

Guidance for Post-primary Schools

Relationships and Sexuality Education

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SECTION 1: CONTEXT AND PURPOSE

INTRODUCTION

The general aim of education is to contribute towards the development of all aspects of the individual, including the aesthetic, creative, critical, cultural, emotional, intellectual, moral, physical, political, social and spiritual development for personal and family life, for working life, for living in the community and for leisure. Relationships and Sexuality Education (RSE) is clearly a part of this general aim.

The Regional Strategy for Health and Social Well Being 1997–2002 has identified a number of key targets for sex education.

- By 1998 a comprehensive health promotion programme for schools in relation to sexual and reproductive health, which emphasises the importance of personal relationships, self-esteem and decision-making skills will have been developed and implemented.
- By 2002 there should be a further fall in unplanned births to mothers aged under 20, with the effect that the overall number of births to teenage mothers is reduced by 10%. (Paragraph 3.43)

THE IMPORTANCE OF RSE

There are many good reasons for teaching RSE in Post-primary schools.

- The provision of RSE is an equal opportunities issue. All pupils have a right to an education which adequately prepares them for adult life, and good RSE plays an integral part. Health, education and social services professionals have identified that the current provision may not address sufficiently the experiences and concerns of boys and young men. It is therefore vital that an RSE programme is provided for and made relevant to the identified needs of boys and young men.
- Many young people are maturing earlier. Approximately ten percent of girls start their periods while at Primary school (Source: *Sex and Relationship Education at Primary School*, Sex Education Forum Factsheet 5). It is therefore important that young people are provided with appropriate factual information and have opportunities to discuss their feelings and concerns. This preparation should help pupils to be better able to manage the emotional and physical changes at puberty.
- Parents tend to allow young people increased independence during their years at post-primary school and greater freedom to participate in a wider range of social activities. This stage of development may also be marked by the first significant experiences of sexual attraction, by boyfriend/girlfriend relationships and by the experience of falling in and out of “love”. There is greater freedom, increased responsibility, and exposure to a bewildering variety of messages about sexuality and gender issues. RSE helps young people deal with these challenges. It provides opportunities for young people to critically evaluate the wide range of information, opinions, attitudes and values with which they are bombarded.
- RSE can have a positive effect on self-esteem. Schools can help to develop their pupils’ self-esteem by creating a climate of trust and acceptance in which each person is valued and respected and encouraged to feel good about themselves. Pupils are encouraged to recognise their individual needs, to respect the needs and wants of others, and to develop the skills and self-esteem to become confident adolescents.
- Our sexuality is a central and significant part of who we are and how we see ourselves in relation to others. It is part of our overall health and contributes to our physical, mental, emotional and spiritual well-being. RSE can help to promote a positive view of sexuality and sexual health by helping young people to feel good about themselves, to respect others and to be able to make safe, responsible and satisfying relationships.

- RSE in schools can increase informed choice by providing opportunities for pupils to examine their own values and beliefs in the light of those held by others. Deeper understanding of the values and beliefs that they hold can help pupils to clarify why they think and behave as they do, to separate fact from fiction, to recognise prejudice and to respect the views, emotions and feelings of others.
- Many pupils cannot or are unwilling to talk to their parents about growing up and about sexual matters. Schools can offer information and provide opportunities to consider feelings and concerns within a secure environment.
- Parents are frequently concerned about the unhelpful and confused media and peer messages and pressures experienced by their children. Schools can provide opportunities for pupils to consider these messages and ensure they receive accurate information.
- The age at which young people first become sexually active is decreasing, this issue can be addressed within an agreed moral and values framework.
- While it is recognised that some pupils will have experienced sexual abuse, this is not a reason for avoiding education about relationships and sexuality. Indeed it makes it more essential, since good teaching enables pupils to challenge inappropriate and unwanted attention from others.

CURRENT CONCERNS – SOME NORTHERN IRELAND STATISTICS

The views and experience of 6589 young people aged 11–16 (53% boys and 47% girls) were surveyed in the 1998 Northern Ireland *Health Behaviour in School Children Study*, undertaken by the Health Promotion Agency for Northern Ireland on behalf of the World Health Organisation. 4475 of these young people were aged 13–16 years (54% boys and 46% girls).

Under-age sexual activity

The study revealed the following:

- 3450 young people (53% boys and 47% girls) indicated that they at some stage had a boyfriend or girlfriend. This group only were asked questions relating to sexual experience.
- 665 (14.9% of this age group) reported at the time of the survey that they had experienced sexual intercourse.
- The average reported age of first sexual intercourse for boys was 13 years and for girls 14 years.
- The vast majority of those who had experience of sexual intercourse (79%) reported using some form of contraception.
- Girls were more likely to have reported using contraception than boys, 84% of girls as opposed to 76% of boys.

(The Health Behaviour of School Children Study in Northern Ireland: A report on the 1997/98 survey, Health Promotion Agency for Northern Ireland, 2000)

Research undertaken to evaluate the Health Promotion Agency for Northern Ireland's public education campaign in Universities and Colleges of Further Education, provides some information on student sexual activity.

- Of a sample of 777, 89% of whom were aged between 16–21, 56% said they were sexually active.
- Overall, 47% reported using some form of contraception during their last sexual intercourse.

(Evaluation of the Convenience Advertising Medium and HIV/AIDS/Sexual Health Education Programme, M O'Beirne, Report prepared for the Health Promotion Agency for Northern Ireland, 1994.)

Teenage Pregnancies

Northern Ireland has one of the highest teenage pregnancy rates in Europe, with approximately 1,700 babies born each year to young women under 20 years.

The numbers remained static during the 1980s, then declined for a number of years, but have been rising since 1995. The majority of teenage mothers are aged 18–19 years, but between 1990 and 1999, an average of eight births occurred each year among young women aged under 16 years.

Although for all young women in Northern Ireland the birth rate has dropped, the birth rate for young women under 20 has not shown the same level of decrease. Indeed, the birth rate among teenagers has risen since 1995.

(*Teenage Pregnancy in Northern Ireland*, article by Dr M McCarthy, Senior Medical Officer, Department of Health, Social Services and Public Safety, published in *Promoting Health*, Dec 2000, Journal of the Health Promotion Agency.)

The Family Planning Association for Northern Ireland offers the following reasons for teenage pregnancy:

- poor self image and lack of self-esteem;
- unhappy home life – a new baby to love and be loved by;
- rebellion;
- inadequate knowledge, for example, of the menstrual cycle and little opportunity to develop decision-making skills;
- poor usage of methods of contraception;
- male attitudes – unequal responsibility for the consequences of sexual activity;
- risk-taking, for example, the “it will never happen to me” syndrome;
- an informed decision to become pregnant.

(*Northern Ireland Factsheet: Teenage Pregnancy*, Family Planning Association, 1997.)

Other factors include the influence of alcohol and drugs, the young people’s lack of knowledge about the services available in the locality and the degree to which the services in the locality are “user-friendly” to teenagers.

