get pregnant. Use of alcohol or some illegal drugs can affect a couple’s ability to make good decisions.

They had sex a couple more times. Eddie said it would be OK, because he would be careful and pull out before he came. Anyway, he joked, we always have to do it standing up.

2. Is she safe from pregnancy if he says he will pull out before he comes?

3. Could she get pregnant if they always had sex standing up?

She could get pregnant, either from pre-ejaculate, which is released just before a man comes, or because he doesn’t pull out in time. Even if he doesn’t penetrate at all, there is still a small risk of pregnancy from ejaculate around the vaginal opening. She could get pregnant whatever position they use for sex.

Then she had her period. Only a light one, but what a relief.

4. Could Janine be pregnant even if she had a light period?

Janine and Eddie have taken big risks. Janine may or may not be pregnant. Some people go on having light periods in early pregnancy.

Janine thought perhaps she had been lucky. Eddie suggested they should try condoms.

5. Is there any risk at all of pregnancy if Eddie uses condoms?

If Eddie uses condoms with a kite mark (or a CE mark, which is the European equivalent of the kite mark) on the packaging, they will considerably reduce the risk of pregnancy (and of STIs). A kite mark shows that they have been tested to ensure safety. However, even if he uses them correctly and carefully every time they have sex, there is still a very small risk of pregnancy. Alcohol and some illegal drugs increase the likelihood that risks will be taken.

They try condoms. Eddie says it’s like having a bath in your wellies…and they’re expensive.

6. Can you get condoms free?

Condoms are available free from family planning/youth clinics and GUM clinics.

Eddie suggests that Janine should go on the pill – then she can be sure she won’t get pregnant.
There is a very small risk of pregnancy if a woman is on the pill, especially if she is sick or has severe diarrhoea, or is taking certain types of antibiotics or other medication. It is a good idea for sexually active young people (in a heterosexual relationship) to use both the pill and condoms for protection.

Janine hasn’t gone on the pill. She is worried that the doctor might tell her mum.

If a girl goes to a family planning/youth clinic she will be listened to, advised and treated in confidence even if she is under 16. Doctors will not break her confidence themselves. They may refuse treatment to a girl under 16 until she has told her parents if they feel she does not fully understand what she is doing.

Next time they have sex, Janine is midway through her monthly cycle. Eddie isn’t as careful as he said he’d be.

A woman is most fertile around the time of ovulation (the time when a new egg is produced). This normally takes place around two weeks before the next period, i.e. halfway through the menstrual cycle. However, there are several factors that make this unpredictable – her next period may be early or late, or she may ovulate twice in the month.

Janine is worried that she might be pregnant – she and Eddie took a big risk. She asks her friend about the ‘morning after pill’. Her friend says that’s no good because you have to take it the next morning.

The ‘morning after pill’ is a very misleading term for emergency contraception, which is available from a GP or clinic up to 72 hours (three days) after having unprotected sex, though the sooner it is taken the more effective it is likely to be. It can also be bought by over-16-year-olds from a pharmacy.

The treatment is usually a high dose of the pill, taken as two tablets. Emergency contraception is for emergencies, and not to be used regularly.

Janine and Eddie have now been going out together about six months. Nobody ever expected it to last that long, but Janine still worries that they should use some form of contraception. Eddie isn’t always careful these days, partly because he’s getting a bit fed up with Janine. She keeps saying she feels sick and she is too tired to go out.
Feeling sick, especially in the mornings, and feeling tired are both possible signs of pregnancy. Other signs are weight gain, breast tenderness and needing to urinate (pee) more frequently.

Janine and Eddie break up. She gets really low, and sits indoors watching TV and stuffing herself with chocolates and crisps to cheer herself up. She starts to put on weight. Her friend notices that she has put on weight and says she had better have a pregnancy test. Janine says she can’t be pregnant and, anyway, you can’t get a pregnancy test done without going to the doctor.

You can buy pregnancy testing kits from a pharmacy or from a supermarket. They will show an accurate result very soon after conception.

Her friend says she can go to a family planning/young people’s clinic (choose the most appropriate for your area). They will probably give her a test just to make sure and fix her up with contraception.

Any family planning/youth clinic or GP will carry out a pregnancy test. They will also offer information and advice, and prescribe contraception if appropriate. The service is free and confidential.

11. Could she be pregnant?

12. Can you buy a pregnancy testing kit?

13. Is that true?

14. Do you think Janine is pregnant?
### Project sheet 7.1: Janine and Eddie questions

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>YES</th>
<th>NO</th>
<th>SCORE</th>
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<tbody>
<tr>
<td>1. Could Janine have got pregnant the first time they had sex?</td>
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<tr>
<td>2. Is Janine safe from pregnancy if Eddie says he will pull out before he comes?</td>
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<td>3. Could Janine get pregnant if they always have sex standing up?</td>
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<td>4. Could Janine be pregnant even if she had a light period?</td>
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<td>5. Is there any risk at all of pregnancy if Eddie uses condoms?</td>
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<td>6. Can you get condoms free?</td>
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<td>7. If Janine goes on the Pill, can she be quite sure she will not get pregnant?</td>
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<td>8. Is a doctor allowed to tell Janine’s mum that she wants to go on the Pill?</td>
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<td>9. Is ‘midcycle’ a high-risk time for Janine to get pregnant?</td>
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<tr>
<td>10. Is it true that you have to use emergency contraception the morning after sex?</td>
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<td>11. Could Janine be pregnant?</td>
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<td>12. Can you buy a pregnancy testing kit?</td>
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<td>13. Is that true that a clinic will give her a pregnancy test and fix her up with contraception if appropriate?</td>
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<tr>
<td>14. Do you think Janine is pregnant?</td>
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### Group A

Imagine you are Janine. The clinic has just confirmed that you are pregnant.
- How would you feel?
- What would you think?
- What would you want to happen?

### Group B

Imagine you are Eddie. Janine has just told you she is pregnant.
- How would you feel?
- What would you think?
- What would you want to happen?

### Group C

Imagine you are a group of Janine’s friends. You have heard she is pregnant.
- How would you feel?
- What would you think?
- What would you encourage her to do?

### Group D

Imagine you are a group of Eddie’s friends. You have heard that Janine is pregnant.
- How would you feel?
- What would you think?
- What would you encourage him to do?

### Group E

Imagine you are Janine’s mum. Janine has just told you she is pregnant.
- How would you feel?
- What would you think?
- What would you encourage her to do?

### Group F

Imagine you are Eddie’s dad and mum. Eddie has just told you Janine is pregnant.
- How would you feel?
- What would you think?
- What would you encourage him to do?
SESSION 8 – SEXUAL ACTIVITY AND STIs

Session 8: Sexual activity and STIs

LEARNING OBJECTIVES

For students to:
• be aware of vulnerability to STIs
• know about STIs and sexual health services
• have considered the possible consequences of infection with an STI.

NOTES FOR THE EDUCATOR

This session explores the risks and consequences of STIs, and ways in which students can protect themselves. It aims to challenge those who are sexually active to keep themselves safe and to validate those who are not yet sexually active.

Keep an eye on any questions students have written anonymously – this session may provide a good opportunity to answer them.

Unless students specifically ask for this, do not be tempted to go into detail about each STI, its symptoms and treatment. This is not essential information.

Remember that your language needs to be inclusive of all students, and that there could be students in the group with experience of STIs.

This session needs careful preparation and planning – the glove activity is more complex than it looks at first sight. It may be a good idea to practise it with colleagues, friends or family.

FOR YOUNG PEOPLE WITH LEARNING DISABILITIES:

Several sessions may be required to cover this topic and you may find that the glove exercise is too complicated.

Additional resources:
• Cathy has Thrush is a useful resource which you could use and then allow students to keep.
• Chance to Choose, select exercises from the ‘Sexual Health’ theme.
• Let’s Do It, exercises from Part 7 HIV Activities (pp. 129–133).
• Living Your Life, Module 8, Units 1–8 and Module 6, Unit 4 ‘Sexual Expression’.
• Sex and the 3R’s, Handbook section 4.20 (p. 66).
• Talking Together about Sex and Relationships (pp. 94–97) and Factsheet 3 (p. 100).
MATERIALS

- Five gloves, latex or polythene disposables are ideal, but ordinary gloves will do.
- A prepared OHT, flipchart or board with key STI information (see Method 2).
- You may also want:
  - copies of a general sexual health leaflet for all students (if you didn’t give it out last session)
  - a selection of other leaflets, books and posters on pregnancy, contraception, condoms and STIs
  - some wallets for students to borrow containing leaflets and information on the topics you are covering in this session.

METHOD

1. (10 minutes)

Say very little by way of introduction to this exercise, except that you are moving on to explore other aspects of sexual behaviour.

Ask for ten volunteers from the class. Either arrange a circle of ten chairs in a central space with the rest of the class sitting in a second circle around them or have each of the ten bring a chair out to the front. Start off with the ten volunteers standing; invite each of them to shake hands with one other person and to remember who that was. Then ask them to mill about the group and shake hands with two more people and remember who they were.

Now tell them that unfortunately ‘A’ (and pick one fairly strong character in the group of ten) had an easily transmitted infection that is passed by shaking hands. ‘A’ must sit down as a sign that he or she is infected. Ask ‘A’ who they shook hands with first. When this person (‘B’) has been identified, explain that the infection has been passed on, so ‘B’ must sit down too. Now ask if anyone shook hands with ‘A’ or ‘B’ at any stage in the activity. Unfortunately, all these students are now infected too, so they must sit down. If anyone who remains standing shook hands the third time with anyone who is now sitting, they too are infected and should sit down. At this point, at least six of the group should be sitting down.

2. (10–15 minutes)

Explain to the class that this activity was to illustrate ease of transmission of some common STIs (though, of course, not transmitted via hands!), and that you are now going to explore what they know about them. Ask the class the following questions, drawing out as much information as you can from them and adding information where they have gaps. Use the prepared OHT, flipchart or board to reinforce key information.
• **What does STI stand for?**
  STI is a sexually transmitted infection. There are many different STIs.

• **How are STIs transmitted?**
  STIs are transmitted most commonly through vaginal sexual intercourse or anal sex (you may need to explain what this is). Some can be transmitted also through close sexual contact such as oral sex (you may also need to explain this), although this is less risky than vaginal or anal sex. It is possible to get an STI the first time you have sexual intercourse (or close sexual contact).

• **Who gets STIs?**
  Anyone who is sexually active can get an STI if they do not protect themselves carefully.

• **What STIs can you name?**
  STIs include gonorrhoea, syphilis, hepatitis, thrush (candida), genital herpes, HIV, trichomoniasis (trich), NSU (non-specific urethritis), chlamydia, genital warts and pubic lice.
  Some are more common than others (the three most common among young people are chlamydia, herpes and genital warts); some are more easily transmitted than others (e.g. chlamydia); and some are not only sexually transmitted [e.g. HIV (transmitted through use of infected needles), hepatitis and thrush].

• **What is chlamydia?**
  Chlamydia is caused by a bacterium (called *Chlamydia trichomatis*) that is easily spread and increasing rapidly, especially among those under 25. Around one in seven young women and one in ten young men under 25 are estimated to have chlamydia.

• **What are the symptoms of chlamydia?**
  Often none at all, so a person does not know they are infected.

• **How is it treated?**
  If chlamydia is picked up early enough, it can be treated with a course of antibiotics.

• **So why is chlamydia a problem?**
  It may make a girl/woman infertile (unable to have children of her own) if it is not treated quickly. It can also make a boy/man infertile.
  Explain to the class that, if the shaking hands exercise had been sexual intercourse (or other close sexual activity) and ‘A’ (name the person) had been infected with chlamydia, then it would have spread in the same kind of way, and the girls or boys among the volunteers might have ended up infertile.

• **Who is HIV a problem for?**
  Concern is growing about the spread of HIV and, as yet, there is no cure. It is a huge worldwide problem; in the UK, it is growing fastest among heterosexual people; and gay men are also a high-risk group, especially if they have unprotected penetrative sex.

• **What might the symptoms of an STI be?**
  Sores, blisters, redness, bumps or lumps on or around the genitals; unusual, coloured or smelly discharge from the vagina or penis; irritation or itching in or around the genitals; pain in the lower abdomen, especially when peeing or having sex.
• Where can a person go for advice or treatment?
  The best places are GUM (genito-urinary medicine) clinics, GPs, family planning or youth clinics. A sexual health helpline would also offer support and advice.

• So what can a person do to protect themselves?
  Avoid close sexual contact or use a condom every time they have sex. The risk of getting an STI is greater the more partners a person has.

3. (5 minutes)
Encourage the same volunteers to explore what happens when some people protect themselves. Have five people put a glove on their right hand. Again, invite each of them to shake hands with one other person, and to remember who that was. Then ask them to mill about the group and shake hands with two more people and remember who they were.

Now tell them that unfortunately ‘C’ (and pick another fairly strong character in the group, not somebody wearing a glove) has an easily transmitted infection that is passed by shaking hands. ‘C’ must sit down as a sign that he or she is infected.

Ask ‘C’ who they shook hands with first. If this person (‘D’) is wearing a glove, then they may remain standing – there has been no transmission of infection – however, they are not wearing a glove, then they must sit down – they are infected. Now ask if anyone shook hands with ‘C’. If they are not wearing a glove, they are now infected and must sit down. If ‘D’ is sitting, ask if anyone shook hands with ‘D’. If they are not wearing a glove, they are now infected and must sit down. If anyone not wearing a glove and remaining standing shook hands the third time with anyone who is now sitting, they too are infected and should sit down.

4. (5 minutes)
Ask the class what they notice. Draw out:
• that those who protect themselves are safe from infection
• that the infection itself is spreading more slowly because some people are protecting themselves
• that some of those who had not protected themselves are not yet infected, but are still very much at risk.

There may have been some reluctance among the volunteers to shake hands with those not wearing gloves. This behaviour could be used to promote discussion too:
• why were some of you reluctant to shake hands with people who were not wearing gloves?
• would you be equally reluctant to get sexually involved with somebody who wouldn’t use condoms? If not, why not?

Discuss with the class the fact that each STI is different:
• some are more common than others – for young people, the most common are chlamydia, genital warts and genital herpes
• some are easily spread, such as chlamydia
• some have painful symptoms and others may have no symptoms at all
• some are easily treated, others are not
• HIV is as much a concern for heterosexuals as for gay men.
5. (5 minutes)

End the session by discussing with the group the importance of young people protecting themselves from STIs. Ensure that they understand that there are two ways to do this:
- by not having close sexual contact with others
- by using a condom every time there is close sexual contact.

Remind the class that the risk of getting an STI is greater the more partners a person has, and that using alcohol and some illegal drugs impairs judgement and makes it more likely that sexual risks will be taken.

Ask the class where a person can get help if they think they may be infected with an STI. Ensure that they know:
- where the local GUM or family planning clinic is and that it is totally confidential
- that they could seek advice from a school nurse, GP or youth clinic.

If you didn’t give a general sexual health leaflet out last session, give it out to all students now. Or direct students to some of the websites and helplines mentioned in Appendix F.

OPTIONS/EXTENSIONS

This lesson could be extended, if appropriate, to discuss:
- sex and drugs, including alcohol
- date rape and the use of drugs such as Rohypnol
- safer alternatives to penetrative sex (see Session 15)
- the importance of correct condom use and lubricant for anal sex.
Session 9: Planning to keep safe


LEARNING OBJECTIVES

For students to:
- recognise the need to take responsibility for behaviour
- accept the role of planning in keeping safe sexually
- be able to identify risk factors in relationships.

NOTES FOR THE EDUCATOR

This session invites students to take responsibility for their behaviour, and to plan to keep themselves safe.

Remind them of their right to safety, but also of their responsibility to keep themselves and others safe.

When working with Project sheet 9, it is important not to make judgements about the social or moral acceptability or otherwise of specific situations, but rather to focus on its safety – or how it might be made safe.

FOR YOUNG PEOPLE WITH LEARNING DISABILITIES:

This activity is probably appropriate for pupils with mild communication difficulties, but pupils with moderate or severe communication needs might benefit from picture-based scenarios.

For groupwork:
- **Body Boards**, Flirting, Romantic and Sexual Signals (this uses the same traffic light idea).
- **Chance to Choose**, select exercises from the ‘Being Sexual’ theme.
- **Living Your Life**, Module 6, Unit 2 ‘Development of a Physical Relationship’, Unit 3 ‘Sexual Expression with a Partner’, Module 8, Unit 3 ‘Assertiveness’ and Unit 8 ‘Keeping Safe’.
- **Sex and the 3R’s**, pictures 21–42 (and note that these could also be useful in one-to-one work).
- **Talking Together about Sex and Relationships** (p. 67).

MATERIALS

- Copies of Project sheet 9 for all students.
- Description of the three stages on an OHT, flipchart or board:
  - **green stage**: where a person has strong feelings for another person, but there are no sexual risks
  - **orange stage**: where there is a possibility that the relationship might become sexual
  - **red stage**: where it is likely that sexual risks will be taken.
METHOD

1. (5–10 minutes)

Introduce this session by reminding students of their right to safety, but also of their responsibility to keep themselves and others safe. Explain that there are risks in all sexual activity and, if we learn to recognise them, then we are more likely to be able to keep ourselves and our partner(s) safe. This is the focus of the lesson.

Describe three different stages of intimacy:

- **green stage**: where a person has strong feelings for another person, but there are no sexual risks
- **orange stage**: where there is a possibility that the relationship might become sexual
- **red stage**: where it is likely that sexual risks will be taken.

The green stage is safe, exciting and fun. If a relationship moves into the orange stage, a person needs to decide soon how far they want the relationship to go, and take steps to keep themselves safe. If they recognise the signs, they will have time to plan to keep safe. If they miss the signs, it may be too late.

If a relationship moves into the red stage, a person could be in a high-risk situation almost immediately and needs to act very quickly to keep safe. If they recognise the signs, they can still protect themselves. If they don’t recognise them, or ignore them, it may be difficult to handle the consequences.

Emphasise that the time taken to pass through these stages varies. A person could go from green to red in less than an hour, or take a year or more to go from green to orange.

2. (10 minutes)

Divide the class into small mixed groups and give all students a copy of Project sheet 9. Ask them to work together in their groups to decide which stage each of the different examples comes in.

ADDITIONAL NOTES

Move around among the groups assisting and challenging them. The discussion, different opinions and the ‘ifs and buts’ are as important as reaching consensus.
Bring the class back together, and discuss what the groups decided about levels of intimacy. They are likely to say of some situations ‘it all depends’. Encourage them to explore what it depends on.

**ADDITIONAL NOTES**

It is not essential to go through every situation. If you have circulated, you will probably be aware which situations led to the greatest discussion – concentrate on these.

When you have discussed some of the situations, have the students identify – and make a list on the flipchart or board – what factors make a situation more or less safe, e.g.

- age of those involved
- age difference of those involved
- how long they have known each other
- whether others are present
- whether adults are around
- how consenting the activity is
- what the expectations of each are
- how attracted they are to each other
- whether condoms are available
- whether alcohol or drugs have been used.