Sexually-Transmitted Infections (STIs)

The incidence of STIs continues to rise. The most common STIs diagnosed in Genito Urinary Medicine (GUM) clinics are chlamydia and genital warts both of which, if untreated, can lead to long-term health problems. Teaching about safer sex remains one of the key strategies in combating the spread of STIs in general, and of HIV in particular.

Opponents of sex education in schools often hold sex education lessons responsible for early sexual activity. A 1993 World Health Organisation review of 35 sex education studies in the USA, Europe, Australia, Mexico and Thailand, found no evidence that sex education leads to earlier or increased sexual activity. The survey showed that sex education programmes can actually encourage young people to postpone penetrative sexual intercourse, or, if they are already sexually active, to reduce their number of partners or have safer sex. (Grunseit and Kippax, 1994, *Effects of Sex Education on Young People’s Sexual Behaviour*, Global Programme on Aids [GPA]).

A number of studies support the conclusion that well-designed programmes can be effective in changing attitudes, increasing self confidence and enabling young people to make more informed, responsible decisions. Research also shows that sex education programmes can delay first sexual intercourse, increase the use of contraception and prevent adolescent pregnancy. (A Mellanby *et al*, 1995, *School Sex Education: an experimental programme with educational and medical benefit*. British Medical Journal, 311, 7002.)

RSE IN THE NORTHERN IRELAND CONTEXT

RSE is not a new area of the curriculum. The framework for sex education was initially established by the Department of Education for Northern Ireland (DENI) in a *Guidance Circular 1987/45*. The main recommendation of this Circular was that each school should have a written a policy on sex education, which is endorsed by staff and governors and communicated to parents. It also stated that: “sex education should be taught in a sensitive manner which is in harmony with the ethos of the school and in conformity with the moral and religious principles held by parents and school management authorities”.

The *1989 Education Reform Order* sets out the legislative basis for education in Northern Ireland. Health education is one of six educational (cross-curricular) themes in the Northern Ireland Curriculum. It aims to:

- enable pupils to achieve their physical, psychological and social potential, and to improve their self-knowledge and self-esteem;
- promote positive attitudes towards health;
- provide a sense of responsibility in respect of individual, family and community health;
- enable pupils to acquire skills in decision-making, in managing and handling situations of stress in relation to health;
- provide a knowledge base and the skills to interpret it.

Since September 1992, primary and post-primary schools have been legally required to ensure that the objectives of health education are promoted through their whole curriculum provision. The objectives of health education are addressed in the relevant statutory programmes of study for the subjects in the Northern Ireland Curriculum.

In 1993, the Department of Health and Social Services (DHSS) issued a Strategy for HIV and AIDS in Northern Ireland. This recognised the need for increased efforts in public education, alongside education programmes in schools and youth settings and the need for support for those involved in providing sex education.

In 1994 *The Health Promoting School: A Guide for Teachers* was produced to assist schools with the process of becoming a health promoting school. These guidance materials aimed to help a health promoting school to take action to:

- promote the adoption of lifestyles conducive to good health;
- provide an environment which supports and encourages healthy lifestyles;
- enable staff and pupils to take action for a healthier community and healthier living conditions.

(*The Health Promoting School: A Guide for Teachers*, 1994, The Northern Ireland Curriculum Council (now CCEA) and the Health Promotion Agency for Northern Ireland.)

Criteria and examples of indicators to assist schools in assessing “how health promoting they are” have recently been developed. These indicators can assist schools in setting targets for improvement in

relation to the well-being of the school community, by establishing a baseline from which improvement can be measured.

(*The Health Promoting School: A School Self-Assessment Guide*, 1999, The Health Promotion Agency for Northern Ireland in association with the Health Education Liaison Group.)

The Children (Northern Ireland) Order, 1995 states that Boards and Trusts have a statutory responsibility to ensure the availability of a range of personal social services to support “children in need”. Other specified agencies have a duty to support Boards and Trusts in this as far as this is consistent with their own responsibilities. Article 17 of the Order defines “children in need” as those who are disabled or need personal social services in order to achieve or maintain a reasonable standard of health or development.

Circular 1999/10 *Pastoral Care in Schools: Child Protection* issued by DENI provides advice to schools and others on the responsibilities in relation to Child Protection which they have towards the welfare of the children and young people in their charge. It also details the action which should be taken to enable cases of suspected abuse to be properly considered and pursued.

PURPOSE OF THIS GUIDANCE

Aspects of RSE are likely to be addressed already within schools’ provision for Health Education as a cross-curricular theme or within Personal and Social Education Programmes, where these exist. It is acknowledged, however, that this is a sensitive area of the curriculum about which schools have sought clarification and guidance.

In response to this need, the Health Education Liaison Group, (comprising representatives of the main agencies involved in formulating, promoting and implementing health education policies and programmes), submitted a proposal to the Department of Education for Northern Ireland (DENI) and the Department of Health and Social Services (DHSS) in June 1997 to develop guidance materials specifically in relation to RSE. These materials on developing a policy and programme for RSE in primary and post-primary schools are the outcome of that proposal.

The purpose of this guidance is to assist schools:

- to develop a policy statement in relation to RSE which reflects the ethos of the school and complements existing policies in relation to, for example, Personal, Social and Health Education (PSHE) and/or child protection; and
- to provide a programme of RSE which is appropriate to the needs and maturity of the pupils.

The guidance complements other materials such as *Child Protection: Integrating Personal Safety Programmes into the Curriculum* (CCEA 1999), which are already available. It is anticipated that schools will use this, and the Child Protection Guidance, alongside their existing curriculum provision for subjects and for Health and/or Personal and Social Education in order to develop their provision for RSE in ways that meet the changing needs of pupils.

The Northern Ireland Curriculum for Key Stages 1–4 is currently under review. A discrete programme for Personal Education is proposed as a statutory entitlement for all pupils throughout their schooling. Public consultation on the proposals was undertaken during the Summer 2000. From the outcomes it was evident that the majority of post-primary respondents (74.3%) welcomed the proposal as relevant and essential for young people in a rapidly changing society.

The proposed framework for Personal Education is presented as two inter-related themes, namely, *Personal Understanding* and *Personal Health*. It is envisaged that the RSE programme and guidance included in this document will contribute to and be complementary to the ethos and approach of the proposed Personal Education programme.

SECTION 2: AIMS, OBJECTIVES, SKILLS, MORALS AND VALUES

INTRODUCTION

Relationships and Sexuality Education (RSE) is a lifelong process which encompasses the acquisition of knowledge, understanding and skills, and the development of attitudes, beliefs and values about personal and social relationships and gender issues. The learning process begins informally with our parents (or those holding parental responsibility) long before any formal education takes place at school.

Sexuality includes all aspects of the human person that relate to being male or female and is subject to change and development throughout life. Sexuality is an integral part of the human personality and has biological, cultural, psychological, social and spiritual dimensions. It especially concerns affectivity, the capacity to give and receive love; procreation and, in a more general way, the aptitude for forming relationships with others. It is a complex dimension of human life and relationships.

Teaching RSE should provide opportunities which enable pupils:

- to form values and establish behaviour within a moral, spiritual and social framework;
- to examine and explore the various relationships in their personal lives;
- to learn how to develop and enjoy personal relationships and friendships which are based on responsibility and mutual respect;
- to build the foundations for developing more personal relationships in later life;
- to make positive, responsible choices about themselves and others and the way they live their lives.

AIMS

The aims of RSE are to:

- enhance the personal development, self-esteem and well-being of the young person;
- help a young person develop healthy and respectful friendships and relationships;
- foster an understanding of, and a healthy attitude to, human sexuality and relationships in a moral, social and spiritual framework;
- promote responsible behaviour and the ability to make informed decisions;
- help a young person come to value family life and marriage;
- appreciate the responsibilities of parenthood;
- promote an appreciation of the value of human life and the wonder of birth.

LEARNING OBJECTIVES

The RSE curriculum should enable pupils to:

- acquire and develop knowledge and understanding of self;
- develop a positive sense of self-awareness, self-esteem and self-worth;
- develop an appreciation of the dignity, uniqueness and well-being of others;
- understand the nature, growth and development of relationships within families, in friendships and in wider contexts;
- develop an awareness of differing family patterns;
- develop strategies to make decisions, solve problems, and implement actions in various personal, social and health contexts;
- become aware of the variety of ways in which individuals grow and change and understand that their developing sexuality is an important aspect of self-identity;
- develop personal skills which will help to establish and sustain healthy personal relationships;
- develop some coping strategies to protect self and others from various forms of abuse;
- acquire and improve skills of communication and social interaction;
- acquire and use an appropriate vocabulary to discuss feelings, sexuality, growth and development;
- develop a critical understanding of external influences on lifestyles and decision making;
- understand human physiology with particular reference to the reproductive cycle, human fertility and sexually transmitted infections;
- understand sexual development and identify and explore aspects of sexuality including sex roles, stereotyping, gender issues and cultural influences on sexuality;
- develop skills for coping with peer pressure, conflict and threats to personal safety.

SKILLS

The RSE curriculum should enable pupils to develop the skills necessary to form and maintain relationships and to make informed choices and decisions regarding health and well-being. Pupils should also be helped to develop skills to critically evaluate the wide range of information, opinions, attitudes and values. Many skills evolve on the basis of experience, reflection, encouragement, observation and practice and assist in the development of emotional maturity and positive self-esteem. Young people need opportunities to develop:

- **practical skills** – for everyday living; for supporting others; for future parenting; for accessing health and advisory services;
- **communication skills** – learning to listen, listening to others' points of view; putting one's own view forward clearly and appropriately; giving and receiving feedback; handling and resolving conflict peacefully; being assertive;
- **decision-making and problem-solving skills** – the steps in making personal decisions and sensible choices in the light of relevant information; making moral judgements about what to do in

actual situations and putting these judgements into practice; developing independence in thought and action and forming and defending their own moral and values framework, taking into account the different viewpoints that will shape their values and attitudes to sex and sexual behaviour; acting responsibly and with initiative as an individual or as a member of a variety of groups; considering the consequences of actions;

- **inter-personal and leadership skills** for managing relationships confidently and effectively; for developing as an effective group member or leader, for taking initiative and managing others responsibly.

MORALS AND VALUES

RSE should enable pupils to clarify what they believe and why they believe it and develop a respect for and interest in the beliefs of others. Pupils need opportunities to explore values and attitudes and to consider how they, and others, are affected by them.

The importance of a moral framework is emphasised in the DfEE Circular No 5/1994 *Education Act 1993: Sex Education in Schools* (Paragraph 8):

“Sex education . . . must not be value-free; it should also be tailored not only to the age but also to the understanding of pupils. Schools’ programmes of sex education should therefore aim to present facts in an objective, balanced and sensitive manner, set within a clear framework of values and an awareness of the law on sexual behaviour. Pupils should accordingly be encouraged to appreciate the value of stable family life, marriage and the responsibilities of parenthood. They should be helped to consider the importance of self-restraint, dignity, respect for themselves and others, acceptance of responsibility, sensitivity towards the needs and views of others, loyalty and fidelity. And they should be enabled to recognise the physical, emotional and moral implications, and risks, of certain types of behaviour, and to accept that both sexes must behave responsibly in sexual matters”. Teachers are exhorted: “to acknowledge that many children come from backgrounds that do not reflect such values and experiences. Sensitivity is therefore needed to avoid causing hurt and offence to them and their families, and to allow such children a sense of worth”.

The NCC discussion paper *Spiritual and Moral development* (1993) suggests that “morally educated school leavers” should be able to:

- distinguish between right and wrong;
- articulate their own attitudes and values;
- take responsibility for their own actions;
- recognise the moral dimension to situations;
- understand the long and short term consequences of their actions for themselves and others;
- develop for themselves a set of socially acceptable values and principles, and set guidelines to govern their own behaviour;
- recognise that their values and attitudes may have to change over time;
- behave consistently in accordance with their principles.

The morals and values framework outlined below is reproduced from *Sex Education, values and morality* by Gill Lenderyou and Mary Porter (Health Education Authority, 1994) and is an example of the values which a group of people of diverse cultures and faiths can develop and agree. It can be used as a starting point for teachers and governors to explore the values they wish to endorse in their school.

“Children should be taught RSE within a framework which models and encourages the following values:

- *a respect for self;*
- *a respect for others;*
- *non-exploitation in relationships;*
- *commitment, trust and bonding within relationships;*
- *mutuality in relationships;*
- *honesty with self and others;*
- *a development of critical self-awareness for themselves and others;*
- *an exploration of the rights, duties and responsibilities involved in relationships;*
- *compassion, forgiveness, mercy and care when people do not conform to their way of life;*
- *self-discipline.”*

When schools are developing their policy they will need to make explicit the morals and values framework they wish to endorse, in line with the ethos of the school. With this proviso, the following key messages are offered as a potential basis for a morals and values framework.

- The deferment of sexual activity until young people are physically and emotionally mature enough to understand the inherent responsibilities.
- An appreciation of the value of stable family life, marriage, permanent loving relationships and the responsibilities of parenthood.
- A recognition of the positive benefits of seeking sexual fulfilment within a permanent, committed relationship with one person.
- Abstinence as a positive option which is an achievable reality to which young people can aspire.

It is anticipated that these key messages are likely to complement the lifestyles, attitudes and values to which the majority of young people aspire. However, recent research among Northern Ireland teenagers (ref: *The Health Behaviour of School Children in Northern Ireland: A report on the 1997/98 survey*, HPANI, 2000) reveals that approximately 15% of the young people aged 13–16 years who participated in the Study had experienced sexual intercourse. Consequently while taking account of their agreed morals and values framework, each school will need to consider how it will address the needs and situations of those pupils aged 13 years and above who are at risk or are already sexually active. Advice and support might be sought from the school health team, ELB Advisory Service and Diocesan Advisers.