Bring the class back together. Discuss:

- how useful is this model?
- is it possible to plan ahead for sexual encounters?
- what are the difficulties?

If the Internet chat room scenario was not discussed by the whole class earlier, you may want to use this opportunity to emphasise the potential dangers, and remind students of the two key safety messages:

- never go alone to meet someone you have met online
- never reveal any personal contact details.

End with a choice of sentence stems, in the whole class or in small groups:

- Something I have learned today is...
- Something I will take away from today is...
- Something I will do differently as a result of today is...
Decide as a group which stage each of these situations is in – green, orange or red

1. ‘Butterflies’ in stomach when a particular person walks into the room.
2. Getting drunk with your boy-/girlfriend.
3. Boy-/girlfriend chooses to spend time with you.
4. Being concerned to say and do the right thing in someone’s company.
5. Dancing body to body to sexy music.
6. Not being able to wait until next time to see someone.
7. Accepting an invitation to stay the night with someone who fancies you.
8. Person you really like invites you out.
9. Watching a porn video with someone.
10. Agreeing to be walked home by someone who you know fancies you.
11. Going somewhere private or being alone in private with boy-/girlfriend.
12. Kissing and feeling very close.
13. Having unprotected sex with someone who uses drugs.
14. Making and taking chances to touch the person you fancy.
15. Getting stoned with your boy-/girlfriend.
16. Going out in a car with someone who you know fancies you.
17. Meeting up with someone you have met through an Internet chatroom.
18. You hear from friends that someone really likes you.
19. Heavy petting.
20. Agreeing to sex without a condom.
LEARNING OBJECTIVES
For students to:
• have an understanding of good communication and negotiation in relationships, and why this is often difficult
• be able to use the skills associated with good communication in (potential) sexual encounters and, in particular, the skills to say no.

NOTES FOR THE EDUCATOR
This session addresses the skills of communicating and negotiating (potential) sexual encounters. It uses a video to trigger discussion and demonstrate skills.

FOR YOUNG PEOPLE WITH LEARNING DISABILITIES
The video may be of limited use with young people with learning disabilities. You may need to find alternative ways of dealing with the issues raised by the video.

For group work:
Make sure you revise Handout B (p. 32).
• Body Board, Flirting, Romantic and Sexual Signals.
• Male and female cloth models to demonstrate appropriate touch
• Chance to Choose, select exercises from the ‘Communication’ and ‘Looking After Me’ themes.
• Sex and the 3R’s, handbook section 4.7 (p. 40); pictures 44–45.
• Let’s Do It, exercises from Part 2 ‘Appropriate Behaviour in Relationships’ (pp. 101–105); skill-based activities on pp. 154–163.

For one-to-one work:
• Books beyond Words, Hug Me, Touch Me.

MATERIALS
• TV, video player and video tape.
• A copy of the Educators’ notes for the ‘Claire and Ally’ video clip.
• A prepared list on an OHT, flipchart or board of sexual activities (see first discussion break in video):
  – holding hands, kissing and cuddling
  – light petting/fondling breasts and upper body through clothes
  – heavy petting/touching each other’s genitals/having oral sex
  – having penetrative sex/sexual intercourse.
• Copies of Handout B for students.
METHOD

1. (5 minutes)
 Introduce the session by reminding students of the work they did last session on keeping safe. Make clear that they have choices about their sexual behaviour, and that the ability to communicate and negotiate clearly will empower them to implement those choices. Explain that in this session they will be watching a video, and you will stop it at intervals for them to discuss what they have seen and heard. Have students rearrange themselves so they are sitting in single gender groups of three or four and able to see the video.

2. (20–25 minutes)
 Now turn to the Educators’ notes and take the class through the video in the way indicated.

3. (10 minutes)
 Distribute Handout B if students don’t have it already. Go through it identifying the elements of good communication, using Claire as an example, and demonstrating as appropriate to reinforce the concepts. Show a complete run through of scenes to reinforce good communication skills.

Explain to students that, in the next session, they will have an opportunity to practise some of these skills.
Claire is 15 and has had several boyfriends. She has been going out with Ally for a few weeks now. She likes him a lot. Ally is also 15, at the same school as Claire and goes around with the same friends. He has not been out with anyone before and is really keen on Claire, he can’t stop thinking about her. He feels under pressure from his friends to have sex.

Mixed group of friends hanging around in the park chatting.
Sam See youse later.
Claire See ya.
Sam turns to Ally.
Sam You going to Kev’s party?
Ally Aye.
Sam Bringing Claire?
Ally Of course.
Pete So, how’s that going?
Ally Aye, its great.
Pete Did you get to take her home on Saturday, or did her mum collect her again?
Ally I took her home.
Pete Yeah, who was at home when you got in back?
Ally No one. Place to ourselves!
Sam Place to yourselves? So, did you score?
Ally Well, let’s just say, that I’m a lucky guy…
Pete You’re well in there mate. Bet she taught you a few things…
Ally No, mate, other way round.

Claire, Kelly and Sarah are sitting on a park bench.
Sarah Are youse going to the party?
Claire Definitely.
Kelly Is Ally taking you?
Claire No, I’m taking him.
Sarah How are things with Ally?
Claire Good. I like him.
Kelly Just like him? I saw youse on Saturday.
Claire Well, I think he really likes me.
Kelly And what about you? Do you like him? Do you love him?
Claire He’s really nice… I love being with him, but I’m finding it hard not to get too carried away, you know?
Sarah You’ve well got it bad. So has he tried anything yet?
Claire What do you think…
Kelly It’s always the way, you gotta be careful.
Sarah Claire’s well past careful…
Claire Well, in my dreams. Anyway, is Martin coming?
Sarah Oooh, Marr-tin.
Prompt questions to single sex groups:
What do you think has happened sexually between Claire and Ally?
What do Ally’s friends think that Claire and Ally have done sexually?
What do Claire’s friends think that Claire and Ally have done sexually?
Why do you think this?

Follow this with class discussion:
What do different groups/boys/girls think that Claire and Ally have done sexually?
Why do you think this?
Would most boys say the kind of thing that Ally said to his friends?
What effect does this have on his friends?
Would most girls say the kind of thing that Claire said to her friends?
What effect does this have on her friends?

If the class think that they have probably had sexual intercourse, remind them that at least 65% (or over two-thirds) of this age group have not had sexual intercourse.

Scene 3
Ally getting ready to go to the party.
Ally Claire, it’s been great and everything, but you know I’d like to... take...
Claire... Claire... Claire... Claire... Claire...
It’s been fun, but you know I think it’s time that we...
Why don’t we go somewhere, quieter...
Claire, you look great tonight...
You know that I really really like you and... stuff...
I’m just going to say this... I think we should...
Claire, it’s really noisy in here, why don’t we go somewhere...
You know it’s really changed my life being with you Claire. You’re such a special person. I love you and I’m really turned on by you.
You only live once. Let’s enjoy ourselves while we have the chance.
Here we go. Here we go.
Claire and Ally at the party.
Ally Claire, it’s so good being with you. Let’s get away from all this.
Claire Where can we go?
Ally Let’s try upstairs.
Claire I don’t think we should go upstairs.
Ally It’ll be quieter there.
Claire I’m not sure…
Ally I’ve got, I’ve got some things I want to say to you when we’re alone.
Claire But somebody might see.
Ally Nobody’s going to see… anyway, what difference does it make if they do?
Claire I don’t want big mouth Gordon to talk…
Ally He’s too pissed to notice… come on… it’ll be special… honest.

Claire and Ally upstairs in a bedroom.
Ally What’s the matter?
Claire Nothing’s the matter… I should get home… that’s all.
Ally If nothing’s the matter why do you want to go home?
Claire Look, Ally…
Ally What’s the matter? Don’t you like it?
Claire Yeah, but… I should get home.
Ally It’s early yet.
Claire We’ve both had a bit too much to drink.
Ally We’ve not had that much, come on… there’s nothing to worry about, let’s not miss this opportunity.
Claire There’s plenty to worry about, we should go back downstairs… You coming?
Ally Nah, I’ll just stay here for a while.
Claire See you, then, I’m off home.

Prompt questions for class discussion:
What did Ally want?
What did Claire want?
Did they handle the situation well?
What part did alcohol play in what happened?
What could Ally have done differently?
What could Claire have done differently?
What will happen now?
Scene 6

This scene shows an alternative way for Claire and Ally to behave in the bedroom.

Ally What’s the matter?
Claire We should stop. It’s time we went home.
Ally Why do you want to go home...
Claire It’s late. We’ve been drinking. I’ve had a great time. I don’t want to do anything I’ll feel bad about tomorrow. Do you?
Ally Don’t you like it?
Claire Yeah, I just said I had a great time. If you meant all those things you said to me you’ll walk me home.
Ally I did. I love you... But, hey, it’s still early yet.
Claire I still think we should get home.
Ally There’s nothing to worry about. I can’t force you to do anything you don’t want to.
Claire Look, Ally, don’t push me...
Ally OK, OK.
Claire Let’s not spoil tonight. We can talk about it tomorrow... Come on take me home, Mary’ll probably come too.

She gets off the bed and picks up his jumper.

Ally You’re great, Come on, I promised I’d tell Paul when we left.
Claire Come on, we’ll show ‘em.

Prompt questions for class discussion:

What do you think of this way of handling the situation?
What did Claire do well?
What did Ally do well?
How realistic is this, especially if both Claire and Ally have been drinking?

Draw out good communication skills as on Handout B.

How do you think Claire feels now?
How do you think Ally feels now?
Scene 7

Ally and Claire are walking in the park the next day, holding hands.

Claire: Look, about what happened last night...
Ally: Yeah I know, I shouldn’t have pushed it but... Don’t you think it was a missed opportunity?
Claire: No. You know how I feel about you right? But...
Ally: But you don’t want to get involved, is that it?
Claire: No, I am involved, that’s just it.
Ally: So what is it?
Claire: I want us to be special... I don’t want to rush into anything we might not know how to handle.
Ally: But we are special. I love you. That’s why I want to be with you...
Claire: I want to be sure I’m ready. Having sex is serious, I don’t want to rush into anything.
Ally: But when will you be ready?... next week?... next month?
Claire: I don’t know, all I know is I’m not ready now. Are you sure you’re ready? I want us to get to know each other better first. Just now I’d rather just stick to kissing and holding hands, you know...
Ally: But that’s what we did last night...
Claire: Yeah, and that was great, if we’re going to have a relationship, we need to know when to stop. I don’t want to get into that situation again.
Ally: What situation?
Claire: Where I feel pressure... where you expect sex and I don’t want it. I want us to agree on what we’re doing, no more pushing...
Ally: What are you thinking?
Claire: I did want sex last night and I thought you were cool. I didn’t know how you felt but its good to know... I don’t like it when we argue. I want it to be fun! But, its not easy for us guys, we gotta have it sometime.
Ally: You really know how to turn a girl on!

Prompt questions for class discussion:
What do you think of this way of handling the situation?
What did Claire and Ally do well?

Draw out good communication skills as on Handout B.
How do you think Claire feels now?
How do you think Ally feels now?
What have they discovered by talking like this?
Scene 8

An alternative way for Claire to behave when Ally suggests they should go upstairs.

Ally Claire, it’s great being with you. Let’s, let’s get away from this.
Claire Yeah... we could go to the kitchen.
Ally Let’s try upstairs.
Claire I don’t think we should go upstairs.
Ally It’ll be quieter.
Claire No, I don’t think we should.
Ally I’ve got some things I want to say to you when we’re alone.
Claire Well, you can say them to me in the kitchen.
Ally But we need to be alone.
Claire It’s not just talking you want, come on we can go to the kitchen.
Ally But we really need to be alone.
Claire Look, I think we’ve both had a bit too much to drink to be safe alone, come on, we can find somewhere to talk.
Ally But we can’t do what we want in the kitchen!
Claire So it’s not just talking you had in mind!
Claire You’ve had too many rice snaps. Come on.

Prompt questions for class discussion:

What do you think of this way of handling the situation?
What did Claire do well?

Draw out good communication skills as on Handout B.

How do you think Claire feels now?
How do you think Ally feels now?
LEARNING OBJECTIVES

For students to:

• have practised, and be able to use, the skills associated with good communication in (potential) sexual encounters and, in particular, the skills to say no
• avoid being pressured into, or pressurising someone else into, sexual activity.

NOTES FOR THE EDUCATOR

This session focuses on practising the skills to say no effectively, and allows students the opportunity to practise in situations of their own making. There are several short exercises that need to run in sequence, in order to build skills. Use as many of them as you have time for and are appropriate to the needs and maturity of your class. Again, it is not only vital that you are confident with the skills involved and can model their use effectively, but also that you can create an atmosphere in which students can make mistakes, laugh with one another and have another go.

FOR YOUNG PEOPLE WITH LEARNING DISABILITIES

Those with learning disabilities may need individual discussion and feedback. Role play is good for learning and, in particular, the first exercise is one that all young people could grasp. Other sections may need to be reviewed and adapted to be done in smaller groups or one-to-one.

Suggested additional resources:

• Body Board, Sex Education.
• Chance to Choose, select exercises from the ‘Communication’ theme.
• Let’s Do It, skill-based activities (pp. 154–163).
• Living Your Life, Module 8, Unit 3 ‘Assertiveness’.
• Sex and the 3R’s, handbook section 4.6 (p. 38).
• Talking Together about Sex and Relationships (p. 19).

MATERIALS

• Copies of Handout B for students if they don’t have it already.
• You may also want: a prepared OHT, flipchart or board of Handout B.
METHOD

1. **(5 minutes)**

Remind the class of the work you did last session on guidelines for good communication. Explain that this session is going to focus on practising those skills, particularly saying no to unwanted activity, in the same way as Claire did. Ensure that students have a copy of Handout B.

Discuss with the class:
- what things have you said no to?
- what have others said no to you about?
- do you feel you always have the choice to say no?
- have you ever found it difficult to say no?
- in what circumstances is it difficult?
- is it important to be able to say no?

2. **(25 minutes)**

Explain to the class that there are many circumstances in which we may want to say no, and it is a valuable skill to be able to say no clearly and unambiguously, especially in potentially sexual situations when our health and safety may be at stake. There are four elements to getting the message over effectively:
- intention – to mean ‘no’
- body language – for your body to be saying ‘no’
- words – to say ‘no’ clearly
- tone of voice – to sound like you mean ‘no’.

Have the class practise these elements in a large space where they can move around easily.

**Exercise 1: Which part of no do you not understand? (5 minutes)**

First, have students identify to themselves a situation of any kind where they really want to say no (to a sibling wanting to borrow clothes, to a friend wanting to copy homework answers, to a neighbour wanting them to go out in their car, to someone who is calling them names). Have them focus on this for a moment.

Then have them imagine how they will need to stand and how their body will need to feel if they are going to get their message across – it may be helpful to introduce the idea of being ‘grounded’; feet firmly planted on the floor, a little distance apart, imagine a string runs from the ground, up through their bodies and out through the top of their heads, and this is holding them upright and strong – and have them practise moving around the room for a few minutes, keeping a space between themselves and others, experiencing that feeling in their bodies. Praise those you see doing this well and help students who are finding it difficult.
Next, holding on to the situation where they want to say no and maintaining their ‘grounded’ and strong body posture, have them mill about the room and meet others, one at a time. Practise saying no clearly and firmly with good eye contact (no raised voices, no whispering and sound like you mean it). It may be helpful to stop them after a moment or two and discuss what works and what is difficult – draw attention to any mixed messages you see or hear (smiles, laughter or nodding heads); discuss use of back-up gestures such as hand held up in front of body; or identify students to demonstrate. Then have them practise again. Remember to praise students whenever you see them building these skills effectively.

Exercise 2: Saying no in sexual situations (5 minutes)

Have the class brainstorm six to ten sexual – or potentially sexual – situations where either Claire and Ally might have wanted to say no, using the words that might be said. Ensure that you get a range from saying no to the invitation to the party through to saying no to sex without a condom:

- come to the party on Saturday
- have another drink
- come upstairs
- let me kiss you
- let’s do it/have sex
- …but I’ve forgotten the condom.

Write them up on a flipchart or board.

Split the class in half and have them form two concentric circles, one on the inside facing out and the other on the outside facing in. Have each person opposite a partner. Invite each student on the inside circle to choose one of the situations from the board. All together, the students on the inside invite their partner to do whatever they have chosen from the board and their partner says no, using the skills they have been practising. As soon as they have said no, those in the outside circle move on in a clockwise direction to their next partner who invites them to do what they have chosen, and again those on the outside practise saying no. This continues as long as you like or until the students in the outer circle return to their original partner. Change over, and repeat the exercise with reversed roles.

Exercise 3: ‘Lines’ and responses (15 minutes)

Have the class choose one example from the list of situations on the flipchart or board. Write it up at the top of a sheet of flipchart paper or a new section of board. Encourage the students to identify five or six ‘lines’ that might be used to try to persuade the person into the activity, e.g. for ‘let me kiss you’:

- everyone else does it
- but I really love you
- are you frigid or something?
- what are you worried about?
- you would if you cared about me.
Write them down under the heading, leaving a space between each.

Then encourage the students to identify a response to each ‘line’ that follows the guidance for good communication and does not put the other person down. When a suitable response has been agreed, write this down in the space under the ‘line’ until you have developed a short dialogue, e.g.:

- everyone else does it
  - everyone else may do it and I don’t want to
- but I really love you
  - I know you do and I don’t want to kiss
- are you frigid or something?
  - I’m not frigid…I just don’t want to kiss
- what are you worried about?
  - I’m not worried…I just don’t want to kiss
- you would if you cared about me
  - I do care about you…let’s go and dance…I’d like that.

Either ask for a couple of volunteers to read it to the class, using effective non-verbal cues in addition, such as straight posture, serious expression, firm voice and good eye contact; or, in a fairly small group, have the students stand in a semi-circle where they can see the board. The first person chooses a ‘line’ from the board, turns to the person next to them and says the ‘line’; the second person responds appropriately to it, then turns to the third person and says another ‘line’; the third person responds appropriately and so on round the semi-circle. It is a good idea for you to join in, allow people to get it wrong and have a second go and encourage braver souls to experiment with new ‘lines’ and/or new responses.

Exercise 4: Scripted to say no (15 minutes)
Divide the class into small self-selected groups of three or four and have each group choose one of the situations and develop a short scripted role play, based on Claire and Ally if they wish, using ‘lines’ and responses, and good communication skills as in Handout B.

Explain that you may ask for volunteers to role play to the class later. Emphasise that this is not about performance, but about practising and demonstrating skills to say no. You, the educator, will need to move between the groups giving help and encouragement, especially to the character practising good communication skills.
Discuss with the class:
● what they have learned in the last two sessions?
● will they be able to put any of these skills into practice?
● what might the difficulties be?

Remind them that some pressure is non-verbal, such as being kissed or leading you by the hand, and it is OK to say no to this too.

Explain that they will have an opportunity to develop this work next year, and remind them that they have the right to say no to sexual activity until they feel ready.

OPTIONS/EXTENSIONS

Bring the class back together, and ask for two or three volunteer groups to act out their scenarios. Have students sitting round in such a way that they can all see the role plays, and ask them to watch carefully for use of good communication skills. After each one, have the class identify what was done well, remembering body language and tone of voice as well as words and strategies. Encourage the students, especially if the role play falters, to focus on strategies for responding to pressure.
This session is based on an exercise from Cohen, J, and Wilson, P. (1994). *Taking Sex Seriously: Practical Sex Education Activities for Young People*. Healthwise, Liverpool.

**LEARNING OBJECTIVES**

For students to:
- be comfortable and familiar with condoms (and other safer sex materials)
- know how to use condoms safely and effectively, and where they can obtain free supplies
- have practised putting on a condom correctly, using a demonstrator.

**NOTES FOR THE EDUCATOR**

This session involves an activity to teach the skills of using condoms safely and effectively.

The opportunity at the end of the session for students to practise with condoms is an essential part of the programme and should not be left out. Some students may be reluctant, and they should not be pressurised into having a go.

**FOR YOUNG PEOPLE WITH LEARNING DISABILITIES**

- *Let’s Do It*, Part 6 condom exercises (pp. 123–128).
- *Living Your Life*, Module 7, Unit 3, Worksheets 57–61; Unit 6 ‘Contraception’ and ‘Sexual Health – Safer Sex’; and Module 8, Unit 6.
- *Sex* (the publication from BILD).
- *Sex and the 3R’s*, picture 54.
- *Talking Together about Sex and Relationships*, (p. 81) and use with *Project sheet 11* (p. 77).
- *Thinking About Sex?*, Caledonia Youth leaflet, How to use condoms, is a useful resource for young people to keep.

**MATERIALS**

- Sufficient copies of *Project sheet 12*, precut and put in envelopes for each group of students (see below).
- Condoms sufficient for one per student if possible (and femidoms and dental dams if you can get hold of them).
- Condom demonstrators sufficient for one per small group of four or five.
- Wipes or tissues to wipe hands after handling condoms.
- You may also want: a display of condoms, showing different makes, colours, shapes, sizes, flavours, textures and thicknesses (if some do not have a kite mark or CE symbol, draw the attention of students to the importance of checking this) and a selection of water-based lubricants.
Session 12: Condom use skills

**METHOD**

1. (5 minutes)
   Introduce the session, and remind the students that condoms will protect against pregnancy, condoms are the only protection against STIs (including HIV), and their effectiveness can be increased by careful use.

   Discuss:
   • where condoms can be obtained free (relate this to local services, and tell students that they can be ordered by post)
   • where condoms can be bought
   • how much condoms cost.

   Mention should be made of the small number of people who are allergic to latex and that latex-free condoms are available.

2. (10 minutes)
   Divide the class into mixed groups of about four or five students and give one envelope to each group. Explain the exercise, and have groups rearrange the instructions in the correct order for effective condom use. When all groups have finished, tell the class the correct order: 13, 8, 3, 7 (this could alternatively be placed after 9), 14, 9, 2, 10, 4, 1, 6, 11, 5, 12, and have them check their arrangement of the instructions.

3. (5 minutes)
   Demonstrate the correct use of a condom, using the right order of the condom instructions as a guide.

**ADDITIONAL NOTES**

At each step, you can ask the class to use their instructions to give you guidance on what to do next.

Ask questions of the class and add additional information.

4. (10–15 minutes)
   Then give out condoms to each group and have them practise putting one on a demonstrator following the instructions they have learned. Circulate among the groups giving encouragement, ensuring that instructions are correct and that everybody who wants to has had a go. One or two volunteer groups could demonstrate to the class. Have the audience spot any mistakes or omissions in their presentation.
Discuss:

- resistance to use of condoms (and femidoms and dental dams)
- effect of alcohol (or other drugs) on ability to make good decisions or to use condoms carefully
- consistent use of condoms in a ‘long-term’ relationship and the difficulty of continuing once trust is established (for some young people, ‘long-term’ may be a month or even less than this)
- principle of using both the Pill and condoms for protection from STIs and pregnancy
- emergency contraception to avoid pregnancy if the condom has failed
- alternatives to penetrative sex.

Remind the class too of their rights and responsibilities in terms of sexual health and safety in relationships.

**OPTIONS/EXTENSIONS**

If you have time, talk about and show the class the condom display, femidoms and dental dams. It is likely that you will get negative comments, as much from girls as from boys. It is worth asking girls to consider whether their reactions echo those of boys towards the use of condoms.

Discuss putting on a condom in the dark, and have volunteers practise putting a condom on a demonstrator with their eyes closed.
**Project sheet 12: Condom use**

*(copy, cut up and place slips in an envelope)*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Hold the rim of the condom so that no semen spills out.</td>
</tr>
<tr>
<td>2.</td>
<td>Unroll the condom carefully over the erect penis.</td>
</tr>
<tr>
<td>3.</td>
<td>Carefully take it out of the packet making sure not to damage it with fingernails.</td>
</tr>
<tr>
<td>4.</td>
<td>Ejaculation happens.</td>
</tr>
<tr>
<td>5.</td>
<td>Wrap the condom in a tissue and throw it away in the bin. Don’t put it down the toilet.</td>
</tr>
<tr>
<td>6.</td>
<td>The penis must be withdrawn before the erection/‘hard on’ is completely lost.</td>
</tr>
<tr>
<td>7.</td>
<td>The condom should be put on as soon as the penis is erect (hard) and before there is any intercourse or close genital contact.</td>
</tr>
<tr>
<td>8.</td>
<td>Use a new condom. Make sure it has a kite or CE mark and that the pack is not past its expiry date.</td>
</tr>
<tr>
<td>9.</td>
<td>Gently squeeze the top of the closed end between your finger and thumb to get rid of any trapped air.</td>
</tr>
<tr>
<td>10.</td>
<td>Intercourse takes place.</td>
</tr>
<tr>
<td>11.</td>
<td>Carefully slip the penis out of the condom.</td>
</tr>
<tr>
<td>12.</td>
<td>The penis should not be put back into a partner without using a new condom.</td>
</tr>
<tr>
<td>13.</td>
<td>Discuss using a condom with a partner.</td>
</tr>
<tr>
<td>14.</td>
<td>Make sure the condom is the right way round to roll down the penis.</td>
</tr>
</tbody>
</table>
Session 13: Revising sexual health

LEARNING OBJECTIVES

For students to:
• have revised and refreshed their knowledge on the possible risks and consequences of pregnancy and STIs, and how they can protect themselves and a partner against pregnancy and STIs
• have information to enable them to make good decisions about their sexual health
• know where to go locally for help and advice.

NOTES FOR THE EDUCATOR

This session can be used in a variety of ways. You might choose to use it in S2 or fairly early on in S3 to find out what students already know and to help plan the best use of time; after sessions 7 and 8 as reinforcement of correct information; as part of the final session of the year as revision; or as Notes for the educator to a new year’s work. It can be used in the way described, as a game or a competitive quiz, and for small groups or the whole class to work on.

It has been split into two sections – the first includes questions most appropriate to S2 and early S3, and the second includes questions more appropriate to reinforcement and revision in S3 and to S4. In either case, it is important to check the suitability of questions beforehand, select those most appropriate to your needs and adapt the answers to reflect local conditions (see section 2, questions 12 and 28 particularly).

Keep an eye on any questions students have previously written anonymously – this session may provide a good opportunity to answer them.

FOR YOUNG PEOPLE WITH LEARNING DISABILITIES

Rather than using the quiz, the educator could use this extra time to reinforce the messages in the previous sections.

Consideration should be given to involving parents, carers and learning support staff in revision sessions. Small groups or one-to-one work might be the most appropriate format.

MATERIALS

• A copy of the Educators’ notes on the questions (you will need to check out the answers to questions 12 and 28 in Section 2), or sets of question cards.
• You may also want:
  – a selection of other leaflets, books and posters on pregnancy, contraception and STIs
  – some wallets for students to borrow containing leaflets and information on the topics you are covering in this session
  – general sexual health leaflets or information on local health services
  – a contraceptive kit on display.
METHOD

1. (5 minutes)

Explain the purpose of the session – whether it is about finding out how much students already know and where the gaps in their knowledge are, or whether it is a revision session to ensure that they have good information. Remind them of their right to good information and their responsibility to use it wisely.

Divide the class into mixed ability, mixed gender groups of about five students. Explain the rules of the game.

2. (25–30 minutes)

Ask each group in turn a question and, if it is to be competitive, record scores on the flipchart or board as indicated in the Educators’ notes. If a group can’t answer the question, throw it open to the other groups in turn. In this situation, a correct answer gets double points.

Where there are several correct answers to a question (e.g. name one symptom of an STI or name one place you can get condoms), you may choose to award one additional point for each correct answer.

If no group comes up with the correct answer, then you will need to provide it before moving on to the next question. When students provide the correct answer, make sure that the whole class has heard it correctly.

Just before the end of the session, add up the total points and, if you wish, award a prize.

3. (5 minutes)

Discuss:
- anything that surprised you
- anything new you have learned
- any outstanding questions
- where students can go for information and advice.

Distribute appropriate general sexual health literature or information on local services. Remind students again that they may also borrow information wallets.
SECTION 1

PREGNANCY

1. Can a girl/woman get pregnant if she has sex standing up?
   Yes. 1 point.
   Sperm are strong swimmers and can get into the womb despite gravity!

2. Can a girl/woman get pregnant the first time she has sex?
   Yes. 1 point.

3. Can a girl/woman get pregnant if she doesn’t enjoy sex?
   Yes. 1 point.

4. Is it possible for a girl/woman to get pregnant if she has sex during a period?
   Yes. 1 point.
   Girls/women rarely have a completely regular menstrual cycle, and it is possible that an egg could be fertilised at any time.

5. What are the possible signs of early pregnancy?
   • Missed (or lighter, irregular) period(s).
   • Sickness, especially in the morning.
   • Tiredness.
   • Tender breasts.
   • Needing to urinate (pee) more often. 1 point for each (max. 5 points).

6. Where can a young person go for help if she thinks she is pregnant?
   • Parents.
   • Doctor/GP.
   • Family planning clinic.
   • Youth advisory centre.
   • School nurse. 1 point for each (max. five points).

CONTRACEPTION

7. What is ‘contraception’?
   A means of preventing (or lowering the risk of) pregnancy. 1 point.

8. Can you name three forms of contraception?
   • Condom and/or femidom.
   • The Pill (combined or mini).
   • Diaphragm (or cap).
   • IUD or IUS – interuterine device or system (or coil).
   • Injectable or implant.
   • Sterilisation (vasectomy or female sterilisation).
   • Natural methods (rhythm or safe period).
   • Emergency contraception. 1 point for each (max. 3 points).
9. Where could a young person go for advice on contraception?
   • Parents.
   • Doctor/GP.
   • Family planning clinic.
   • Youth advisory centre.
   • School nurse. 1 point for each (max. five points).

SEXUALLY TRANSMITTED INFECTIONS

10. What does STI stand for?
    Sexually transmitted infection. 1 point.

11. How many common STIs can you name?
    • Chlamydia.
    • Herpes.
    • Genital warts.
    • Gonorrhoea.
    • Pubic lice (crabs). 1 point for each one named. If HIV is mentioned, allow a point and explain that it is not very common, but it is a significant risk for gay men and a growing risk for heterosexual people.

12. What are the signs or symptoms that might indicate (show) a person is infected with an STI?
    • Unusual, coloured or smelly discharge.
    • Irritation, itching.
    • Sores, blisters, redness, small hard lumps on penis or around vagina.
    • Pain on intercourse or when peeing. 1 point per group of symptoms (max. 4 points).

13. Where could a person go for help if they thought they had an STI?
    • Parents.
    • Doctor/GP.
    • GUM (genito-urinary medicine)/STI clinic.
    • Family planning clinic.
    • Youth advisory centre.
    • School nurse. 1 point per place (max. 4 points).

14. How can a person protect themselves against a sexually transmitted infection?
    • By avoiding close sexual contact with others.
    • By careful use of a condom.
    • By using a femidom (female condom). 1 point for each.
PREGNANCY

1. Can a girl/woman get pregnant if she doesn’t enjoy sex?
   Yes. 1 point.

2. Can a girl/woman get pregnant if the boy/man pulls out before he ejaculates (comes)?
   Yes. 1 point.
   Some sperm may be released before a boy/man comes. He may not be aware of this.

3. Can a girl/woman get pregnant without penetration (without the penis going into the vagina)?
   Yes. 1 point.
   If sperm are deposited around the entrance to the vagina, they could make it into the womb, particularly if the vagina is touched with fingers.

4. At what point in her menstrual cycle is a girl/woman most likely to conceive (get pregnant)?
   About 14 days before her next period is due. 1 point.

5. Why is it difficult for a girl/woman to predict when in her menstrual cycle she is most likely to conceive?
   It is hard to predict because she does not know when her next period is going to start. 1 point.

6. What are the possible signs of early pregnancy?
   ● Missed (or lighter, irregular) period(s).
   ● Sickness, especially in the morning.
   ● Tiredness.
   ● Tender breasts.
   ● Needing to urinate (pee) more often. 1 point for each (max. 5 points).

7. Where can a girl go for help if she thinks she might be pregnant?
   ● Parents.
   ● Doctor/GP.
   ● Family planning clinic.
   ● Youth advisory centre.
   ● School nurse. 1 point for each (max. five points).
8. Where can a girl go for a pregnancy test? How soon after having sex can she get a result?
- Doctor/GP.
- Chemist/pharmacist.
- Family Planning Clinic.
- Youth Advisory Centre/Clinic. 1 point for each (max. 4 points).

It is possible to get an accurate result after about two weeks, or on the first day after a missed period. 1 point.

CONTRACEPTION

9. What is an ‘oral contraceptive’?
The name used by doctors for the contraceptive pill. 1 point.
It is called ‘oral’ because it is taken by mouth. It has nothing to do with oral sex.

10. Where can the Pill be obtained?
- Doctor/GP.
- Family planning clinic.
- Youth clinic. 1 point for each of these.

11. How would a person find out where their nearest family planning clinic is?
Look in the telephone book under ‘family planning’, ‘health’ or ‘clinics’; phone the health authority; or look on the Internet. 1 point for each one of these.

12. Where is the nearest family planning/youth clinic to here?
Correct answer (you will need to know this). 1 point.

13. Is it important to take the Pill as instructed by the doctor or nurse? What could go wrong when using the Pill?
Yes. 1 point.

If a girl forgets to take it, especially if she is using the so-called mini pill, which must be taken at the same time every day; or if she vomits or has diarrhoea soon after taking the Pill; or if she is taking antibiotics. 1 point for each answer.

14. How effective is the Pill against pregnancy?
Very. If used exactly according to the instructions. 1 point.

15. What is a condom? How does it work?
A condom is a small fine rubber tube, closed at one end, which fits over the erect penis. 1 point.

Sperm is then trapped inside the condom. 1 point.
16. What are the advantages of the condom over other forms of contraception?

- If used carefully, it protects against STIs, including HIV.
- If used carefully, it provides good protection against pregnancy.
- It is relatively cheap.
- It is easily available.
- The man takes responsibility for sexual safety.
- It provides some protection against cervical cancer. 1 point for each (max. 5 points).

17. Where can a young person get condoms? How much do they cost?

- Supermarkets.
- Chemists/pharmacists.
- Petrol stations.
- Some public toilets, pub toilets, etc.
- Some doctors/GPs.
- Family planning clinics.
- Youth clinics.
- Drug projects.
- Internet. 1 point for each (max. 5 points).

Condoms cost at least 50p each from commercial outlets. They are free from family planning clinics and can be ordered by post. 1 point.

18. What is ‘emergency contraception’? Where can a young person get it?

Emergency contraception is a contraceptive used after sexual intercourse when EITHER your usual method of contraception has failed OR you have put yourself at risk by not using contraception. 1 point for each answer.

You can get it from:
- Doctor/GP.
- Family planning clinic.
- Youth clinic.
- Chemists/pharmacists
- Possibly from Accident and Emergency at a hospital. 1 point for each of these (max. 3 points).

19. Emergency contraception is commonly called ‘the morning after pill’. Why is this not a good description?

It is effective for up to 72 hours (3 days) after sex, though the sooner it is used, the more effective it is likely to be. 1 point.

Also, it is not necessarily a pill. It might be an IUD (or coil).
20. Why is it not a good idea to rely on emergency contraception?
Because emergency contraception may give you a high dose of the Pill which is a powerful drug and there is a high risk from unprotected sex of STIs as well as unintended pregnancy. 1 point for each answer.

SEXUALLY TRANSMITTED INFECTIONS

21. How does a person get a sexually transmitted infection?
A person may get an STI if they have close sexual contact with an infected person (touching genitals) – they do not necessarily have to have penetrative sex – oral sex can pass on infections. 1 point.

22. Which are the most common STIs among young people?
Chlamydia, herpes and genital warts. 1 point for each one named.

Chlamydia is spreading rapidly and is the most common STI among young people. HIV and syphilis are much less common than chlamydia, herpes or genital warts.

23. Is it true that some STIs have no symptoms, so a person may not know that they are infected? Name one.
Yes, it is true. 1 point.

Chlamydia, gonorrhoea and HIV may have no symptoms. 1 point for each one named.

24. Is it possible for a girl/woman to be made infertile (unable to have babies) as a result of infection with an STI? Which one is the most common cause of infertility?
Yes, it is possible. 1 point.

Chlamydia commonly has no symptoms and may cause infertility for both men and women if untreated. 1 point.

25. What are the signs or symptoms that might indicate (show) that a person is infected with an STI?
• Unusual, coloured or smelly discharge.
• Irritation, itching.
• Soreness, blisters, redness, small hard lumps on penis or around vagina.
• Pain on intercourse or when peeing. 1 point per group of symptoms (max. 4 points).

26. Where could a young person go for help if they thought they might have an STI?
• Doctor/GP.
• GUM(genito-urinary medicine)/STI clinic.
• Family planning clinic.
• Youth advisory centre.
• Teacher/school nurse. 1 point per place (max. 5 points).
27. What methods of contraception offer protection against sexually transmitted infections?
   • A condom. 1 point for each.
   • A femidom (or female condom). 1 point for each.

28. Where is the nearest STI clinic? Is an appointment necessary?
   No appointment is necessary. 1 point.

HIV/AIDS

29. What is the virus called which can lead to AIDS? What do the letters stand for?
   HIV. 1 point.
   Human immunodeficiency virus. 1 point.

30. What are the body fluids that can transmit (carry) HIV and infect a person?
   Blood, semen or vaginal fluids. 1 point for each (max. 3 points).

31. Is it possible to tell if somebody is infected with HIV? Why?
   Probably not. 1 point.

   A person with HIV usually has no symptoms for up to 8–10 years or more. 1 point.