SECTION 3: SHARING RESPONSIBILITY FOR RELATIONSHIPS AND SEXUALITY EDUCATION

INTRODUCTION

A recent survey of the Health Behaviour of School Children in Northern Ireland found that, among fifth form pupils (average age 16 years):

- almost half the boys reported that they had not been given classes explaining menstruation or sexually transmitted infections (apart from AIDS);
- almost one in four said they had never had a class on puberty;
- almost one in eight girls reported that they had not been given classes explaining menstruation or puberty; and
- for girls and boys, personal relationships were less likely to be discussed in class than pregnancy and contraception.

(Health Promotion Agency for Northern Ireland, 1996).

In a similar survey *Sex Education in Northern Ireland, Views from Parents and Schools*, commissioned by the Health Promotion Agency for Northern Ireland (HPANI, 1996):

- 72% of parents, compared with 66% of teachers, held the view that parents and teachers should share equal responsibility for sex education;
- many parents admitted they had not discussed any sexual issues with their children; and
- while teachers felt that the main responsibility for sex education lay with parents, they felt that as educators, teachers have an important role to provide sex education.

RELATIONSHIPS BETWEEN HOME, SCHOOL AND COMMUNITY

The effectiveness of an RSE policy and programme is dependent on a collaborative process involving teachers, parents, governors and other educational and health professionals. Each of the partners has distinctive contributions to make. Opportunities should be provided for teachers, governors and parents to raise any issues and concerns they might have about the RSE policy and programme.

THE ROLE OF SENIOR MANAGEMENT

The principal has a key role to play in developing and implementing an RSE policy and programme. This is likely to involve the setting up of a working group and appropriate communication structures to facilitate a genuinely open, collaborative process. Co-ordination is required to ensure a planned, structured and coherent approach to RSE throughout the school. Developing a policy and programme is likely to require a working group managed by a member of staff with responsibility in this area to draft and finalise the RSE policy and programme. Consultation will need to be initiated with governors, staff, parents, health professionals and other relevant community representatives.

THE ROLE OF GOVERNORS

The governors should foster and support the development of an RSE policy and programme by collaborating with teachers and parents. They should also facilitate the consultative process whereby the school community can respond and contribute. The governors should examine and approve the

completed policy and programme prior to their implementation in the school and should then review the policy at regular intervals. At all times the governors of the school should seek to accommodate and be sensitive to the religious and cultural beliefs of both teachers and parents while fulfilling their responsibility to ensure the availability of adequate RSE for all young people.

THE ROLE OF TEACHERS

The classroom teacher has a significant and diverse role to play in the planning and implementation of RSE in the school. At all times the role must be considered to be complementary to that of parents, taking cognisance of the individual needs, age, maturity, stage of development and family background of the child. Most teachers consider they are inadequately trained in active learning strategies and may initially experience embarrassment or unease at discussing some issues with young people. Use should be made of opportunities such as centre-based in-service courses (ensuring good dissemination to the rest of the staff), directed time after school, and staff in-service days.

INVOLVING PARENTS

It is important that a structure is developed which enables both parents and teachers to work together to draw up a school policy for RSE and to plan for the implementation and review of an effective RSE programme.

The home exerts a major influence on all aspects of a young person's life, and especially so in the domain of relationships and sexuality. Many parents welcome the teaching of RSE in schools. They are critical of the sex education they received and are keen that their children are better prepared. Frequently parents are unable or are too embarrassed to talk to their children about puberty and sex-related issues. Some parents are unsure about the facts and worry about telling their child the wrong thing at the wrong time. There are also many unhelpful and confused messages which young people receive from their peers and from television, videos, newspapers and magazines. Schools can provide opportunities for pupils to consider these messages and ensure they receive accurate information. There are many ways in which the activities provided in the RSE programme can complement and be supportive of the role of parents.

A variety of approaches is suggested to involve, consult and inform parents about the RSE programme. Some schools provide information about the health-related topics covered during each key stage and itemise what is covered with each year group. Where sensitive issues are being addressed, parents may be informed about the content to be covered and the activities which pupils will undertake. In some schools, parents are invited to the school to review the materials to be used with the pupils. Other schools supply information leaflets for parents, so that they can discuss any issues which pupils might raise.

Informing parents about the school's provision for health education during a PTA meeting could provide a useful starting point. Informal sessions might then be arranged so that interested parents could consider issues such as the readiness of their children for aspects of the RSE programme, the appropriateness of resources, the content and methodologies proposed, and the handling of sensitive topics such as contraception.

THE RIGHTS AND RESPONSIBILITIES OF PARENTS

Parents of pupils in grant-aided schools have a right to have their children educated in accordance with their (the parents') wishes, in so far as this is compatible with the provision of efficient instruction and training and the avoidance of unreasonable public expenditure. Parents also have a duty to cause their child to receive efficient full-time education suitable to his/her age, ability and aptitude and to any special needs he/she may have, either by regular attendance at school or otherwise. (See Articles 44 and 45 of the Education and Libraries (Northern Ireland) Order, 1986). There is no statutory parental right to withdraw a child from classes in RSE. Schools should, though, try to take account of any parental concerns expressed to them. They should, as far as possible, make alternative arrangements for any pupil whose parent wishes him/her to be excused from particular, or all, sex education classes.

It is therefore important that proper consultation with parents is undertaken, thus minimising the need for any parent to withdraw their child. Consultation should involve discussion of the content of the RSE programme, explanation of the issues to be addressed and consideration of the nature of the teaching materials to be used. In this way parents are provided with the opportunity to express their views about the course content, the morals and values endorsed by the school and the teaching materials to be used. For example, parents may express concerns about particular course content or they may consider that teaching materials are over-explicit, distressing or contrary to their philosophy, beliefs and values. These concerns should be addressed and resolved in a positive manner as part of the consultation process and appropriate action taken which is supportive of the role of parents.

Although full consultation may have been undertaken, a parent may still request that their child is excused from participating in some or all of the RSE lessons. In this circumstance, the school should discuss the nature of the parent's concerns, attempt to deal with any misunderstandings, identify the specific issues and lessons which are problematic and explain the implications for the pupil in terms of the parts of the statutory programmes of study or GCSE syllabuses which will be missed. The social and emotional effects of exclusion should be considered as well as the likelihood that pupils will discuss the content of RSE lessons outside the classroom. The parents' wish should, however, be respected.

INVOLVING PUPILS

Pupils should be involved at regular intervals to ensure that the RSE programme meets their needs. An RSE programme will best meet pupil needs if efforts have been made to find out what these needs are. A programme which remains unchanged from year to year is unlikely to meet the changing needs of pupils. Pupils are more likely to enjoy and benefit from a programme that has taken their comments on board and aims to meet their expressed needs. Parents, teachers and health professionals can also gain from hearing the views of the pupils. Parents may gain a more realistic idea of the needs of their children and the peer pressure they may experience. Teachers may gain some reassurance that the RSE programme they are providing is valued by pupils.