   Even when they start to fall ill, they may have quite long periods in between illnesses when they may be able to lead a normal life.

32. Can you name three really effective ways a person can protect themselves from HIV infection?
   • Avoiding all sexual contact. 1 point.
   • Always practising safer sex. 1 point.
   • Always using a condom. 1 point.
   • Never sharing needles to inject drugs. 1 point for each of these.

TERMINATION

33. If a girl/woman decides to have a termination (abortion), does it matter whether she has it sooner or later?
   Yes. It is safer and less likely to be traumatic if it is performed early on in pregnancy. Abortion is illegal after 24 weeks of pregnancy unless there are extreme medical conditions. 1 point.

34. Where could a young person go for help if they needed a termination (abortion)?
   • Doctor/GP. 1 point for each of these (max. 4 points).
   • Family planning clinic.
   • Youth clinic.
   • Teacher/school nurse.
OTHER ASPECTS OF SEXUAL HEALTH

35. Which part of her body should a girl/woman examine on a regular basis?
   • Her breasts, for any unexpected changes, small lumps or discharge from the nipples (1 point).

36. Which part of his body should a boy/man examine on a regular basis?
   • His testicles, for any unexpected changes or small lumps (1 point).
LEARNING OBJECTIVE
For students to have explored what the word ‘sex’ means to them.

NOTES FOR THE EDUCATOR
This session introduces students to thinking about the word ‘sex’ and to discussion of gender expectations of sexual behaviour and relationships.

FOR YOUNG PEOPLE WITH LEARNING DISABILITIES
For group work:
• Body Board, Contraception and Making Love.
• Chance to Choose, select exercises from the ‘Being Sexual’ theme.
• Let’s Do It, Exercise 6.17.
• Male and female cloth models, useful to facilitate explanation and demonstration of the various stages of sexual intercourse.
• Sex and the 3R’s, Pictures 25, 27, 28.
• Talking Together about Sex and Relationships, pp. 61–62.

In Method 2, literacy levels will need to be taken into account.

MATERIALS
• a copy of Project sheet 14 for each small subgroup.

METHOD
1. (10 minutes)
Tell the class that today you are going to talk about sex. Remind them that we hear the word used all around us, usually with an assumption that we all know what it means. Explain that you are going to explore its meaning.

Divide the class into four or five mixed gender groups with similar numbers of girls and boys in each, and then subdivide each group by gender. Give each subgroup a copy of Project sheet 14, and have them try to agree three things that best describe what their gender thinks sex is about. Explain that they may add any other ideas they have in the space provided.
Bring the pairs of subgroups together, have them appoint a spokesperson to record and report back on discussion. Ask them to share their lists and consider:

- how similar/different are the girls’ and the boys’ lists?
- is this a true picture of what girls want and what boys want?
- is there a different expectation of people who identify as gay, lesbian or bisexual compared with people who are heterosexual?

**ADDITIONAL NOTES**

Move between the groups encouraging them to challenge stereotypes of male and female behaviour (e.g. question whether all girls/women can talk about feelings, or whether all boys/men need penetration to enjoy sex). Try to ensure that the quieter students get heard.

**3. (10 minutes)**

Bring the groups back together. Have the spokespeople indicate the main points of discussion, and focus on the key issues above.

**4. (5–10 minutes)**

Discuss with the class:

- is ‘sex’ necessarily about vaginal sexual intercourse?
- what about the other sexual things people enjoy together – kissing, touching, closeness?
- what about caring, talking, love, commitment, feeling special?
- is ‘sex’ also about these things?

Explain to the class that, in the next session, you are going to explore with them a range of options for sexual behaviour, because ‘sex’ means many different physical and emotional things to different people.

If you plan to include **Session 21** in your programme, tell the class that, in a later session, there will be an opportunity to ask questions anonymously of the opposite sex. If they have questions, they could post them in a box at any time before the session. Assure them that anonymity will be maintained.
As a group, choose three things from the list that show best what you believe sex is about. There is a space at the end to add anything else that you believe is important.

<table>
<thead>
<tr>
<th>Sex is about...</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Being in love</td>
<td>Feeling used</td>
</tr>
<tr>
<td>Having children</td>
<td>Fun and pleasure</td>
</tr>
<tr>
<td>Caring for someone else</td>
<td>Desire/lust</td>
</tr>
<tr>
<td>Pain</td>
<td>Being able to really talk</td>
</tr>
<tr>
<td>Feeling excited</td>
<td>Feeling upset</td>
</tr>
<tr>
<td>Feeling nervous</td>
<td>Touching and physical closeness</td>
</tr>
<tr>
<td>Intercourse</td>
<td>Keeping up with your friends/being one of the gang</td>
</tr>
<tr>
<td>Kissing</td>
<td>Having a good time</td>
</tr>
<tr>
<td>Feeling grown up/mature</td>
<td>Knowing what it is all about</td>
</tr>
<tr>
<td>Having your own special person</td>
<td>Making a commitment</td>
</tr>
<tr>
<td>Being loved and cared for</td>
<td></td>
</tr>
</tbody>
</table>
This session is based on an exercise from Cohen, J. and Wilson, P. (1994). Taking Sex Seriously: Practical Sex Education Activities for Young People. Healthwise, Liverpool.

LEARNING OBJECTIVES

For students to:
- have considered safer alternatives to penetrative sex, including saying no
- to understand pressures and restraints on relationships and sexual behaviour
- be aware that they can make choices about sexual activity.

NOTES FOR THE EDUCATOR

This is likely to be a sensitive session. It attempts to broaden students’ thinking about the choices they have and the risks and consequences of certain behaviours.

Educators need to recognise the probable range of experience in the classroom. They must validate those who are not ready for sexual activity or have made a choice not to be sexually active, while also recognising the needs of those who are contemplating a sexual relationship or are already sexually active.

Some students may find explicit discussion of sexual activities difficult. It may be necessary to explain that, as penetrative sex (or sexual intercourse) carries a high level of risk and many students will at some time be sexually active, it is important for them to know how to keep themselves safe. You will also need to be sensitive to discomfort in the group and respond appropriately (see Handling student distress on page 12).

FOR YOUNG PEOPLE WITH LEARNING DISABILITIES

For group work:
- Body Boards, Contraception and Making Love.
- Chance to Choose, select exercises from the ‘Being Sexual’ theme.
- Let’s Do It, Exercise 6.17.
- Male and female cloth models, useful to facilitate explanation and demonstration of the various stages of sexual intercourse.
- Sex and the 3R’s, Pictures 25, 27, 28.
- Talking Together about Sex and Relationships, pp. 61–62.

In Methods 3 and 4, pupils with learning disabilities may need considerable help from the educator.
MATERIALS

- A long piece of lining paper, preferably ready to be laid out down the room, (otherwise pinned on a wall), where all students can gather round it.
- Three cards labelled ‘High risk’, ‘Low risk’ and ‘No risk’.
- Postcards or slips of paper, and thick felt-tip pens.

METHOD

1. (5 minutes)

Remind the class of the discussion you had in the last session about what ‘sex’ means to different people.

Put to the students that the choice about sexual behaviour in a relationship is often seen as ‘shall I say yes (and we have sexual intercourse)’ or ‘shall I say no (and we are not sexually active)’, but that in reality there is a whole range of possible behaviours in between. Explain that you will now move on to explore these alternative behaviours.

Draw a continuum on your prepared piece of paper, and label one end ‘No sex’ and the other end ‘Sex/penetrative sex/sexual intercourse’ (whichever is most appropriate), and ask students if they can think of any other activities that two people might do together when they feel very close.

2. (5–10 minutes)

As soon as they have mentioned a few, divide the students into small mixed sex groups, give each group a pile of postcards or small slips of paper and a felt-tip pen. Have them brainstorm all the sensual or sexual activities that two people might do together in private, and write each one clearly on a different card or piece of paper. Remind them what brainstorming means.

ADDITIONAL NOTES

It may be helpful to prompt groups as they do this, e.g.
- things sensual or sexual
- things you like, things you would not like
- fun things, safe things
- things you have heard about, read about or seen on TV
- things you’ve wondered about.

When they have had enough time (about 10 cards per group is plenty), have each group sort their cards into four piles – high risk, low risk, no risk and those they are unsure of or disagree about.
ADDITIONAL NOTES

Move around the groups helping them at this stage. They may question what you mean by ‘risk’. If they do, encourage them to interpret it for themselves, and tell them that you will discuss its meaning later in the session.

3. (15 minutes)

Bring the class back together again around the continuum. At one end already labelled ‘No sex’ place the ‘No risk’ label; at the other end the ‘High risk’ label; and one-third of the way along the continuum place the ‘Low risk’ label.

Have the first group place their activities in the appropriate positions on this continuum, considering both level of risk and level of sexual behaviour. Deal with any uncertainties and invite comment or challenge from the other groups. Then have the second group add any additional activities to the continuum, followed by discussion of uncertainties or challenges, and so on until all the groups have contributed.

4. (10 minutes)

Then discuss:
- what does the group notice about the activities – are most safe or unsafe?
- which activities can be engaged in by anybody regardless of sexual orientation?

ADDITIONAL NOTES

You may need to explain the term and, if students imply that anal sex is associated exclusively with sex between men, use this as an opportunity to challenge assumptions and offer good information – for example, some heterosexual people may have anal sex, and many gay men do not.

- what criteria did you use to judge ‘safe’ and ‘unsafe’?
  - emotional/psychological as well as physical safety?
  - pregnancy as well as STIs?
  - what about safety from the law?
- why might people choose ‘unsafe’ or ‘safe’ activities?
- who might influence them (friends, peers, parents)?
- what might influence them (faith, culture, law, media)?
- how influential is alcohol or drugs?
- how easy is it to choose non-penetrative sex?
- is it different for young men and for young women?

ADDITIONAL NOTES

If the class does not raise it, ensure that the issue of condom use for penetrative sex is discussed, including the differences between condoms with and without lubricant.
Have new cards made labelled ‘Vaginal sex with a condom’, ‘Anal sex with a condom’, ‘Oral sex with a condom’ and ‘Oral sex with a dental dam’. Have the class place them on the continuum, and emphasise the fact that penetrative sex can be made considerably less risky by using condoms. Remind them that the condom must be used carefully, and used every time a couple has penetrative sex.

5. (5 minutes)

Remind students that each of us has the right to decide what we want sexually, how far to go sexually and to say no to sexual activity we don’t want.

If you plan to include Session 21 in your programme, remind the class that, in a later session, there will be an opportunity to ask questions anonymously of the opposite sex. If they have questions, they could post them in a box at any time before the session. Assure them that anonymity will be maintained.

OPTIONS/EXTENSIONS

If you have time, in Method 3, you could invite each individual in turn to place their card and make a statement as they do so, e.g.

‘I have a card for vaginal sex, and I’m going to place it at fairly high risk because there is no mention of condoms so the person might be at risk of pregnancy or an STI’.

‘I have a card saying hugging, and I’m going to place it on no risk because I don’t think there is any risk in hugging people’.

SESSION 15 – PRESSURE AND CHOICES AROUND SEX
LEARNING OBJECTIVES

For students to:
- be able to recognise risk situations
- have strategies to protect themselves from unwanted sexual advances and avoid being pressurised into sexual activity they don’t want.

NOTES FOR THE EDUCATOR

This session addresses the real situations in which young people find themselves where it is not necessarily easy for them to know what they want or to act as they would like. It attempts to help students develop skills associated with planning for potential sexual encounters. The concept is probably entirely new to many students so they may need considerable help.

The video tape of Stewart and Ann provides the main stimulus for this session, and it will be important for you to view the scenario carefully beforehand.

This may be another opportunity to raise the issue of Internet chatrooms and the potential dangers. Remind students of the two key safety messages – never go alone to meet someone you have met online, and never reveal any personal contact details.

FOR YOUNG PEOPLE WITH LEARNING DISABILITIES:

For group work:
- **Chance to Choose**, select exercises from the ‘Communication’ theme.
- **Let’s Do It**, Section 5 (p. 83) ‘Feelings’ has exercises on recognising emotions; exercises from Skill-based Activities, especially Skill 2 ‘Permission’ and Skill 3 ‘Assertion’.
- **Living Safer Sexual Lives**, for educators who feel confident in dealing with these issues, use the two training sessions for people with learning disabilities with S4 students, also ‘Sexual Rights’ and ‘Being Safe’, Angela’s story/Shaughan’s story, Hannah, Hussain and Kevin’s stories; alternatively, educators may wish to use an external agency or specialist practitioner to deliver this instead. (IT IS VITAL THAT THIS MATERIAL IS VIEWED FIRST TO CHECK FOR APPROPRIATENESS)
- **Talking Together about Sex and Relationships**, pp. 89–90, also refer back to p. 27.
- **Sex and the 3R’s**, Pictures 43–53 cover non-consensual sexual experiences
- **Male and female cloth models** could be used to demonstrate non-consensual sexual experiences.

For one-to-one work:
- **Books Beyond Words**, **Bob Tells All**, and **Jenny Speaks Out**.
For work with parents:

- **Living Safer Sexual Lives** (see notes above on this resource), the sessions for parents could be used.

Where use of the video may be inappropriate, you may want to consider using the text in a modified form, telling the story of Stewart and Ann from two points of view, having students read it out, or using a story board. You could also give options (see Chance to Choose, activity ‘Sexual Decision Making’).

**MATERIALS**

- TV, video player and video tape.
- A copy of the Educators’ notes for the ‘Stewart and Ann’ video clip.
- You may also want: copies of Handout B for students (if they don’t have it already).

**METHOD**

1. **(5 minutes)**

Remind the students of the work you have done previously on good communication skills, using Handout B. Remind them also of Session 9: Planning to keep safe and Session 10 where Claire and Ally put themselves at risk sexually by getting into an unexpected and unplanned situation. We know that this happens to many young people – they do not protect themselves because they don’t expect to have sex. They say ‘it just happened’. Explain that, in this session and the next, you are going to explore ways of recognising potentially dangerous situations and strategies for dealing with them effectively. Have students rearrange themselves so they are able to see the video.

2. **(20–25 minutes)**

Now turn to the Educators’ notes and take the class through the video in the way indicated.

3. **(5 minutes)**

Draw out from discussion the importance of thinking ahead:

- feeling OK about yourself
- knowing what you want
- being aware of moving into potentially difficult or dangerous situations
- being prepared to say clearly, and go on saying, what you want.

Remind students that we all have the right to say no to sexual activity that we don’t want.

If you plan to include Session 21 in your programme, remind the class that, in a later session, there will be an opportunity to ask questions anonymously of the opposite sex. If they have questions, they could post them in a box at any time before the session. Assure them again that anonymity will be maintained.
Stewart is 19 and Ann is 15. They have been going out together for a few weeks now, having met at a party.

Scene 1

Coming out of the cinema. Stewart and Ann are walking along outside the cinema. They are twined round each other and look every bit the loving couple. They are talking as they walk.

Stewart: It’s early yet, what do you want to do now? Come back to my place?
Ann: It’s a bit far.
Stewart: How about your place then… Could walk you home.
Ann: Mm… my mum’s out…
Stewart: Even better… you’ll be able to invite me in.
Ann: Only if you promise to behave…
Stewart: I don’t know if I should go making promises I might not be able to keep.
Ann: Oh really?
Stewart: Come on sweetheart, you’ll be safe with me.
Ann: Only if you promise to behave…
Stewart: I really love you… I’ve never met anyone like you before.
Ann: Yeah, but…
Stewart: I love you too, but…
Ann: I don’t think you’ll be able to keep your promise.
Stewart: I’ve got condoms, if that’s what you’re worried about.
Ann: It’s not that…
Stewart: What is it about then? What’s the big deal? If we love each other… I want you so much…
Ann: Stewart, don’t.
Stewart: This is what you invited me back here for…

Scene 2

Ann’s living room.
Stewart: Oh you’re gorgeous.
Ann: Stewart, don’t…
Stewart: Relax.
Ann: No, I don’t want that.
Stewart: Look, this is an evening to remember; let’s really enjoy ourselves, mmm…
Ann: No… no.
Stewart: Come on, let yourself have some fun, let’s do it…
Ann: No.
Stewart: Come on… I want you so much… besides, there’s no one’s about. Let’s not miss this chance to really be together.
Ann: I might not want the chance.
Stewart: I think you will… especially when you see what’s on offer.
Ann: My mum might come in.
Stewart: You said she wasn’t coming back till late.
Ann: Yeah, but…
Stewart: I really love you… I’ve never met anyone like you before.
Ann: I love you too, but…
Stewart: So what’s stopping you… let me show you how much I love you… come on…
Ann: Stewart, don’t.
Stewart: I’ve got condoms, if that’s what you’re worried about.
Ann: It’s not that…
Stewart: What is it about then? What’s the big deal? If we love each other… I want you so much…
Ann: Stewart, don’t.
Stewart: This is what you invited me back here for…
### Scene 2 cont’d

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>Ann</td>
<td>I think you should just go.</td>
</tr>
<tr>
<td>Stewart</td>
<td>I can’t just stop now… you wanted this too. What’s the matter? You frigid or something?</td>
</tr>
<tr>
<td>Ann</td>
<td>No I’m not frigid, I just don’t want to…</td>
</tr>
<tr>
<td>Stewart</td>
<td>Come on, grow up and live a bit. I want you, you want me, you don’t know what you’re missing…</td>
</tr>
<tr>
<td>Ann</td>
<td>Stop, stop, stop it.</td>
</tr>
</tbody>
</table>

### Pause

**Prompt questions for class discussion:**

- What do you think has happened?
- Encourage the class to consider whether Stewart and Ann have had sexual intercourse – did Ann consent? Ensure that both the girls and the boys get heard.
- How do you think Ann feels?
- What should Ann do now?
- What could Ann have done differently?
- How do you think Stewart feels?
- What should Stewart do now?
- What could Stewart have done differently?
- Do you think that the relationship will continue?

Ensure that the boys are able to challenge Stewart’s behaviour and that the girls are reassured that not all boys behave like this.

*Scene continues in Ann’s living room.*

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Stewart</td>
<td>What’s the matter? You frigid or something?</td>
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<td>Come on, grow up and live a bit. I want you, you want me, you don’t know what you’re missing…</td>
</tr>
<tr>
<td>Ann</td>
<td>Stop, stop, stop it. Please just go... Please go.</td>
</tr>
<tr>
<td>Stewart</td>
<td>Why did you invite me back here? I thought you loved me. If you just relaxed and let yourself grow up a bit you’d have a lot more fun.</td>
</tr>
<tr>
<td>Ann</td>
<td>Just go.</td>
</tr>
<tr>
<td>Stewart</td>
<td>Stupid bitch…</td>
</tr>
</tbody>
</table>

### Pause

**Prompt questions for class discussion:**

- Could Ann have done anything differently?
- Could she have avoided the situation altogether?

Discuss also whether Ann could have foreseen this situation. If so, at what point?

- Could she have done anything to avoid it, e.g. not invited Stewart home at all?
- Why does he say ‘stupid bitch’? Is he concerned about losing face, losing the relationship, losing the opportunity for sex or what?
- What’s going to happen now?
- Should Ann see Stewart again?
Explore with the class whether Ann will inevitably see Stewart again, or whether it is possible for her to break off the relationship – whether girls/women should allow themselves to remain in abusive relationships.

**Scene 3**

*Ann’s living room – an alternative way for Ann to behave.*

- **Stewart** Let yourself have some fun, let’s do it...
- **Ann** No.
- **Stewart** Come on... I want you so much... besides, there’s no one else about, let’s not miss this chance to be really together.
- **Ann** No, no way, Stewart, I don’t want the chance.
- **Stewart** I think you will... especially when you see what’s on offer.
- **Ann** I don’t like you talking like that.
- **Stewart** Come on, it’s fun. Your mum won’t be back for hours.
- **Ann** I think you should go home.
- **Stewart** I really love you... I’ve never known anyone like you before.
- **Ann** I love you too... but it’s time you went home.
- **Stewart** Let me show you how much I love you... come on.
- **Ann** No Stewart, don’t, you said I was safe with you and I don’t feel that now. Please go home.
- **Stewart** I’ve got condoms, if that’s what you’re worried about.
- **Ann** You’re not listening. I don’t want sex, I’m not ready for it.
- **Stewart** What is the big deal? If we love each other. I want you so much.
- **Ann** You’re not listening, this isn’t about love. You’re just thinking about yourself. I don’t want sex. We were having a good time and you’ve spoiled that.
- **Stewart** This is what you invited me back here for...
- **Ann** I invited you back here for coffee.
- **Stewart** Well I can’t just stop now... you wanted this too.

*He grabs her forcefully, she holds him off.*

- **Stewart** What’s the matter with you? You frigid or something?
- **Ann** That’s it. Go! I can speak to you tomorrow but you’ve got to go now.
- **Stewart** I don’t want to go.
- **Ann** Stewart, you have to go now, I don’t want you here anymore.
- **Stewart** Oh come on, what did you think I came here for? Why did you invite me back, I thought you loved me.
- **Ann** Maybe I did love you, but I don’t like this and I’m telling you to go home now.

**TEXT on screen. So what happens now?**

*We see the scenario REWIND as if in a video recorder. It plays from an earlier point in the scene.*

- **Ann** Maybe I did love you, but I don’t like this and I’m telling you to go home now.
- **Stewart** Shit... bye then.
TEXT on screen: **What if...**

Once again the scenario **REWINDS** as if in a video recorder. It stops, then plays from the same point.

**Ann**  Maybe I did love you, but I don’t like this and I’m telling you to go home now.
**Stewart**  It doesn’t have to end like this. Oh come on!
**Ann**  This is serious. I want you to get out of my house.
**Stewart**  You shouldn’t shout at me.
**Ann**  Well, if you won’t go, then I will.
**Stewart**  Shit...

TEXT on screen: **Ten minutes later**

**Pause**

**Prompt questions for class discussion:**
What was different this time?

Help the class to identify the strategies Ann used. Make a list of them on a flipchart or board.

How is Stewart feeling now?
How is Ann feeling now?

**Scene 4**

**Living room of a typical student flat.**

**Stewart**  Well that’s girls for you...
**Jim**  Yeah. What happened with that girl you were going with?
**Stewart**  Ann?
**Jim**  Aye, Ann, she was nice.
**Stewart**  Yeah she was... We broke up.
**Jim**  What happened? She end it, aye?
**Stewart**  Yeah. I blew it. I want something better, you know? Like you and Marion.
**Jim**  You two still going strong?
**Stewart**  Yeah. I think I might even marry her.
**Jim**  Really? Well you’re a lucky man. Just you treat her right, okay?
**Stewart**  Yeah no worries there... So do you want to settle down, is that it?
**Jim**  Well I wouldn’t say that, I want a girlfriend...to talk to... you know? like you and Marion.
**Stewart**  You just come on too strong, you need to be nicer...
**Jim**  Yeah I need to be nicer... You hear about Rob?
**Stewart**  I couldnnae believe that.
Prompt questions for class discussion:
What do you think Stewart wants from a relationship?

Do you think that Jim helped Stewart to think about his relationships, could he have done anything else?

What do you think that Stewart should do to get the sort of relationship that he wants?
LEARNING OBJECTIVES

For students to:
- have an understanding of other young people’s experiences of first sexual intercourse, and some of the outcomes of first sexual intercourse
- recognise circumstances in which first sexual intercourse may be positive.

NOTES FOR THE EDUCATOR

This session uses real research material gathered in interviews with young people. The scripts have been shortened for the purposes of the exercise, but remain true to what the young people reported. It is important for students to know that they are working with real material.

FOR YOUNG PEOPLE WITH LEARNING DISABILITIES

Considerable support may be required to tease out answers.

The evidence does not bring out issues surrounding disabilities, e.g. the practical issues around having a physical disability such as cerebral palsy. This could be an opportunity to introduce these issues to young people.

For groupwork:
- Let’s Do It, Exercises 6.12 (p. 116) to 6.15 (p. 119).

MATERIALS

- Six copies of Project sheet 17.1, one for each small group.
- Each small group (see Method 1) will study a different Account of first sexual intercourse from Project sheet 17.2 – make sufficient copies of each account for all the students in a small group.

METHOD

1. (10–15 minutes)

Explain that the purpose of this session is to explore young people’s real experiences of first sexual intercourse.

Divide the class into six mixed sex groups with similar numbers of girls and boys in each. Give each group a copy of Project sheet 17.1 and sufficient copies of the allocated account of first sexual intercourse from Project sheet 17.2 for each student. Have two people read out the account, one acting as interviewer and the other as the interviewee (ensure that this person is the same gender as the person in the account), and ask the group to answer the questions on Project sheet 17.1, attempting to reach consensus.
2. (15–20 minutes)

When all groups have completed the answers, bring the class together. Have each group in turn summarise their responses.

**ADDITIONAL NOTES**

It may be helpful to create a simple chart on the board, with the names of the characters down the side and the five key questions the students have addressed across the top. Then complete each box using a system of ticks, crosses and question marks.

Discuss:

- Was it a good or bad experience for the person telling the story? What made it good or bad?
- How well did they know one another? Did the relationship continue?
- Had they talked about having sex beforehand? Had they agreed to have sex?
- Had they talked about contraception or protection from STIs? Did they use contraception? Did they protect themselves from STIs?

3. (5 minutes)

Draw out from the evidence what helps to make a good first experience of sexual intercourse:

- An established relationship before having sex (if you have not been going out with someone for long, having sexual intercourse will probably bring the relationship to an end fairly soon)
- Discussing sexual intercourse before you do it
- Agreeing with your partner to use contraception or protect yourselves from STIs before having sexual intercourse.

Remind students of the values of the programme in relation to this session.

If you plan to include Session 21 in your programme, remind the class that, in a later session, there will be an opportunity to ask questions anonymously of the opposite sex. If they have questions, they could post them in a box at any time before the session. Assure them again that anonymity will be maintained.
Project sheet 17.1: First sex

1. How long had the couple known one another?

2. Did the couple talk beforehand about having sex?

3. Did the couple talk beforehand about using contraception or protecting themselves from STIs?

4. What was the experience of sex like?

5. What happened to the relationship?
**Margaret**

**M:** I met him at a New Year’s Eve party… He’s 19. …It took 10 months. He wasn’t pressuring me or anything ‘cause I didn’t really want to, but y’know, he was just going to leave it at that, and if I decide it’s up to me, he’s not gonnae force me or do anything against my will or anything like that. By the tenth month…

**Q:** You decided?

**M:** Yeah.

**Q:** Did you talk about taking precautions beforehand?

**M:** We do talk about it sometimes, we did talk about it, but he goes that funny – ‘cause it’s a bit too much hassle.

**Q:** How did you feel when you had sex?

**M:** On top of the world.

**Q:** You enjoyed it?

**M:** Yeah, yeah.

**Q:** Did you take precautions?

**M:** No.

**Q:** Do you now?

**M:** No, nothing. …‘Cause he thinks it’s too much hassle and everything, and he thinks that it’s got more chance of the condom bursting or something like that, that’s what he thinks, so he goes, ‘No’. ‘Cause he goes he knows when he’s coming so therefore he can come out of me.

**Q:** Are you happy with that?

**M:** I trust him so…

**Q:** It’s a little bit risky that method, isn’t it?

**M:** I know. But he goes that if it did come to the point he’d rather prefer me to go on the Pill or something like that, but I don’t want to go on the Pill.

**Q:** Why’s that, are you worried about it?

**M:** Yeah. I think it causes health risks and things like that. I’ve been going out with him for a year and three months. I thought it was just gonnae be a short relationship, but we just took it day by day and we’re still together.
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<th><strong>Catriona</strong></th>
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<tr>
<td><strong>C:</strong> It was about a year ago.</td>
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<td><strong>Q:</strong> Did you want to have sex?</td>
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<td><strong>C:</strong> I don’t know. It just sort of happened really. I didn’t think either way. It just sort of happened, we went to a party, a load of us went. We went back to this girl’s house – another friend of mine – and stayed the night and it just sort of happened.</td>
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<tr>
<td><strong>Q:</strong> Were you drunk?</td>
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<tr>
<td><strong>C:</strong> No, I wasn’t. Afraid not.</td>
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<tr>
<td><strong>Q:</strong> Had you wanted to lose your virginity before then?</td>
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<tr>
<td><strong>C:</strong> No, well yeah, because when we were all at school, there were some girls that were really sleeping around and then there were the other lot that were sort of left behind. I had a close friend, she was 12 days younger than me... It was her sort of main ambition to lose her virginity. It was like ringing each other up – ‘Have you done it yet?’ And then she did it, and she said ‘I’ll fix you up’ and I said ‘No, no, I’ll take my own time’. It was all sort of light hearted but it seemed really serious at the time – I have to do it.</td>
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<tr>
<td><strong>Q:</strong> Did you talk about taking precautions beforehand?</td>
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<tr>
<td><strong>C:</strong> I think because it just happened, if I’d been seeing him for quite a while, then we’d have talked about it, then I would’ve done something about it. But it just happened. I didn’t think about it at the time. I didn’t really think because I’d been on the Pill for a while.</td>
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<tr>
<td><strong>Q:</strong> What was it like when you had sex?</td>
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<td><strong>C:</strong> I think it was a disappointment. I mean when you’re all girls at school, and one of them has, and is going on about how wonderful it is. And I wasn’t that impressed. It was just another thing to do really.</td>
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<tr>
<td><strong>Q:</strong> Did you take precautions?</td>
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<tr>
<td><strong>C:</strong> No, I didn’t. Well I was on the Pill, but not because of having sex. The doctor put me on the pill because I had bad period pains and it just so happened that I slept with him when I was on the Pill.</td>
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<tr>
<td><strong>Q:</strong> So if you hadn’t been on the Pill for medical reasons, you probably wouldn’t have used contraception?</td>
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<tr>
<td><strong>C:</strong> Probably not, because that was the first time. I would have thought after that, you know, I’d have done something about it.</td>
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<tr>
<td><strong>Q:</strong> What happened to the relationship?</td>
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<tr>
<td><strong>C:</strong> It lasted six weeks. I was more annoyed at him for doing what he did. I realised that he wanted me for just one thing. It just sort of petered out really.</td>
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<tr>
<td>Anne</td>
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<tr>
<td><strong>A:</strong> We just used to sort of walk the dog. I’d just go round his house on a Sunday and go to the river with the dog, all summer. Like it was great, I loved it. He was about 17.</td>
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<tr>
<td><strong>Q:</strong> How did you feel. Did you feel it was right?</td>
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<tr>
<td><strong>A:</strong> I don’t actually have any memory of saying to myself, this is what I want to do. It just happened. I just accepted it.</td>
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<tr>
<td><strong>Q:</strong> Did you talk about taking precautions beforehand?</td>
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<tr>
<td><strong>A:</strong> We talked about it... I mean we did actually talk, like the decision that that was gonna happen, you know.</td>
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<tr>
<td><strong>Q:</strong> What was the experience of sex like?</td>
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<tr>
<td><strong>A:</strong> I just remember doing it and thinking, ‘It’s not much of a big deal’, you know, not actually worrying about it or thinking ‘Oh, God, this is disaster, this is going to affect the rest of my life’. I didn’t, like, have some great build-up to it in my mind. I remember thinking about my friend actually, who was a bit older than me, and I remember all the time comparing it to what she had said to me... And I do remember it, as just what most people say, you know, very unimpressive. I think maybe it wouldn’t have gone on if we hadn’t gone out with each other for such a long time. I think I might have felt much worse about it if it was just that one time and never again. ‘Cause I can’t say that all throughout that I never enjoyed any experience, because I’m sure I did.</td>
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<tr>
<td><strong>Q:</strong> Did you take precautions?</td>
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<tr>
<td><strong>A:</strong> Yeah, first of all, we used to use condoms... It’s very complicated... like when they’re doing like this very sort of fiddly thing... I always took it all quite seriously, though I wish I’d taken it more light heartedly.</td>
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<tr>
<td><strong>Q:</strong> What happened in the relationship?</td>
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<tr>
<td><strong>A:</strong> I went out with him for a year. Got on better with the dog than I did with him, I think. That’s the only thing I thought about when I left – the dog.</td>
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Tommy

T: I had been going out with her for two weeks. I was talking to her about it and she would say ‘Wait’, and then for a week she did not say anything, and I was just getting off with her and tried to put my hand down and ended up getting right into it. I had not had much [to drink] that night.

Q: Did she say anything about contraception beforehand?
T: No. She just said she had better not end up pregnant. Like ‘Watch what you are doing’ and that.

Q: And was it easy to get it in?
T: No, was it f...! I discovered that I could not get it up my first time. I ended up freaking out and I stopped... I just sat up, and she sat up and put her arms around me. I was sitting there just sweating, and she ended up putting her arms round me and back down. She was not bothered; I think she knew that it was my first time. I did not tell her.

Q: And did you find it embarrassing?
T: Aye, very... Like a brass neck because I could not get it up, and what she would be telling her pals and that.

Q: And did you take any precautions at all?
T: No, I have never used a condom in my life. I don’t believe in them.

Q: And at that time did you come inside her?
T: Aye, I did.

Q: Or did you pull out?
T: I came inside her.

Q: Did you tell anyone about having sex with her?
T: Aye. I told my wee cousin. Like he would ask you, like, ‘Have you had it?’ and that.

Q: And did they know that you were a virgin at that time?
T: What, my pals? No! You would not tell your pals that you know. You would not want anyone to call you a virgin.

Q: So did you see her again after that?
T: I went out with her for a couple of days after it. Like I got what I wanted... She thought like she owned me totally you know. That is what like put me off her and that. Like she started, like, as if she owned us and that, because the two of us had done it and that. Like that was us, sort of thing.
George [George had been going out with his girlfriend for 6 months.]

G: I think it was just like late one night we were just like cuddling up and that. I just sort of got the idea up... Well, I kind of started and that. Like my hand having a wee wander and then her hand having a wee wander. It just all built up. We just, sort of, just said the idea.

Then we were working out when we would get time. So that was basically our first opportunity.

Then contraception came into it. ...I brought up sex, she said ‘Well what about getting pregnant and that?’. I said I’ll get some condoms. She went ‘Fair enough’ and that was it. ‘If you can get them then we will wait for a quiet room’.

So I popped down to Boots, and went up to the counter and got a wee bit embarrassed, bought them and walked back out. I read the instructions and that. I knew I was going to use something. I knew that my sister was on the Pill. I had that drummed into me that you have got to watch yourself. So I think I had the idea there from the start. ...I would not have done it otherwise... I had always thought of it [contraception] as part of sex.

So we just went upstairs and drew the curtains and just started like kissing and cuddling and that. Stripped each other and things.

It was the first time that we had done it, so I think we were both nervous about it. Just like one position all the way through. It was not really that long. Like putting on the condom almost took longer than it did. I was really nervous. It was just a whole new thing... It is built up to be like a huge enormous thing. Then all of a sudden you just think: ‘Wooh, this is it! This is happening now!’

Q: What did you feel about it afterwards?

G: Is that it? That was it, first time and it was a big hassle. I enjoyed it and everything, but I did not really understand just how much emphasis was put on it.

Q: So physically what was the experience like?

G: It was sort of the same, like what it had been before. I felt actually closer about it. I think the guy is going to come at the end of it, no matter what, so I think it is not really any measured difference at that point. It was strange, you were always closer to each other. Like your actual bodies are closer...
Q: Did you take precautions?

G: I thought where is the instructions again. A quick memory jog. So putting that thing on for the first time was a bit weird, so she is sitting like and she does not know what is happening. I was a wee bit panicking about it.

Q: You had not tried putting one on beforehand?

G: No. I thought it looked easy enough in the instructions, you know. But it was a wee bit harder. I think most people would find that.

Q: Did she ask you not to tell anyone about having sex with her?

G: That was kind of there right from the start. [He didn’t tell anyone.]

Q: At that point, were you concerned about whether or not you were a virgin?

G: It was starting to get to the stage that I almost was. This point it was like the start of a serious talk about it in the showers at night. I did not really bother about it. I kind of realised after it that there was no problem.

[The relationship lasted for another year.]
Dave

D: I only really had one serious girlfriend. I went out with her for about six or seven months that was about a year and a half ago... We weren’t actually planning it or anything.

Q: Had you talked about it before, like had you or she tried to persuade the other one to have sex and said no?

D: There had not been any pressure, it just happened.

Q: Were you pissed?

D: No, no, it just happened.

Q: Did you talk about taking precautions beforehand?

D: No.

Q: Had there been a lot of fondling?

D: Yeah, it just sort of happened.

Q: Had there been quite a lot of occasions before when you were into heavy petting and feeling each other up and it hadn’t got that far?

D: No, it was just the one time. I think the age of consent should be made more relevant. It should be said to people. Like to tell people not to have sex young and stuff. I definitely regret it. The fact that I have done it now and I was just so young and it wasn’t really under very good circumstances. It just really happened, we weren’t planning it or anything.

Q: And did you take any precautions?

D: No, that was the big thing. It just happened, because we weren’t planning it at all. Neither of us really thought about it.

Q: Did you tell your mates about it afterwards?

D: No, I haven’t told anyone. The one person that knows is my sister.
Q: And what happened in that relationship?

D: Well we had sex... maybe that is the reason why we split up, because we split up soon after that... I think because neither of us were old enough emotionally to be ready for it. It just happened. I don’t know how to explain it, we felt differently afterwards.

I think it was because I was so young and I wasn’t ready for it at all. I would have preferred to wait until I could cope with it. It was a really good relationship and then like we had sex and because we both weren’t ready for it, it just gave us a shock and we split up... I don’t know, we just didn’t feel the same about each other anymore.

Q: And do you still see the girl at all?

D: I don’t really talk to her at all. I pass her in the corridor and smile but that is about it, because she is in the year above me so I hardly see her anyway.

Q: Do you think she was upset by it?