THE ROLE OF THE ELB CURRICULUM ADVISORY SUPPORT SERVICE (CASS)

The role of the Curriculum Advisory Support Service of the Education and Library Boards is to help train and support teachers in all curriculum aspects of their jobs. They provide in-service training both at out-centres and in schools as well as advice on current resources, and support materials. They are available to advise on specific curricular areas for which they have responsibility.

THE ROLE OF DIOCESAN ADVISERS IN CATHOLIC SCHOOLS

The role of the Diocesan Adviser in maintained schools is to support, through in-service training and school visits, the on-going development of Religious Education Programmes. Diocesan Advisers liaise with other educational partners and agencies to ensure the on-going evaluation of RE programmes in Catholic schools. Their vision is to encourage, support and affirm the implementation and enrichment of the Catholic faith through the teaching of RE in Catholic schools.

THE ROLE OF THE SCHOOL HEALTH TEAM

The school health team comprises the school doctor, school nurse and health visitor. It is ideally placed to form strong links with a wide range of professionals both within and outside the health service.

School nurses are registered general nurses. Their role with school pupils includes encouraging them to take responsibility for their own health by the promotion of health through health education. There is a named nurse in each school who can act as a link between schools, the school health team and the staff in the local health centre or general practitioner practice. In this way, the school nurse can ensure that the skills and expertise required can be made available to best meet the needs of teachers and pupils in relation to RSE.

One of the core activities of the health visitor is to deal with issues around relationships, emotions and child care as a family visitor. The health visitor is, therefore, ideally placed to be consulted and to undertake sessions on specific aspects of RSE when it is integrated into the curriculum. The school doctor is also well placed to be part of the health education resource by offering specific evidence based advice on health related issues. The doctor works closely with all other members of the school health team and the general practitioner as well as with other agencies.

THE USE OF THE EXPERTISE OF AGENCIES AND INDIVIDUALS

Schools may wish to make use of the expertise and skills of education and health professionals from statutory or voluntary organisations or of individuals from the local community. The activities which the agency or individual is to undertake should complement the ongoing RSE curriculum. Pupils should be prepared for the visit, a suitable room should be allocated, the session should be uninterrupted and follow-up activities should be undertaken by the class teacher.

While many agencies and individuals are professional in their approach, teachers may find it useful to ask some or all of the following list of questions which take account of the experiences of schools involved during 1995 to 1997 in the European Network of Health Promoting Schools Project in Northern Ireland. It is reproduced with the kind permission of the Health Promotion Agency for Northern Ireland. Similar questions should be asked in relation to pupil visits outside school.

- *Does the agency/individual have a specified Child Protection Policy?*

If so, ask to see a copy and, if necessary, question any points that are unclear or are not in accordance with recognised good practise.

- *How will the issue of confidentiality be dealt with?*

The school will wish to ensure that the representative from the agency or other individual is clear that confidentiality cannot be maintained. The principal or designated teacher must be informed of any disclosures which might suggest that a pupil is at risk or that physical or sexual abuse is suspected.

- *Are resources such as videos/tapes/role plays appropriate?*

A member of the school staff should look at the resources which are to be used and judge the appropriateness of such materials for the age range and maturity of the pupils.

- *Has the agency/individual worked with any other schools?*

A simple and effective way of checking the ability of any agencies or individuals is to contact schools that have used them in the past. If this is done, the person making contact should specifically ask if there are any reasons why the agency or individual should not work with their pupils. Schools contacted in this way should voice any concerns they may have. Officers of the local Education and Library Board, the local Diocesan Office and members of the local area Child Protection Committee will also offer guidance on this matter.

- *Does the agency/individual have a clear set of aims and objectives as well as lesson plans?*

Schools should ask to see these and question any items they may think are inappropriate or at odds with the school's RSE policy. They should also enquire about the overall mission statement of the agency.

- *Has the agency/individual read the school's RSE policy and are they prepared to adhere to it (especially the ethos, morals and values of the school)?*

- *Do parents know that an agency/individual is being used by the school?*

Contacting parents and explaining the type of activities which are taking place will ensure that parents have the opportunity to raise any objections prior to the event. It has the added effect of letting parents know what is going on.

- *Will teachers be present?*

Teachers should always be present when a representative from an agency or other individual is taking a session with a class.

- *Will the input by the agency or individual be monitored?*

After the session, the teacher should discuss the positive aspects and any difficulties which arose with the agency representative or individual. Any issues or concerns about the session should also be raised.

- *Will the pupils be asked how the session/class with the agency/individual went?*

The teacher should check that pupils are not uncomfortable or unhappy with the topics being dealt with, and the methodologies used.

- *Can the school terminate the work of the agency or individual if the classes or sessions are deemed inappropriate?*

It should be made clear to agencies or individuals that the school may end any input if the school thinks it appropriate to do so. This should be a reciprocal agreement.

- *Are evaluations carried out by the agency/individual and if so will the school have access to them?*

The school may wish to see what impact the agency or individual has had, especially if there is a financial arrangement. The school may wish to measure the effectiveness of any such programme along with its own evaluations.

SECTION 4: DEVELOPING A RELATIONSHIPS AND SEXUALITY EDUCATION POLICY

INTRODUCTION

It is important that RSE is delivered within a framework which is compatible with the overall ethos and values of the school and is based on the rights of the child as detailed in the Children (Northern Ireland) Order, 1995. To ensure that this is translated into practice in terms of policy and curriculum content, communication should take place with governors, parents and staff. Preparation, planning and consultation are essential processes in the development of an RSE policy. This policy development is a prerequisite to developing a programme since it is the policy which defines the parameters for the programme and its implementation. Individual school frameworks will reflect the ethos, morals, values and beliefs of the school and its community. In many schools, the principal and/or a member of senior management is involved in the planning and development of the RSE policy and programme with a member of staff, often the Health Education Co-ordinator, taking responsibility for day-to-day co-ordination.

Some schools begin the process by setting up a working group which meets on a regular basis. If one or two interested governors or parents are willing to join the group, this can help to create a support base from which to develop effective channels of communication with the wider school community. Consultation with the school health team and representatives from local religious groups can also be productive during the planning and implementation of an RSE policy and programme.

KEY PRINCIPLES OF EFFECTIVE PRACTICE IN POLICY DEVELOPMENT

It may be helpful to bear in mind the following principles when developing an RSE policy:

- a commitment to delivering a high quality and effective programme which is appropriate to the age and maturity of the pupils and meets the needs of both boys and girls;
- the active support, encouragement and involvement of senior management and the Board of Governors at all stages;
- a review of existing provision to inform the development work;
- meaningful explanation and consultation with staff, parents and relevant members of the wider community at appropriate stages of the development process;
- reaching a shared understanding among staff and parents of the morals and values which the school wishes to endorse, as well as the aims and objectives of the RSE programme;
- the planned use of the expertise and skills of relevant education and health professionals, and the resources available in the wider community.