D: I think we both were. I know I was, I don’t really know how she felt about it because we didn’t really talk about it afterwards. I think that is the problem because we are so young we don’t want to talk about it but then it just happened.
SESSION 3 – SESSION PLANS

Session 18: Pregnancy and parenthood


LEARNING OBJECTIVES

For students to be aware of their own feelings about parenthood, the responsibilities of parenthood and their vulnerability to becoming a parent.

NOTES FOR THE EDUCATOR

This session returns to the issue of pregnancy, and offers both girls and boys the opportunity to explore the issues involved in unintended pregnancy. It will be important to remember that parenthood will not be a significant issue for some, and that the issues may be different for those who identify as lesbian or gay.

FOR YOUNG PEOPLE WITH LEARNING DISABILITIES

For group work:
- Body Board, Pregnancy, People and Families.
- Chance to Choose, select exercises from the ‘Pregnancy, Birth and Parenting’ theme.
- I want to be a Good Parent, series from BILD.
- Living Your Life, Module 5, Unit 2 ‘Pregnancy’ and Unit 3 ‘Birth’.
- Sex and the 3R’s, handbook sections 4.26 and 4.27 (pp. 71–72).
- Talking Together about Sex and Relationships (p. 109).

MATERIALS

- Copies of Project sheet 18.1 for all students (can be photocopied back-to-back).
- A prepared list of questions on OHT, flipchart or board for Method 3.
- You may also want:
  - copies of Project sheet 18.2 for each small group
  - a prepared list of the statements on Project sheet 18.2 on OHT, flipchart or board
  - a copy of the Educators’ notes for Project sheet 18.2.

METHOD

1. (10–15 minutes)

Explain to the class what you plan to cover today, and that you are going to start with an individual exercise. Emphasise that this is private, and students will only share their answers if they choose.
Distribute copies of Project sheet 18.1 to all students. Have them fill in the space at the top of each box as follows:

- Box 1: name of best friend
- Box 2: name of parent or guardian
- Box 3: own name
- Box 4: name of favourite adult
- Box 5: name of girl-/boyfriend (or person they would like this to be, or leave blank).

In Box 3, have boys write how they might feel (encourage them to identify gut feelings rather than thoughts) if a girlfriend told him she was pregnant by him; and have the girls write how they might feel if she found she was pregnant. In each of the other boxes, write how that person might feel or react to this pregnancy. When they have finished, encourage students to review what they have written and complete the sentence stems at the bottom of the sheet.

2. (10 minutes)

Then have them turn over. Have students fill in down the left hand column, five things they really enjoy doing. When they have completed this, give one further instruction at a time, and allow sufficient time for completion before moving on to the next:

- in the second column, write a £ sign beside any activity that costs more than £5
- in the third column, write a W beside any activity you like to do at least once a week
- in the fourth column, write an O beside any activity that you do outside of home
- in the fifth column, write a B beside any activity it would be difficult to do if you had a baby or toddler with you.

Have students review what they have put, and then complete the sentence stems at the bottom of the sheet.

3. (10–15 minutes)

Divide students into small mixed groups of three or four. Have them discuss:

- whose immediate reactions would be most negative to a pregnancy? why?
- who would be most/least supportive? why?
- what differences would it make to their own lives now to have a baby or small child?
- what choices would be available if they found themselves or their partner pregnant?
- how likely is it to happen?

Remind the class that they have the information to protect themselves against unplanned pregnancy, and that next session will be about familiarising themselves with the services providing information, support and advice.
End with a round of ‘one thing that struck me was...’.

**OPTIONS/EXTENSIONS**

Give each small group copies of *Project sheet 18.2*. Explain the task and tell them how long they have to select the three most useful statements. Emphasise that it is important to agree as a group.

Display your master list of statements. Bring the class back together. Have each group in turn identify their three chosen statements, and mark them with a star or other symbol on your master list.

When all the stars are marked up on the master list, it will be possible to identify what the class has chosen as the most important statements. It will be useful to explain that there are no right answers. Using the *Educators’ notes* on *Project sheet 18.2*, encourage some discussion of why the groups made these choices.

If you have the time and an appropriate group, you might like to experiment with the egg exercise (taken from *Taught Not Caught*, Exercise 49), which has been used successfully in many schools.

The activity is about the responsibility of looking after a baby – represented by an egg. Give each student one raw egg to look after for a week between sessions – you may want to set it up in **Session 17** and review it in this session. Explain the rules for taking care of the egg:

- you have total responsibility for that egg
- keep it warm and give it fresh air daily
- if the egg has to be left, it must be in the care of another responsible person and payment arranged, either monetary or a reciprocal agreement
- should any disaster befall the egg, a (prearranged) fine must be paid to an agreed cause, and a period of mourning observed for two days – at the end of this period, replace the egg
- a daily diary must be kept on all activities, the care given and how the student felt about the egg and the experiment.

It is important that, in general, the exercise is taken seriously. If some students do not do so, it will be valuable in the review to discuss why.
If I was pregnant or my girlfriend was pregnant:

- the person I would most fear telling would be..........................
- the most supportive person would be...........................................
- the least supportive person would be.......................................

Others’ reactions to pregnancy

1

2

3

4

5
How would a baby change your life?

<table>
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<th>Things I enjoy doing</th>
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If I became a parent this year:

• the biggest change to my life would be ........................................

• I would probably have to give up ....................................................

• I would gain.........................................................................................
Some people in other schools have had less sexual health and relationships education than you. They too need the very best information available to avoid unintended pregnancy.

Imagine that they will be able to remember THREE things.

Discuss the following statements in your small group and try to agree the three that would be most useful to other young people – to avoid unintended pregnancy.

1. Confidential help and advice about contraception and sex is available from youth clinics, family planning clinics, doctors or the school nurse.

2. Condoms must be used carefully every time you have sex.

3. Talk to your boy-/girlfriend about contraception, and get hold of it before you intend to have sexual intercourse.

4. Termination (abortion) is not an easy option.
5. Contraception (including the Pill and condoms) is available free to under-16s at youth clinics and family planning clinics.

6. It is possible for a girl to get pregnant even if:
   - you have sex standing up
   - it’s the first time you have had sex
   - you don’t enjoy it
   - the boy withdraws before he ‘comes’.

7. You can say no to sex if you want to.

8. If you think you may be pregnant, seek help from a clinic or doctor immediately.

9. Emergency contraception can be used up to three days after unprotected sex.

10. Being a parent is always a challenge – being a single teenage parent is especially hard.
1. Confidential help and advice about contraception and sex is available from youth clinics, family planning clinics, doctors or the school nurse. **Where can you get confidential advice?**

2. Condoms must be used carefully every time you have sex. **How much protection can a condom provide, from both pregnancy and STIs? What are the rules for using them correctly? What is the likely effect of using drugs or alcohol on condom use?**

3. Talk to your boy-/girlfriend about contraception, and get hold of it before you intend to have sexual intercourse. **Why is it often so hard to raise the issue? Why might it be a problem if you only raise condom use at the last minute?**

4. Termination (abortion) is not an easy option. **How might a young woman feel if she is considering having a termination? Might she sometimes be pressured into it – by whom? What about faith, moral, ethical arguments for and against termination?**

5. Contraception (including the Pill and condoms) is available free to under-16s at youth clinics and family planning clinics. **Why do young people sometimes not use these services?**

6. It is possible for a girl to get pregnant even if:  
   - you have sex standing up  
   - it’s the first time you have had sex  
   - you don’t enjoy it  
   - the boy withdraws before he ‘comes’.  
   **Where do these myths come from?**

7. You can say no to sex if you want to. **Why is it sometimes hard to say no to sex? How influenced are young people by their emotions, peer and media pressure or lack of skills?**

8. If you think you may be pregnant, seek help from a clinic or doctor immediately. **Why is it important to act quickly?**

9. Emergency contraception can be used up to three days after unprotected sex. **Why is it called emergency contraception? Where can you get it?**

10. Being a parent is always a challenge – being a single teenage parent is especially hard. **What’s hard about bringing up a child alone? How might it affect your life?**
LEARNING OBJECTIVE

For students to be familiar with the main sources of support and help in the locality.

NOTES FOR THE EDUCATOR

This session can be organised in a variety of ways (see below). We believe that a visit by students to a clinic will be the most productive (see Method A). However, if this is not feasible, two other options are offered (see Methods B and C).

FOR YOUNG PEOPLE WITH LEARNING DISABILITIES

For group work:
- Let’s Do It, includes a storyline for visiting the clinic (p. 114), could be used with the cloth models.
- Sex and the 3R’s, handbook section 4.18 (p. 63).

Leaflets that can be kept:
- A visit to Caledonia Youth.

MATERIALS

- Copies of Project sheet 19 (or a modified version of it) for all students.
- List of local services offering support, advice or treatment, including services for young people who identify as lesbian or gay, have a learning disability or belong to a religious or cultural minority.

METHOD A: VISIT TO A SEXUAL HEALTH SERVICE

Identify an appropriate service/services for students to visit – a youth clinic or a family planning clinic is the ideal choice, but you might also consider a GUM clinic or any other sexual health service that provides primary care. Check out some time in advance that a group of students would be welcome. Visit the centre or clinic yourself and be clear about exactly what you want them to get from a visit. This might be arranged in one of two ways:

- the whole group making a visit to one centre with you
- small groups making unaccompanied visits, either in class time or for homework, and reporting back.
METHOD B: VISITOR FROM A SEXUAL HEALTH SERVICE

If it is not possible to arrange visits, you might consider inviting somebody from a clinic to come in to meet the students. Again, you will need to be clear about the purpose of the session and what you want them to do, bearing in mind the ability range of the student group. It is very likely that the students would like to be left alone with the visitor to enable them to ask questions and discuss issues they may not feel free to raise with you. However, this needs to be with the clear agreement of the visitor and the school authorities. The educator will need to know the kind of issues that have been discussed.

METHOD C: FINDING OUT ABOUT SEXUAL HEALTH SERVICES

Another possibility, if you cannot make a visit to a sexual health service, is to arrange a series of tasks for students to familiarise themselves with what is available and where the services are. In groups, they could:

- find out where the services are
- find out how to get there – route finding and public transport
- make phone calls to find out opening times, need for appointments, cost, etc.

In all cases, have the students complete Project sheet 19 as part of their assignment.

REVIEW/FOLLOW-UP

Divide the class into four or five mixed sex groups (if they worked in groups earlier this session, you want to consider encouraging a change round now so that experiences are shared), and appoint a spokesperson. Have each group briefly discuss what they have discovered about clinic services and identify three things they learned/found interesting/were surprised by. Bring the class back together and share experiences from each group.

Remind students that responsibility is now in their hands – to use wisely the information and skills they have acquired.
Find out the answers to as many of these questions as you can.

1. What is the name of the place you visited?

2. Where is it and how do you get there?

3. When is it open?

4. What is the purpose of the centre?

   • What age group is it for?

   • Is it for women or men or both?

   • Does it provide an inclusive service (for young people who are lesbian or gay and for young people with learning disabilities)?
• What kind of help can you get there/what services does it provide?

• Do you have to make an appointment?

• How confidential is the service?

• Could you take a friend along?

• Do you have to pay anything?

5. What did you like about the centre?

6. Was there anything you did not like?

7. Do you have any other questions?
LEARNING OBJECTIVES

For students to:
• recognise the need to take responsibility for their own behaviour
• understand the role of planning in keeping safe sexually
• have strategies for dealing with potential risk situations.

NOTES FOR THE EDUCATOR

This session invites students to take responsibility for their behaviour, plan to keep themselves safe and develop strategies to ensure safety in relationships. Video is used again in this session, and educators need to familiarise themselves with the Kirsty and Craig and Liam and Hannah scenario.

FOR YOUNG PEOPLE WITH LEARNING DISABILITIES

To supplement learning, use:
• Talking Together about Sex and Relationships, p. 67.
• Thinking About Sex? How to use Condoms, leaflet from Caledonia Youth.

MATERIALS

• TV, video player and video tape.
• A copy of the Educators’ notes for the ‘Kirsty and Craig and Liam and Hannah’ video clip.
• You may also want: copies of Handout B for all students (if they don’t have it already).

METHOD

1. (5 minutes)

Remind the class of the work you have done earlier in the programme on planning to keep safe (Session 9: Planning to keep safe and Session 12: Condom use skills). Explain that this session you are moving on to look at ways of negotiating condom use to ensure that both partners remain safe. Have students arrange themselves so they are able to see the video.

2. (25–30 minutes)

Now turn to the Educators’ notes and take the class through the video in the way indicated.
Bring the class back together. Discuss:

- when should Kirsty and Craig and Liam and Hannah have discussed condom use?
- did they leave it dangerously late?
- is it possible to plan ahead for sexual encounters?
- what are the difficulties (emphasise how alcohol/drugs can undermine previous intentions)?

If you plan to include Session 21 in your programme, remind the class that, in a later session, there will be an opportunity to ask questions anonymously of the opposite sex. If they have questions, they could post them in a box at any time before the session. Assure them again that anonymity will be maintained.
Kirsty (16) and Craig (18) have been friends for some time and know each other pretty well. Both have had relationships with other people.

Scene 1

Inside a pub.

Scene 2

Kirsty’s house.
Kirsty What are you doing?
Craig I’m getting a condom.
Kirsty You’re not going to use one of those are ya?
Craig Yeah, why not?
Kirsty Well for starters, it won’t feel so good… for you.
Craig Believe me, that is not a problem, and besides, it’s just here and it’s easy.
Kirsty Look I’m on the Pill… I’m not going to get pregnant if that’s what you’re worrying about.
Craig No… it’s just, there are other things.
Kirsty Such as?
Craig Look, I always use a condom, it’s just safer, if we use a condom now, then we don’t have to worry about anything later.
Kirsty Are you saying I’ve got something?
Craig No… it’s just, we can’t take that risk, cause we’ve both been with other people.
Kirsty Yeah but it’s different, I know you and I trust you.
Craig Yeah that’s great, but we have to be safe, it’s better if everybody’s safe, use a condom now and we don’t have to worry about anything, and besides, have you used one before?
Kirsty No.
Craig Well, it’s fun and it’ll last longer as well, if you know what I mean.
Kirsty OK. I suppose I could give it a try.
Craig See, no mess, no fuss, no problem…
Kirsty OK, I’m a convert. Now what say we use another…

Prompt questions for class discussion:
Why was Kirsty reluctant to use condoms, do you think? (surprise, embarrassment, romance, ignorance of risks, her use of the Pill)

How did Craig give Kirsty the confidence to try using a condom for the first time? (confident, reassuring, shared responsibility, focused on the positives, didn’t blame or put her down)

How could they have handled the situation even better? Do you think Craig is always this careful?

How do you think Craig and Kirsty feel now? (issues about male responsibility, the place of trust in a relationship and the issue of ongoing condom use in a long-term relationship)
Liam and Hannah are about 16 and have been friends for a long time.

**Scene 1**

*Classroom at school.*

**Scene 2**

*They are at a party at a friend’s house and have gone upstairs to a bedroom.*

Hannah Have you got a thingy?
Liam Yeah, last time I looked!
Hannah No, a condom?
Liam No, I thought you might have some.
Hannah Well, I thought you bringing me up here, you’d have been more organised.
Liam Well, we don’t need them, do we? We’ve known each other for ages. I trust you, you trust me...
Hannah Trust has got nothing to do with it. Come on, you know the story.
Liam Well, I don’t have anything and I’m sure you don’t.
Hannah You don’t know that. You can’t tell just by looking at someone, whether you know them well or not.

**PAUSE**

**Prompt questions for class discussion:**

*What do they do now? What are the options?*

*Encourage the students to explore all the possibilities. Consider what might happen if they go ahead and have sex without a condom.*

*How could Liam and Hannah have avoided this situation?*

Hannah Come on Liam, we need to go and see if we can get some, somewhere else.
Liam OK, I’ll get some from Mark, he’s bound to have some in his wallet.
Hannah You can’t ask Mark!
Liam Why not?
Hannah Do you want the whole party knowing?
Liam Mark’ll keep his mouth shut.
Hannah Oh yeah. You might as well go down the stairs with a sign saying ‘I’m shagging Hannah’.
Liam So what are we going to do then?
Hannah I’ll ask Christine, she’s got some. I’m not going to be the one that’s having to get them all the time, your going to have to come better prepared the next time.
Liam Hey, you get this one, you got a deal.
In the bathroom.

Hannah So, you drunk yet?
Christine No… well, a bit… where have you been all night anyway?
Hannah Upstairs.
Christine With who?
Hannah Liam.
Christine Liam, eh? When did that happen?
Hannah Well, it’s not really happened yet.
Christine Why not?
Hannah He didn’t have any condoms with him, did he?
Christine Oh no! I take it you didn’t then, if nothing happened. What are you? A pessimist? You should always have some.
Hannah Have you got any?
Christine I suppose I could spare one. I picked them up at the Centre.
Hannah What Centre?
Christine You know the one in town. The people are really nice and they give confidential advice. Is one enough?
Hannah Could you spare a couple?
Christine You’re keen!
Hannah Thanks a lot.
Christine Have fun.

In the bedroom.

Liam How long have we got…?

Prompt questions for class discussion:

What do you think about the way Liam, Hannah and Christine handled the situation? Whose responsibility is it to carry condoms?
LEARNING OBJECTIVES
For students to:
• discuss in single gender groups and to ask questions of the opposite sex
• understand some of the gender differences in perceptions of sexuality and sexual behaviour.

NOTES FOR THE EDUCATOR
This session is a challenging one and is best suited to a group of students who have worked enthusiastically on the programme, have generated questions as you have gone along, have an approximate gender and ability balance and are sufficiently mature to be able to ask sensible questions of the opposite gender. It will be important to ensure that questions and comments are anonymised and depersonalised throughout the exercise. Remember, too, that it is easy to marginalise some young people. Do not assume that questions will necessarily be about heterosexual relationships, or even about sex.

FOR YOUNG PEOPLE WITH LEARNING DISABILITIES
If you feel that the content of this session is not suitable, you could use this opportunity to revisit any difficult topics from previous sessions.

MATERIALS
• Copies of any questions asked by boys of girls or by girls of boys over the last few weeks – ensure that they are anonymised.
• Postcards or small slips of paper and pens for each group.

METHOD
1. (10 minutes)
   Explain the purpose of the session, and what you are going to ask students to do. Have them divide straight away into single gender groups.

   If possible have girls and boys working in separate rooms, each with an educator, preferably a man working with the boys and a woman working with the girls. If the subgroups are large, you may need to break them down into two smaller groups for the first stage of the exercise.

   Give each group copies of any questions that have been asked by their gender over the last few weeks. Have the group agree three questions (if they are working in two small groups, you may need to limit them to two questions per group) they would like to ask of the opposite gender – about sex and the associated feelings, thoughts, behaviours or values. Have them written down clearly on slips of paper, and ensure that they are depersonalised and about young women or young men in general. Decide who will ask them.
Bring the two groups back together. Have the girls and boys alternately responding to questions asked by the opposite sex. It may be necessary to remind the class of the group agreement and enforce active listening.