STEPS IN POLICY DEVELOPMENT

Many schools already have their own structure for developing policy or they may use a structure provided by their local Education and Library Board or Diocesan Advisor. It is acknowledged that many of the issues included are likely to have already been addressed when preparing other policies. Some of these issues will need to be revisited to take account of the context of RSE.

The Steps in Policy Development offered have been adapted from those included in the DfEE Annex C, Circular No 5/94 *Education Act 1993: Sex Education in Schools*.

Step 1: Reviewing existing policy and practice

Consider whether existing policy and practice conforms to the revised DE circular and guidance materials. Review existing documentation and effectiveness of present arrangements.

Documentation might include:

- current policies on child protection, pastoral care and on health, drugs and sex education;
- other school policies and initiatives, eg school ethos, curriculum statement, confidentiality, equal opportunities, school development plan;
- information on how, when, where and by whom the content is taught, including use of agencies and materials. A grid which schools might find useful when reviewing their current provision is included in Appendix 8;
- relevant schemes of work;
- procedures for monitoring and review;
- statement of any legal requirements.

Evidence of pupils' learning might include:

- feedback from staff and pupil evaluations about the existing programme both within Northern Ireland Curriculum subjects and within RE, Personal, Social and Health Education (PSHE) or Pastoral Care;
- reviewing a selection of pupils' work;
- previous reviews of existing provision and lessons;
- DE reports on the quality of learning/teaching in the school and pupils' welfare and guidance;
- comments from ELB and Diocesan Advisers.

Evidence of staff confidence in the teaching might include:

- feedback from staff;
- existing experience and expertise;
- existing training provision;
- staff awareness of systems of support.

Step 2: Identifying pupils' needs

Consider feedback from pupils on their learning needs using questionnaires, discussions etc, which will help to identify:

- pupils' current concerns;
- their existing skills and knowledge.

Information from national and local research studies may support school findings or highlight where improvements could be made.

Step 3: Identifying staff and wider community needs

Consider feedback from adults within the school community using questionnaires and discussions etc, which will help identify:

- support for existing programmes;
- need and concerns;
- those who could be involved in future policy development work.

Feedback could be obtained from teaching and support staff, governors, parents, health and education professionals, religious groups and relevant community groups. Information from national and local research studies may support school findings or highlight where improvements could be made.

Step 4: Drafting or updating the RSE policy

Decide who will write the first draft, for example, one individual or several individuals writing a section each. (Consider the suggested framework for a policy statement at Appendix 6.)

Consider:

- purpose, principles, aims and objectives – including morals and values framework;
- content and coverage of issues listed in Step 1;
- style, readability, clarity, accessibility;
- audience(s);
- support and training implications for staff;
- achievability.

Step 5: Consultation

Decide on method and timescale for consultation with governors, staff and parents.

Re-draft policy in the light of consultation.

Step 6: Communication

Once agreed, inform all those affected about the content of the policy.

Step 7: Implementing the policy

Decide who is responsible for its implementation.

Consider the timescale, bearing in mind the need for staff training/INSET.

Consider how implementation will take place, for example, starting with particular classes or throughout the school.

Step 8: Monitoring and evaluation

Decide who is responsible for monitoring.

Consider how monitoring will take place, for example, through individual lessons, the programme as a whole, staff feedback, pupil feedback, obtaining parents' views.

Decide to what extent aims and objectives are being achieved. Decide whether redrafting is necessary.

Monitoring current provision within the school provides valuable evidence to feed back into a review of policy and practice. Pupils, staff and parents should all be involved in the evaluation process. The results from these evaluations might be used to determine:

- priorities for future staff training and support;
- the nature of ongoing consultation with parents;
- any changes in the content or timing of the RSE programme;
- any changes in the methods or resources used.

Evaluation should form part of an ongoing process. Simple methods make evaluation easier and ensure that it happens. Schools can devise their own evaluation methods or make use of tools already developed and piloted. Examples of evaluation questionnaires for use with parents, pupils and staff are included in Appendix 5. The following checklist offers questions that both teachers and pupils can consider when reviewing the programme.

- Skills – what have pupils learnt to do?
- Information – what do pupils now know?
- Attitudes and values – what do pupils think, feel, believe?
- Did girls and boys engage equally with the activities?
- What do pupils want/need to learn next?

SECTION 5: DEVELOPING A PROGRAMME OF RSE

INTRODUCTION

In post-primary schools, RSE builds, in a developmentally appropriate way, on young people's existing knowledge and experience of their bodies, relationships and the world around them. RSE and Health Education are complementary since both emphasise the development of a positive self-image, and a respect for self and for others, as well as the provision of appropriate and accurate information.

It is hoped that pupils will have had structured opportunities in primary schools to learn about themselves as unique human beings; their spiritual, social, emotional and physical growth; their friendships and relationships with others; and the various changes that occur as they progress towards adolescence and adulthood, particularly the emotional and physical changes which occur at puberty. An RSE programme at post-primary level should build on the primary programme:

- by providing young people with the information and skills to critically evaluate a wide range of information, opinions, attitudes and values; and
- by encouraging young people, in the way they live their lives, to make positive, responsible choices about themselves and others .

MEETING THE NEEDS OF PUPILS

To ensure that the learning experiences are effective, positive and relevant to all pupils, the programme should be developmental, accessible and be appropriate to the age and maturity of the pupils. It should meet the needs of both genders and be a positive experience for all participants. Young people with special educational needs have the same rights and needs as all pupils but the content and delivery of the RSE programme will be different. An RSE programme should be tailored to pupils' needs in terms of content, methodology and the resources used.

Pupils are more likely to benefit from a programme that aims to address their expressed needs and has taken note of their comments. While respecting the diversity of pupils' needs and situations, it is important that, linked to the ethos of the school, the programme is determined by the majority of pupils. Information can be collected in a variety of ways. This need not be a lengthy process, for example, a short questionnaire at the beginning and end of the programme to monitor levels of knowledge, degree of satisfaction and to identify issues pupils consider still need to be addressed. An example of a pupil questionnaire is provided in Appendix 5.

LANGUAGE

The acquisition of appropriate language in RSE is crucially important to enable young people to communicate confidently about themselves, their sexuality and their relationships.

In acquiring an appropriate vocabulary related to sexuality, growing up, physical changes, feelings etc, the young person obtains a means by which these issues can be discussed. The use of proper terms for parts of the body and body functions should be encouraged from the earliest age so that these terms are given a status and an acceptability. Embarrassment is reduced and pupils become comfortable with these words and their meaning. Having a language which is socially acceptable and unambiguous in RSE is especially important because it has long been an area fraught with misunderstanding, unease and anxiety. One of the main objectives of any RSE programme is to provide young people with language through which they may seek clarification, ask questions and discuss all aspects of their growth and development.

In our society, many of the swear words are sexual in origin and refer to sex in a debasing way. The message given by the use of this language is very powerful and creates associations with sexuality which are primarily negative. It is therefore extremely important that proper terminology is used in RSE

activities and that the tone of discussions is respectful and genuine. The acquisition of appropriate language could be introduced to parents at a PTA meeting. An explanation of the terminology to be used in school could be given, and parents encouraged to use these terms and to support the messages the school is trying to promote. Parents could also be consulted on how teachers should deal with the use of inappropriate language by pupils.

CURRICULUM ORGANISATION

Many aspects of the RSE programme will be taught or reinforced by the general climate and everyday interactions within the classroom and the school. Since many of the objectives of RSE are similar to those in other curricular areas, much of its content can be treated in a cross-curricular manner. RSE shares content with the Programmes of Study for Science, Religious Education, PSE, Pastoral Care, Physical Education, Home Economics and English, as well as the cross-curricular theme of Health Education. It is important, therefore, for schools to consider the links that exist between RSE and the other curricular areas at each key stage. With careful planning and co-ordination, transfer and re-enforcement of learning should occur in a range of contexts. There are many different ways of incorporating RSE into the curriculum. Suggested models are included in Appendix 7.

Within **Health Education**, the contexts of personal development, social development and the environment complement teaching about the physical and emotional changes which take place during adolescence, the processes of human conception and birth, and family, peer and other relationships. The intended outcomes of teaching health education and RSE are to develop pupils' self-esteem and self-confidence, encourage responsible behaviour, attitudes and values, and provide pupils with the knowledge and understanding to make informed decisions.

The **Science** Programme of Study, which is compulsory for all Key Stage 3 and 4 pupils, offers opportunities to address many aspects of RSE. Topics which must be covered include: the physical changes occurring at puberty, the basic biology of reproduction, the need to stay healthy during pregnancy, contraception, sexually transmitted infections and interpersonal relationships. Although the emphasis is on factual, biological issues, pupils are encouraged to develop a responsible attitude to sexual behaviour.

The **English** programme of study provides opportunities for pupils to explore and reflect on the various attitudes, values, beliefs and opinions which relate to themselves, their development, their relationships with others and family life. In addition, pupils can develop the use of appropriate vocabulary in different situations and practise communication skills.

The **Home Economics** programme of study provides opportunities for pupils to consider the contribution of positive family relationships to the personal and social development of family members. It sets out an approach to exploring home and family issues which analyses viewpoints, considers the factors influencing decisions and the consequences of actions.

The **Religious Education** curriculum addresses many aspects of the RSE programme. It provides opportunities for pupils to consider moral issues, relate moral principles to their personal, social and family life, and identify and explore values and attitudes that influence behaviour. Pupils already undertake a range of activities which promote self-respect and respect for others. They have opportunities to consider Christian moral principles in relation to friendship, sexuality, preparation for marriage, single life and parenting.

In **Physical Education**, the emphasis on enjoyment of, and positive attitudes towards, physical activity is significant in fostering self-esteem and confidence as well as developing a sense of fair play, sharing and co-operation.

Art and Design, Music and Drama afford pupils the experience of individual expression and non-verbal communication. Personal and social skills are developed through drama by giving pupils opportunities for the role play of feelings and situations.

AN OUTLINE OF A PROGRAMME FOR KEY STAGES 3 AND 4

The following outline illustrates the topics that might be covered in an RSE programme at Key Stages 3 and 4. The outline is not intended to be definitive or prescriptive and there is an overlap of content between the key stages. Many of the aspects included in the programme are also likely to be part of the curriculum for Personal, Social and Health Education, Science and Religious Education. The programme should also complement the Pastoral Care provision within the school.

The outline is provided as a starting point for teachers' own thinking. The sequence in which ideas are presented is not intended to imply a teaching order, that is a matter for teachers to determine. The person in charge of co-ordination of the RSE programme should consult with the relevant subject teachers to ensure that at appropriate ages and levels of maturity, pupils are taught the topics detailed below. The content of the RSE programme should also be influenced by the expressed needs and concerns of the pupils themselves.

At the request of teachers, an attempt has been made to organise the content separately for each key stage. In common with Health Education, the outline programme for RSE is based on a spiral framework for teaching and learning. It is intended that during Key Stage 3 pupils will achieve a basic knowledge and understanding of the content and begin to appreciate the issues pertaining to RSE. Progression and continuity is achieved at Key Stage 4 by revisiting certain topics so that pupils can reach a deeper understanding of more complex concepts and issues given their increased maturity and wider range of experiences.

Growth and development: Key Stage 3

- The physical and emotional changes that occur in males and females during puberty; individual variation and rates of development.
- Hygienic practices associated with the physical changes at puberty.*
- The male and female reproductive systems, what happens during intercourse; the biological aspects of human fertility and conception.*
- The development of the child from conception to birth, including understanding of the various stages of pregnancy.*
- Factual information about the types of contraception.*
- The difference between HIV and AIDS, modes of transmission, practical hygiene and risky behaviour.*

Growth and development: Key Stage 4

Topics from Key Stage 3 which should be revisited are indicated with an asterisk*. Additional topics are identified below.

- Safer sex practices in relation to STIs, HIV and AIDS.
- Factual information about abortion.
- The range of information, the services and support which are available from relevant agencies.
- My stage of development, eg physical, emotional, academic, spiritual, emotional, moral and sexual.
- My motivation, enthusiasms, interests, viewpoints, goals, degree of independence and responsibilities.
- Respecting myself, my self-esteem and self-confidence.

- Stereotyping and its influence on attitudes and behaviour.
- Media messages about male and female behaviour.

Sexuality: Key Stage 3

- An awareness of what it is to be male and female.
- Equality and difference.
- Uniqueness and individuality.
- My abilities, talents, strengths, weaknesses and vulnerabilities.
- Influences on me, competing priorities.
- Responsibility.*
- Male and female perspectives on a range of issues.*

Sexuality: Key Stage 4

Topics from Key Stage 3 which should be revisited are indicated with an asterisk*. Additional topics are identified below.

- Sexual identity and orientation.
- Understanding the differences in sexuality and sexual relationships including media messages.
- Values and attitudes about sexuality and sexual relationships, including media messages.
- Encouraging sensitivity towards different ways of life, beliefs and opinions.
- The range of information, the services and support which are available from relevant agencies.

Relationships: Key Stages 3 and 4

- Adolescence
 - recognising feeling, moods and emotions (sometimes conflicting) and knowing the language to express these appropriately;
 - maintaining positive relationships with, eg friends, parents, other family members and teachers;
 - considering peer and other influences;
 - exploring morals and values in a variety of contexts and recognising the personal implications.
- Relationships
 - the differences between the various types of relationship, eg parents, siblings, other family members, peers, teachers, friends and acquaintances;
 - the factors influencing the different lifestyles of family, friends and acquaintances;
 - different types of friendship, caring and loving relationships, eg parents, siblings, friends, neighbours, married couples, partners, work colleagues, acquaintances;

- establishing and maintaining relationships;
 - abstinence as a positive option and an achievable reality;
 - appropriate and inappropriate relationships;
 - sexual abuse and the support available to young people;
 - sharing, commitment, respect, rights and responsibilities within relationships;
 - possible sources of conflict and strategies for dealing with differences;
 - media messages about relationships;
 - making informed and responsible decisions about personal and social relationships.
- Family issues, eg parenting, childcare, lifelong responsibility and the extended family:
 - fostering and adoption;
 - teenage pregnancy;
 - single parents – positive and negative issues;
 - divorce;
 - gender roles, eg choices, prejudice, stereotyping.