Rearrange chairs to mix up boys and girls (one circle if possible) and end with a round of ‘One thing I found surprising/interesting in this session was...’. If the group is too big to do this in the time available, have small mixed groups do it among themselves.

OPTIONS/EXTENSIONS

If you have time at the end of Method 1, it will be valuable to exchange questions and allow some discussion by the opposite gender of their reactions to the questions and how they might want to respond later.

In Method 2, you might like to arrange the room as a ‘fishbowl’ if you have sufficient space – two concentric circles of chairs, sufficient for everybody to sit down (if you can’t do this, try to arrange the chairs in two equal-sized groups facing one another). Bring the whole group back together, have one gender go in the fishbowl (the inner circle) first while the other gender sits round the outer circle. Have those on the outer circle ask the first question, and allow time for anybody who wishes to on the inner circle to respond. Move on to the second and third questions in turn. Then reverse roles, with the other gender going into the fishbowl. It is important that only those on the inner circle speak in response to the question, that questions and comments remain anonymous and depersonalised and that time is allotted equally to both genders. It may be necessary to remind the class of the group agreement and enforce active listening.
Session 22: Review and closure

LEARNING OBJECTIVES
For students to:
• review and reflect on the SHARE programme
• identify their learning.

NOTES FOR THE EDUCATOR
The ending of a course is as important as the start, and it provides an opportunity for students to comment on their experience of the sessions and to make suggestions for modifications and additions. Do not be tempted to skip it altogether, although you may choose to shorten it or add it to the previous session.

MATERIALS
Copies of Project sheet 22 (or your own evaluation sheet if that is more appropriate) for all students.

METHOD
1. (10–15 minutes)
Distribute Project sheet 22 for students to use for reflection on the course. Ask them to complete it individually without looking at each other’s answers. Explain that this is an opportunity for them to reflect individually on what they have learned, and for you as the educator to receive some feedback that may well be useful in planning courses for future years.

2. (10–15 minutes)
Collect in the feedback sheets and invite comments on any aspect of the course. Prompt questions such as these may be useful:
• what did you like about the programme?
• was there anything you didn’t like?
• is there anything you would change for future groups?
• is there anything you would have liked that we didn’t include?

3. (5–10 minutes)
Remind students again of the values of the programme and their rights and responsibilities.

End with a round of ‘One thing I have learned on this programme is...’ or ‘One thing I liked about this programme is...’.
Please fill this in as fully and honestly as you can.

1. When I knew we were going to do this programme I felt

......................................................................................................................
......................................................................................................................

2. The most interesting thing I learned on the programme was

......................................................................................................................
......................................................................................................................

3. The most useful part of the programme was

......................................................................................................................
......................................................................................................................

4. The least useful part of the programme was

......................................................................................................................
......................................................................................................................
5. The part of the programme I remember best is

........................................................................................................................................
........................................................................................................................................

6. The thing I would most like to have learned about that we did not cover is

........................................................................................................................................
........................................................................................................................................

7. The most helpful part will probably be

........................................................................................................................................
........................................................................................................................................

8. At the end of the programme, I feel

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........................................................................................................................................

9. In the next programme, you could

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4. Appendices
## 4. APPENDICES

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Appendix A: Main references


Appendix A: Main References


LEGISLATION RELATING TO SEX AND RELATIONSHIPS EDUCATION

There are a number of legal requirements on schools to provide sex and relationships education enshrined in both education and broader children’s rights legislation. These are highlighted in this section.

Education (Scotland) Act 1980
This Act places education authorities under a duty to secure adequate and efficient provision of education in their area. It also places a duty on parents to provide their child with efficient education suitable to their age, ability and aptitude.

Standards in Scotland’s Schools, etc. Act 2000: Conduct of Sex Education in Scottish Schools
Complementary to the Education (Scotland) Act 1980, this Act.
• establishes the right of every child to have a school education provided by (or under arrangements made by) the local authority
• describes a key aim towards which school education must be directed. This is to make central the development of the individual child
• introduces the right for pupils at school to have the opportunity to make their views known when the school is preparing its development plan which sets out the educational objectives for the school
• enables Scottish Ministers to issue guidance on the conduct of sex education in schools
• places responsibility on education authorities to have regard to the guidance outlined in the circular ‘Standards in Scotland’s Schools, etc. Act 2000: Conduct of Sex Education in Scottish Schools’.

Ethical Standards in Public Life Act (Scotland) 2000: Section 35: Conduct of Sex Education in Scottish Schools
This Act requires that local authorities have regard to two principles in the performance of their functions relating principally to children. These principles are:
• the value of stable family life in a child’s development
• the need to ensure that the content of instruction provided by them, is appropriate, having regard to each child’s age, understanding and stage of development.

Children (Scotland) Act 1995
This Act requires local authorities to bear certain key principles in mind when consulting with parents. Among these principles are:
• due regard should be given to the child’s religious persuasion, racial origin and cultural and linguistic background
• due regard should be given to the child’s views in line with the child’s age and maturity.

The Act also requires the parental role to change at the age of 16 from one of direction to one of offering guidance. This is significant in terms of provision for young people over the age of 16.
**Age of Legal Capacity (Scotland) Act 1991**
This Act, among broader issues of consent, describes the circumstances under which a child is considered competent to give their own consent to medical treatment. This is determined according to the child’s capacity to understand the nature and possible consequences of the treatment concerned (often referred to as the Fraser guidelines).

**UN Convention on the Rights of the Child**
This came into force in the United Kingdom in 1992. Three articles are of particular relevance:
- **Article 3**
  When adults or organisations make decisions that affect children, they must always think first about what would be best for the child.
- **Article 12**
  Children too have the right to say what they think of anything that affects them. What they say must be listened to carefully.
- **Article 17**
  Children should be able to get hold of a wide range of information especially any that would make life better for them.

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**POLICY ON SEX AND RELATIONSHIPS EDUCATION**

In addition to legislative requirements, there are a number of key policy documents which offer direction for the delivery of sex and relationships education in schools.

**Respect and Responsibility: Strategy and Action Plan for Improving Sexual Health**
Published in 2005, *Respect and Responsibility* outlines a way forward for sexual health and well-being based on principles of self-respect, respect for others, and strong relationships. The strategy clearly states that:

- **All schools are expected to provide sex and relationships education (SRE).** High-quality sex and relationships education should be delivered in an objective, balanced and sensitive manner by professionals who are trained for this role and who are able to support and complement the role of parents and carers as educators of children and young people (p. 8).

- **Schools are expected to link SRE to other aspects of the curriculum, coordinate locally and ensure that teachers delivering SRE are adequately trained and supported. Additionally, schools should consult with parents and provide opportunities for young peoples’ needs to be identified and heard.**

*Respect and Responsibility* reinforces previous guidance on the conduct of SRE in schools, in particular the Education Department Circular 2/2001, the McCabe Report and the Ethical Standards in Public Life, etc. (Scotland) Act 2000. All of these emphasise the ‘value of a stable family life in a child’s development’ and place the values of respect and responsibility at the centre of SRE.
McCabe Report
In November 1999 the draft Ethical Standards in Public Life etc. (Scotland) Bill provided the legislative vehicle to repeal Section 2A of the Local Government Act 1986. The repeal was set alongside a package of safeguards to support local authorities and schools and, following recommendations of an independent Working Group (chaired by Mike McCabe), Learning and Teaching Scotland produced three supporting documents:

- Sex Education in Scottish Schools: Summary of National Advice
- Sex Education in Scottish Schools: Effective Consultation with Parents and Carers

These documents are available at www.ltscotland.org.uk

Health Education: 5–14 National Guidelines, LT Scotland, 2000
The revised guidelines provide an important curriculum context for sex education and point out the close connection with personal and social development and the concept of the health promoting school. The guidelines are based on three interconnected strands: physical health, emotional health and social health, and provide a set of age- and stage-appropriate expectations for health education (within which sex and relationships education is one part).

Guide for Teachers and Managers: Health Education 5–14, LT Scotland, 2000
This accompanies the 5–14 guidelines. It offers practical advice on a range of issues such as meeting pupils’ needs and the health promoting school.

A Curriculum Framework for Children 3 to 5, Scottish CCC, 1999
This document describes the scope of children’s learning between the ages of three and five. It places particular emphasis on their emotional, personal and social development.

Personal and Social Development: 5–14 National Guidelines – Exemplification, Scottish CCC, 1995
Support material taking the form of a workshop for teachers. It focuses on a whole-school approach to personal and social development.

Appendix A of this document provides useful guidance to schools on approaching sex and relationships education.
WHAT DOES THIS MEAN FOR SCHOOLS?

The following summarises the key actions required by schools in delivering SRE.

What is sex and relationships education?
As defined in the McCabe Report, sex and relationships 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.

What are the key principles and aims of sex and relationships education?
The McCabe Report also outlined the following key principles for SRE, which have been adopted by the Scottish Executive in its national sexual health strategy. SRE 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
- contribute to the physical, emotional, moral and spiritual development of all young people within the context of today’s society
- reflect the cultural, ethnic and religious influences within the home, the school and the community
- be non-discriminatory and sensitive to the diverse backgrounds and needs of all young people
- start informally with parents and carers, and continue through to adulthood both within the home (firstly as education around the concept of family and friendship relationships) and at all stages of school life.

Alongside these principles, the aims of SRE from the McCabe Report 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 multicultural framework
- foster self-awareness and self-esteem and a sense of responsibility and respect for themselves and for others
- provide opportunities for young people to consider and reflect upon the range of attitudes to gender, sexuality and sexual orientation, relationships and family life
- develop an appreciation of, and respect for, diversity and of the need to avoid prejudice and discrimination
- provide information about and skills to access, where appropriate, agencies and services providing support and advice to young people.
What are schools expected to do?
All schools in Scotland are expected to provide SRE using well-trained and -supported staff and to coordinate locally and at authority level to ensure quality and consistency of SRE provision. Additionally, great care should be taken to emphasise the importance of relationships based on love and respect and young people should be encouraged to appreciate the values of stable family life, including the responsibilities of parenthood and marriage.

What about consultation with parents and carers?
Schools should have effective strategies and mechanisms in place to consult with parents and carers and should give advance information to parents and carers on planned programmes of sex education.

Features of good practice in consultation with parents and carers include:
- appointing a co-ordinator for health education, with clear support from the senior management team, as a reference point for staff/parents
- developing strategies with parents/carers for working in partnership to promote health amongst children and young people, particularly vulnerable pupils
- ensuring that parents are familiar with current approaches to sex education
- informing parents and carers of the sex education programme and ensuring that there are simple and direct procedures to raise concerns and discuss issues arising from health education
- providing up-to-date information for parents about a number of health-related issues
- working collaboratively with external agencies, for example health promotion departments of health boards or health care trusts, social services, school nurse
- providing in the school handbook information in everyday, accessible language about protocols and procedures.

(Adapted from LT Scotland (2001) Effective Consultation with Parents and Carers)

By late 2004 over half of the schools inspected by HMIE had provided parents with information on their planned coverage of education about responsible personal relationships and sexual health and offered an opportunity to see the resources used (HMIE, 2004).

Can a young person be withdrawn from sex and relationships education?
The overwhelming majority of parents/carers are happy to let their child take part in SRE programmes at school (HMIE, 2004, Stone and Ingham, 1998). However, in a few circumstances, a parent may feel that this is an aspect of education that they prefer to deal with only at home. Schools must have simple direct procedures in place for parents to raise and discuss any concerns. If, after consultation, a parent still feels strongly, they may withdraw their child, although they have no legal right to do so. Parents must be made aware that aspects of sex and relationships education may be discussed in many different areas, and it is not possible for a young person to be withdrawn from lessons across the curriculum.
The young person’s view must also be taken into account by the parents and the school, in the light of their statutory right to education.

What about confidentiality?
In general children should be regarded as having the same rights to confidentiality as adults, where the child is mature enough to understand the possible consequences of non-disclosure. A difficulty can be that, unlike the Age of Legal Capacity (Scotland) Act 1991, which allows children to consent to medical treatment if the doctor considers the child to be sufficiently mature, there is no guidance in law about who should take the decision about a child’s maturity with regard to confidentiality, although the Children (Scotland) Act 1995 gives some guidance about children and decision-making.

Children are also entitled to protection from harm, and the public interest defence can be more widely invoked in child protection situations. Current practice in schools leaves decisions on confidentiality to the judgement of professionals, taking into account the views of the child or young person. If a young person cannot be persuaded that involving their parents is in their best interests, the professional concerned would require compelling reasons to disclose information against their wishes. Such reasons might involve concern for the safety of the young person, and there will be a presumption of information sharing whenever the welfare or wellbeing of a child is considered at risk. Each case must be decided on its own facts and circumstances, as well as the age and maturity of the child to give or withhold consent for disclosure.

There is already in the national domain a range of advice and information on confidentiality for professionals providing services to children and young people. School nurses, for instance, are guided by the National Framework for Nursing in Schools issued in 2003. There are a further two documents guiding teaching and other school-based professionals. The report of the National Review of Guidance Happy, Safe and Achieving their Potential (2005) and the revised Guidelines for Child Protection in Education, which will be made available following a consultation exercise and work by a group of external stakeholders. These are revised guidelines which will both reinforce current practice in education.

Healthy Respect has produced confidentiality guidelines for different professionals working with young people in the Lothian area (www.healthyrespect.org.uk). As part of the ongoing implementation of Respect and Responsibility, NHS Health Scotland have been tasked to develop guidance on confidentiality/disclosure of information for use by service users and for all relevant health and social care and education staff taking account of existing guidance (and the experiences of Healthy Respect and others).
SCOTTISH LEGISLATION RELATING TO SEX

At the time of publication, a new Sexual Offences Act (2003) has been introduced in England and Wales, and, in part, Scotland and Northern Ireland. In addition, the Scottish Law Commission has been instructed by the First Minister to ‘examine the law relating to rape and other sexual offences and the evidential requirements for proving such offences and to make recommendations for reform’. In early 2006 a discussion paper was issued for public consultation which will lead to a report in 2007, including, if appropriate, draft legislation. Additionally, the Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005 has been introduced in response to sexual grooming. Further details can be found on www.scotland.gov.uk.

Offences against girls

- The age of consent for heterosexual sex for a female is 16 years.
- While there is no age of consent for sex between women laid down in statute, a girl under 16 is not deemed capable of consenting to any sexual behaviour that could be classed as sexual assault. Courts have taken this to mean that an age of consent for sex between women is 16 years.
- If a girl is under the age of 12, then common law in Scotland presumes that she is unable to consent and the male is guilty of ‘constructive rape’.
- If the girl is under the age of 13, regardless of consent, the male is guilty of the statutory crime of ‘unlawful sexual intercourse’ according to Section 5 of the Criminal Law (Consolidation) (Scotland) Act 1995.
- Sexual intercourse with a girl of or above 13 years and under the age of 16 whether or not consensual, is also a statutory offence under Section 4(1) of the Sexual Offences Act (Scotland) 1976.
- Consensual heterosexual anal intercourse is not an offence if other age-related laws are not broken.
- It is a common law offence for a person of either sex to use ‘lewd, indecent and libidinous practices and behaviour’.
- It is an offence under Section 5 of the Sexual Offences Act 1976 for a person of either sex to use towards a girl of or above the age of 12 and under the age of 16 any ‘lewd, indecent and libidinous practices and behaviour’ which, if used toward a girl under the age of 12, would have constituted an offence at common law.

Offences against boys

- The age of consent for heterosexual sex for a male and sex between men is 16 years.
- A person under 16 does not commit an offence if he commits a homosexual act with a person who has attained that age under the Sexual Offences (Amendment Act) 2000.
- If a boy under 16 has intercourse with a female person over the age of 16, this is not in itself an offence by either party. But if the boy is under the age of puberty (14 for boys) the female person would be guilty of the offence of ‘lewd, indecent and libidinous practices and behaviour’. If the boy does not consent she could be guilty of the offence of indecent assault.
• It is a common law offence for a person of either sex to use ‘lewd, indecent and libidinous practices and behaviour’ towards any child below the age of puberty (14 years for boys). That offence is committed whether or not the child consents.
• It is a common law offence for a person of either sex to commit an indecent assault on another person, that is to touch him or her in a sexual manner without consent.
• It is an offence for a man to commit a homosexual act with a boy under the age of 16.

Abuse of a position of trust
While the age of consent is 16 years it is an offence under the Sexual Offences (Amendment) Act 2000 for someone over the age of 18 years to have sex (whether vaginal or anal) with a person under that age or to engage in any other sexual activity with or directed towards such a person if he is in a position of trust in relation to that person.

All these offences can be committed by a person under 16 years. The age at which criminal responsibility can start in Scotland is 8 years.
Appendix D: Additional reading and resources on learning disabilities

This section provides some pointers for those educators who work with young people with learning disabilities. Further explanation of most of the resources mentioned and how to source these can be found in NHS Health Scotland’s review of resources (Hasler et al. 2005).

Additional reading


Other supporting resources
Body Board, plus Pregnancy, People and Families Pack; Contraception and Making Love Pack; Flirting, Romantic and Sexual Signals Pack; and Sex Education Pack, produced by Headon Productions, Manchester.
Male and female cloth models (Desmond and Daisy) produced by J. Fraser, Worcester

**Resources which practitioners have found useful to give to students to keep at appropriate sessions in the SHARE programme**

Caledonia Youth (reprinted 2002) *A Visit to Caledonia Youth*. Caledonia Youth, Edinburgh.


**Additional reading which can be recommended to parents/carers or recommended for use with parents/carers, for instance at a parent’s evening**


Queens Road Sexual Health Team (1996) *It’s Only Natural: For Parents, Carers and Others Involved in the Lives of Young People with Learning Disabilities – A Resource which Looks at Issues of Sexuality and Sexual Health*. Barnardos, Bradford (recommend for professionals to use with parents).


**Recommended possible background reading for teachers/staff**


Appendix D: Additional reading and resources on learning disabilities


Games are a valuable resource for anyone facilitating, leading or teaching groups. Basically they require the group to engage in activities constrained by rules and they often involve physical action. They offer different things to the group:

- **Change and laughter**
  Both are important in relieving monotony and physical stress, and also for helping students put aside feelings that may not be helpful to the purpose of the group or the task at hand.

- **Development of perception, knowledge and communication**
  Whilst they can be considered as fun and good for lightening the atmosphere, many games can be used purposefully for helping students learn about themselves and their peers.

The educator will need to display enthusiasm for playing the activities, and may have to be very active in encouraging people on to their feet. Although many students find games a lot of fun, some are suspicious of them, and associate such activities with being childish and embarrassing.

Occasionally someone is extremely reluctant to join in, or may even get very angry at the suggestion. Don’t bulldoze such people, be gentle with them and respect their decision. There are many reasons why people will not join in – a physical disability or condition that they have not shared with the group, or feelings of intense humiliation usually associated with the ways that they’ve experienced games in the past.

However, most students with some encouragement will join in, especially if you choose a game that’s appropriate to the context that you’re working in, the aims of the group, and the group atmosphere at the time.

Here’s a selection of games that you may find useful, and a list of things that you may want to create or cultivate in your classes:

<table>
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<th>fun</th>
<th>self-disclosure</th>
<th>movement</th>
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<tr>
<td>drama</td>
<td>imagination</td>
<td>group cohesion</td>
</tr>
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<td>closeness</td>
<td>trust-building</td>
<td>empathy</td>
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<td>warm-up</td>
<td>relaxation</td>
<td>memory</td>
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<td>self-awareness</td>
<td>sensitivity</td>
<td>celebration</td>
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<tr>
<td>communication</td>
<td>listening</td>
<td>concentration</td>
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</tbody>
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**The Human Knot** (6–20 people)
Students stand, stretch their arms out above their heads, cross them over and move towards one another in the circle. When fingers are nearly touching, tell people to grab another’s hand with each of their own hands. After some scrabbling around, check that all hands have been grabbed (each hand by only one other hand). Without letting go, students have to disentangle themselves. The process of unravelling may require them to turn around or step under or over others. Result: one or more, possibly interlocking, circles of students.
Appendix E: Some games

Anyone Who... (5+ people)
This one is like ‘Stations’. Have the students sitting in a fairly large circle of chairs, and stand in the middle yourself without a chair. Explain that you will call out, for example, ‘anyone who is wearing black shoes’ and anyone who is wearing black shoes must change seats while you try to get one of the vacant seats, leaving someone else standing in the middle to continue the game. The only rule is that whatever the person in the middle says must be true of them i.e. they must be wearing black shoes. Examples of themes people use are – anyone who likes EastEnders, has a bicycle, was born in Wales, likes walking, is wearing a watch, would like a girlfriend... The game can go on as long as you choose. It can get quite lively.

Don’t Do as I Do, Do as I Say (6+ people)
The group stands in a circle. ‘A’ starts off with an action, e.g. brushing her teeth, and the person next to her, ‘B’, asks ‘What on earth are you doing?’ ‘A’ then must say untruthfully e.g. ‘I’m an intrepid adventurer grappling with a fierce tiger that’s just jumped on me’. ‘B’ then has to enact what ‘A’ says she is doing. And so the action goes around the group with the person next to ‘B’ asking him what he is doing, and ‘B’ giving him a false answer which he must enact.

Elephants and Giraffes (8+ people)
The group stands in a circle, you stand in the middle, demonstrating the following actions for elephants and giraffes.

Elephant: bend forward from the waist, head down, with one arm behind back and the other against the head waving like a trunk
Giraffe: jump, feet apart and arms up-stretched and close to the head

Point at people in fairly quick succession, calling ‘elephant’ or ‘giraffe’ which they then have to enact as above. The first to be slow in responding or get it wrong then has to become the leader and stand in the middle.

Spin the Bottle (6–16 people)
You will need a bottle. Students stand or sit in a circle, with the starter in the middle, spinning the bottle. Whoever it ends up pointing at gets either a kiss, a hug or a compliment from the spinner. The receiver then becomes the spinner. Keep doing it until everyone in the circle has had a turn in being kissed, hugged or complimented. People could be encouraged to do this creatively.

Swat (6–16 people)
Students sit in a circle and you stand in the middle with a swatter or rolled-up newspaper. Someone in the circle starts off by calling someone else’s name. You then have to try and swat the called person on their knees before they call out yet another name. If you fail to do this, then you keep on trying to get someone before they can call out somebody else. If you succeed, then that person goes into the circle as the swatter. When the previous swatter joins the circle they start it all off again by calling the first name. If someone in the circle accidentally calls out the swatter’s name they have to move into the middle.
**Number Rhythms** (8–20 people)

Have students sitting in a circle, and number each person in turn around the circle from 1 upwards, ending with yourself. Tell everyone that it is important they remember their number.

Then practise clapping altogether in a rhythm, hands together, hands on knees, hands together, hands on knees, etc.

Explain that, in time with the rhythm, you will call out your own number as you clap your hands together and someone else’s as you clap your knees. The student whose number has been called must call out their own number on the next hand clap and someone else’s on the following knee clap. And so on.

If somebody misses a beat, doesn’t respond to their number or gets it wrong, they have to go and sit in the seat of the highest number while all those above that person’s original number move down one place (e.g. if number 7 of 15 players gets it wrong, then 7 goes to 15, 15 goes to 14, 14 to 13, etc. until 8 goes to 7) and each takes on a new number.

The game is restarted by the new highest number, and goes on as long as you like. It is particularly good for literally warming people up.

**Happy Families** (12+ people)

You will need a fairly large group for this activity, and a either a number of participants divisible by three or you will need to introduce twins to some families. Prepare a set of cards, the same number as there are people playing.

The cards should be in sets of three with a family member on each card –
- e.g. Mr Laker, Mrs Laker, Baby Laker

Each family name should be very similar in sound –
- e.g. Laker, Baker, Blacker, Parker, etc.

Arrange a line of chairs down the room, one less than the number of families, and alternate chairs facing in different directions.

Give out the cards, face down, at random and ask people not to look at them until you say go. Explain to students that they have to call out to find their family – which consists of a Daddy, a Mummy and a Baby (or twins). When they have found them, Daddy must stand behind a chair, Mummy must sit on the chair in front and Baby (or twins) must sit on Mummy’s lap.

There will be bedlam for a few minutes while families find each other. You can stop here, or eliminate the slowest family to form, re-allocate the cards for the remaining families and go on playing until you have a ‘winning’ family.
Shark Infested Waters (12–20 people)
You will need a large room – this is a version of musical chairs. Spread out several sheets of newspaper on the floor around the room. Explain to students that these represent islands in a sea of dangerous sharks. They should ‘swim’ about in the water until you call ‘sharks’. On hearing this warning, they should immediately jump on to an island.

After each shark call, remove one or more sheets of newspaper in order to make the task harder. As the paper reduces, so participants will have to support one another and touch in order to survive. If anyone fails to reach an island in time or falls off, they are disqualified. Toward the end of the activity, as numbers and sheets of newspaper reduce, make the islands smaller and smaller too. Go on until there is only one person left on the only island.
HELP AND ADVICE FOR YOUNG PEOPLE

Here are some addresses you might want to check out – more information is available on the web. This list is not exhaustive. Always surf safely – never give out your real name and address.

Please note that Health Scotland cannot accept responsibility for the information found on an individual site and listing here does not imply endorsement of a site.

Sexual health specific websites

www.avert.org
Primarily an HIV and AIDS charity, Avert provides statistics and information on HIV and other STIs in addition to advice and support on puberty, sex and sexual orientation.

www.caledoniayouth.org
Aimed at young people up to the age of 25 years, this website gives information on emergency contraception and local services, and facts about the services Caledonia Youth offer in Scotland.

www.healthyrespect.org.uk
Includes sexual health advice and information for young people and parents together with toolkits and practical resources for professionals working with young people around sexual health and relationships.

www.healthscotland.com/thinkaboutit
Provides information for 14- to 17-year-olds tackling the complex issues surrounding relationships and sexual health.

www.ruthinking.co.uk
Aimed at young people, this site provides information on a range of factual, emotional and social issues relating to sexual health. In addition, it gives information on emergency help and services in local areas.

www.likeitis.org.uk
This website gives young people access to information about all aspects of sex education and teenage life.

Generic websites

www.bbc.co.uk
The website of the BBC provides information across a range of issues including health and specifically sexual health and relationships.

www.channel4.com/health
Linked to Channel 4 programmes, this website covers a range of health issues with sexual health and relationships help and information for parents and young people.
Appendix F: Sources of advice and help

www.mindbodysoul.gov.uk
Aims to give young people (14–16) information on health in a fun and interesting way. It connects to the national curriculum and also has information for parents and teachers.

www.petepayne.org
Allows young people to have questions answered directly or from a store of FAQs as well as providing A–Z advice on all aspects of health.

www.thesite.org
Provides help and information for young people on all aspects of life, including sexual health and relationships.

Websites aimed at young LGB people

www.lgbtyouth.org.uk
This site provides information for young LGBT people, families and professionals as well as outlining services and opportunities LGBT Youth offer.

www.gayyouth.org.uk
The aim of the site is to provide information, support, advice and help to gay youth and bisexual or people questioning their sexual identity.

Helplines
If you are interested in talking to someone there are several helplines you can contact for help and advice.

fpa Sexual Health Direct:
Scotland 0141 576 5088
England 0845 310 1334
Northern Ireland 02890 325 488

Sexwise 0800 282930
Childline 0800 1111
British Pregnancy Advisory Service 08457 304030
Brook Helpline 0800 0185 023

There are a number of helplines specifically aimed at giving support, advice and information to lesbian, gay, bisexual and transgender young people under 25 years of age.

LGBT Youth 0845 113 0005
Jewish Lesbian and Gay Helpline 0207 706 3123
Lesbian and Gay Christian Counselling Helpline 0207 739 8134

Additionally, a number of areas have a LGB Switchboard. Details can be found in your local phone book.
Services
If you need to access services for help, advice, contraception, etc. you might want to contact your doctor, school nurse, family planning or young persons’ clinic or GUM clinic. Further details can be found in the Yellow Pages or through your local health board. A number of health promotion departments and services have sexual health websites that provide information on the type of services that are available locally. Alternatively you can search the following sites for information on services.

www.fpa.org.uk/helpnow
Or phone NHS 24: 08454 242424.

HELP AND ADVICE FOR TEACHERS AND OTHER SHARE EDUCATORS

Sexual health specific websites

www.healthyrespect.org.uk
Includes a specific site for teachers and other professionals to access sexual health resources and support in delivering SRE.

www.healthscotland.com/shw
Includes a section on how different areas have developed SRE programmes and provides reports on the seminar series on linking SRE and sexual health services. Available to download are briefing papers on the evidence around SRE and a Resource Review for people with learning disabilities.

www.me-and-us.com
This site contains information about resources and courses on SRE, including SRE and learning disability, and a resources list for SRE.

www.fpa.org.uk
This site offers a database of local sexual health services, information and publications relating to sexual health and relationships.

www.hps.scot.nhs.uk
Provides information on sexually transmitted infections and other surveillance data. Managed by Health Protection Scotland.

www.ncb.org.uk/sez
This site is designed to provide access to a series of fact sheets, briefing papers and other publications relating to SRE.

Generic websites

www.antibullying.net
Established by the Scottish Executive this site offers a forum for teachers, parents and young people to SHARE ideas on how bullying should be tackled and provides access to a database of anti-bullying resources.
Appendix F: Sources of advice and help

www.ltscotland.org.uk
The Learning and Teaching Scotland site gives teachers and others access to education publications and information across the curriculum.

www.healthpromotingschools.co.uk
Supports schools in achieving health promoting status by 2007. Useful information on promising practice, guidance and other related initiatives.

www.wiredforhealth.gov.uk
An English-based site which provides information and resources linked to the National Curriculum and the National Healthy School Standard for teachers, parents, governors and those with a general interest in children and young people’s health.

Resources
Healthy Respect has produced a set of confidentiality guidelines, one of which is specifically aimed at education professionals In Confidence for Professionals: Education Professions. It provides help and advice for teachers and local authority community education staff who provide education, information or services for 13-, 14- and 15-year-olds about sex, relationships or sexual health. Although written specifically for the Lothian area, a lot of advice and information is transferable. Healthy Respect has also produced A Guide for Teachers on LGBT Issues – a number of additional resources are being developed (see www.healthyrespect.org.uk for further details).

The Sex Education Forum offer a selection of Forum Factsheets including; Sexual Orientation; Sexual Identities and Homophobia in Schools; and Sex and Relationships Education for Children and Young People with Learning Difficulties (www.ncb.org.uk/sef).

A Learning and Teaching Scotland booklet on Sex Education in Scottish Schools: Summary of National Advice on Sex Education gives a range of resources and support for teachers.

Download

WEBsites

www.parentzonescotland.gov.uk
This site is devised for parents in Scotland and offers an opportunity for parents to get more informed about their child’s education.

www.healthy-respect.org.uk
The site of the national health demonstration project Healthy Respect based in Lothian region. It offers SRE advice to parents of teenagers.
www.parentlineplus.org.uk
The site of the charity Parentline Plus, it outlines the help and supported offered.

www.parentsenquiry.scotland
This is the site providing support from parents to parents and families of young LGB people as well as young transgender people.

**Helplines**
Parentline Plus: 0808 800 2222
Gingerbread (helpline for lone parents): 0800 018 4318
Parents Enquiry Scotland (helpline for parents and families of LGB people): 0131 556 6047 or 0141 427 3897

**NATIONAL ORGANISATIONS**

Health Scotland
Woodburn House
Canaan Lane
Edinburgh
EH10 4SG

fpa Scotland
Unit 10, Firhill Business Centre
76 Firhill Road
Glasgow
G20 7BA

Caledonia Youth
5 Castle Terrace
Edinburgh
EH1 2DP

For more information on particular faith perspectives in this area you might like to contact the following:

The Church of Scotland
Department of Education
121 George Street
Edinburgh
EH2 4UN
www.churchofscotland.org.uk

Youth and Education Committee
Free Church of Scotland Offices
15 North Bank Street
Edinburgh
EH1 2LS
www.freechurch.org

Scottish Catholic Education Service
75 Craigs Park
Glasgow
G31 2HD
www.sces.uk.com

Chief Rabbi’s Cabinet
Education Department
Alder House
735 High Road
London
N12 0US
www.chiefrabbi.org
Appendix F: Sources of advice and help

The Education Officer
The Muslim Educational Trust
130 Stroud Green Road
London
N4 3RZ
www.muslim-ed-trust.org.uk

The Scottish Inter-faith Council
The St Francis Centre
405 Cumberland Street
Glasgow
G5 0SE
www.interfaithscotland.org

British Humanist Association
1 Gower Street
London
WC1E 6HD
www.humanism.org.uk
Appendix G: The development of SHARE

BACKGROUND

The research version

The development of the research phase of the SHARE programme was funded by the Health Education Board for Scotland and the Medical Research Council's Medical Sociology Unit. Throughout the project Steve Platt, Ian Young and Kathryn Milburn at the Health Education Board for Scotland (HEBS) provided support, encouragement and advice (as well as funding), together with an Advisory Group that commented on the initial framework of learning outcomes and on successive drafts of SHARE, and which met at key stages to guide our decisions. Its members were John Christie, formerly HEBS Board and now Director of Education, Scottish Borders; Frances Corcoran, HM Inspectors of Schools; Jeanette Fancey, formerly Advisor for Guidance, Lothian Education Department; Michele McCoy, Health Promotion Department, Lothian Health; Pat Menmuir, formerly Advisor for Guidance, Tayside Education Department; Kathryn Milburn, formerly HEBS, now RUHBC, University of Edinburgh; Julie Redman, Health Promotion Department, Tayside Health Board; Harvey Stalker, lately Director of the Health Promoting Schools Unit; and Ian Young, HEBS.

In addition input was provided by Maureen Bowes, Jan McClory, Michele McCoy and Megan Thorpe (Health Promotion Department, NHS Lothian) and from Dr Hermann Schaalma (University of Limburg, Maastricht) and Gill Frances (then Sex Education Forum, London, now National Children’s Bureau, London). Subsequently four of Britain’s leading sex education consultants provided invaluable critiques of the first draft of SHARE: Julian Cohen (Healthwise), Joan Forrest (University of Strathclyde), Rachel Thomson (then Sex Education Forum, now University of the South Bank, London) and Dyls Went (sex education trainer and consultant), as did Anne Noble (Wester Hailes Education Centre) and John Young (formerly Lothian AIDS Team).

The first and second versions of SHARE underwent an intensive period of piloting. Teachers played a central role in this, advising on modifications to exercises during their training, providing detailed written comments on the strengths and weaknesses of each session delivered, and allowing their lessons to be observed. Comments were provided by Susan Munroe, Neil Panton and Jennifer Thomson (Auchterarder High School), Myra Anderson, Dave Duff, Diana Hill and Elspeth McLean (Firrhill High School, Edinburgh), Yvonne Ingram, Cath Kendall and Lynn Nicol (James Young High School, Livingston), Nan Fraser and Trina Gillies (Perth Academy) and Fiona Bradley, Hazel Craig, Larry McCrum, Maureen McIntyre, Bill Smolak and Marilyn Vlachos (Armadale Academy).

Challenging criticism of the second draft of SHARE, for which we were very grateful, came from Dr Douglas Kirby (ETR Associates, Santa Cruz, CA) and Alex Mellanby (University of Exeter).
Appendix G: The development of SHARE

This resource drew on some of the excellent sex education materials already available. Where specific exercises originated in other packs this is acknowledged. Permission was granted to make partial use of: Taking Sex Seriously by Julian Cohen and Pam Wilson, Healthwise, Liverpool, 1994; Taught not Caught by Hilary Dixon and Gill Mullinar (eds), The Clarity Collective, Wisbech: Learning Development Aids (LDA), 1983; Yes AIDS Again by Hilary Dixon, LDA, 1991; Reducing the Risk by Richard Barth, ETR Associates, Santa Cruz, CA, 1989; Pathways to Sexual Health, Lothian Health, Health Promotion Department, 1996, Pilot Curriculum in Sexual Health Education for Secondary Schools, Greater Glasgow Health Board’s Health Promotion Department, 1995; and Michael Emberley’s illustrations from Let’s Talk About Sex by Robie H. Harris, Walker Books Ltd, London, 1994.

The current version

This development of this current version of SHARE was overseen by a development group whose membership comprised representatives from academia, education, health and the voluntary sector. Jointly chaired by Monica Merson and Shirley Fraser from NHS Health Scotland, contributions were made by Danny Wight (Senior Researcher, Medical Research Council), Jill Wilson (fpa Scotland), Graham Stevenson (Education Officer, Dundee City Council), Priscilla Webster (Tayside Health Promotion), Pamela Vannan (Forth Valley Health Promotion), Lindsay Graham (then Health Development Officer, Highland), Cath Kendall (teacher, James Young High School, Livingston), Tony Waclawski (Education Officer, Glasgow) and Moray Paterson (Healthy Respect).

An evaluation of the practical application of SHARE revealed that educators wished additional guidance on how to use the resource with pupils with learning disabilities. Lindsay Graham led a subgroup that identified additional resources for practitioners to complement SHARE when supporting young people with learning disabilities. The inputs from Rachael Yates (Healthy Respect), Jackie Anderson (fpa Scotland), Kat Hasler (Health Scotland) and Priscilla Webster were particularly useful in this process.

In addition it was recognised that issues relating to same sex relationships were not fully addressed. Moray Paterson coordinated the subgroup convened to respond to this issue – Tim Street (fpa Scotland), Susan Douglas-Scott (then PHACE Scotland), Katie Buston (Medical Research Council and Nicky Coia (Sexual Health Promotion Team, NHS Greater Glasgow) made valuable comments and suggestions on how SHARE could be enhanced.