TEACHING SENSITIVE ISSUES

The teaching style and the methods which teachers use when teaching about issues such as contraception, abortion and HIV/AIDS are crucial. Teachers may wish to refer back to the section on values and key messages in Section 2. Time should be made available for teachers of different subjects such as Religious Education, Science, PSE, and Physical Education to consider these issues and agree on the approaches which they will use with pupils. It is crucial that the messages which young people receive are consistent and should be compatible with the morals and values framework which is endorsed by the school. Too often young people learn about these issues from peers and other sources and frequently accurate information is not known. Such issues need to be presented in a way which is free from sensationalism and bias, and sensitively pitched to the pupils' needs and situations. Pupils need to be provided with a balanced and non-judgmental view which respects a range of religious beliefs and the possible (unknown) experiences of some pupils.

Contraceptive Advice to Young People Under 17 Years

As part of the curriculum, teachers can provide general information to all pupils about the types of contraception and the risks to health. They can provide all pupils with information about where, and from whom, they can receive confidential advice, treatment and support. Personal medical advice must not be given to individual pupils. Teachers must advise pupils to seek advice from parents, the school health team or medical practitioners. Pupils should be reminded that the legal age of consent for girls in Northern Ireland is 17 years. There is no legal age limit for males. It is unlawful for a male to have sexual intercourse with a girl under 17 years.

HIV/AIDS and Sexually Transmitted Infections (STIs)

The publicity in public health campaigns and media attention has ensured that most post-primary pupils have some knowledge about HIV/AIDS. However, pupils need to know that HIV/AIDS could affect them and not just drug users or gay men.

They should be provided with information about the most common STIs, the difference between HIV and AIDS, modes of transmission, practical hygiene and risky behaviours. Only those who are sexually active are potentially at risk from getting HIV/AIDS and sexually transmitted infections.

Sexual Identity and Sexual Orientation

The issue of sexual orientation should be handled by schools in a sensitive, non-confrontational and reassuring way.

In the transition from childhood to adulthood, some adolescents experience strong emotional attachments and feelings towards people of their own sex. Many move on to form heterosexual relationships; some remain permanently homosexual or bisexual. Pupils should be reminded that a male under 18 years cannot legally consent to any homosexual act.

Teachers, whatever their own views, should counteract prejudice and support the development of self-esteem and a sense of responsibility in every pupil.

Sexual Abuse

Increasing public concern about the widespread occurrence and long-term damaging effects of sexual abuse has been expressed in recent years. For teachers there are two dimensions, namely:

- teaching for protection, through the promotion of self-esteem, the skills of assertiveness, lack of guilt or embarrassment about sexual matters and the skills of self-expression including appropriate language and understanding;
- recognising signs of abuse, physical, emotional and social.

The class teacher or form tutor has a significant part in the early detection of abuse. It is essential that correct procedures are followed as outlined in DENI's Circular 1999/10 *Pastoral Care in Schools: Child Protection*. In summary these are:

- school-based staff should immediately inform the designated teacher;
- the designated staff must inform/consult with social services and/or the police;
- no teacher should take on the role of investigator, this is the responsibility of social services and the police;
- teachers should give the pupil time to talk without probing, record exactly what the pupil says and not promise to keep secrets.

Teachers who can implement an RSE programme with ease and comfort may demonstrate to young people that they are adults who can be confided in. However, they must make explicit statutory provision regarding disclosure of abuse.

SELECTION OF TEACHING RESOURCES

The appropriateness of teaching resources is crucial to the success of any programme. Currently, there are many teaching resources available which cover the variety of topics included in an RSE programme. Resources reflect a wide range of morals and values and offer a variety of teaching strategies and activities. Consequently, great care must be taken to ensure that the resources which are used in a school are appropriate for the target audience and reflect the aims and objectives of the RSE programme, especially the school's agreed morals and values framework. Applying the following checklist may help in the selection of appropriate resources.

Is the resource:

- consistent with the school's agreed RSE policy and the aims and objectives of the RSE programme?
- consistent with the school's morals and values framework?
- appealing and up-to-date? factually correct? respectful of its audience? well-designed and flexible in its use? durable and easy to use?
- likely to appeal to pupils in terms of appropriate language level, images, attitudes and values, maturity, contexts and situations, and the knowledge required?
- free from bias or other forms of stereotyping, for example, commercial, cultural, religious, racist and sexist?
- complementary to the existing programmes which the school currently offers?
- complementary to the teacher's existing or proposed strategies for delivering the RSE programme?
- promoting teaching strategies which involve pupils actively in their own learning and which build upon pupils' experiences?
- likely to encourage consideration of a range of issues, attitudes and beliefs pertinent to the topics covered?
- well-organised, with clear instructions about its use provided for teachers?
- appropriate in its entirety or in specific sections?

SECTION 6: TEACHING RSE

THE CLASSROOM ENVIRONMENT

It is essential that teachers create a classroom environment which is supportive, where self-esteem is fostered and where the pupils feel valued and affirmed. The climate of the classroom needs to promote mutual respect and the dignity of each individual. It is important to create an atmosphere in the classroom which allows all pupils to feel comfortable to express opinions and feelings in a secure and safe manner and to explore issues which may be sensitive and personal. Every effort should be made to ensure that the whole group is at ease, with pupils showing respect for each other and realising their responsibilities to each other. Ground rules should be agreed to help to minimise embarrassment and encourage the respect of each other's opinion. Realistic scenarios, case studies, role play, drama, videos and stories can be used to enable pupils to discuss issues without personal disclosure. Important considerations are:

- the degree of trust, respect and positive regard for pupils;
- the relationships between the teacher and pupils, and between the pupils themselves;
- the need for clear expectations, goals and learning objectives;
- the use of teaching and learning methods which involve pupils actively in their own learning and encourage the consideration of attitudes and values and the ability to make informed and healthy decisions; and
- the need to be aware and take account of the current youth culture.

CONFIDENTIALITY IN THE CLASSROOM

The child's right to privacy must be respected at all times by both the teacher and all other pupils in the class. A key rule to agree in advance of any discussion is that "no one will be expected to ask or answer any personal questions". It is equally important that the teacher shares this right and never feels obliged to impart information about his/her own personal life. However:

- teachers should not promise confidentiality. A child does not have the right to expect that incidents in the classroom or in the wider context of the school will not be reported, as appropriate, to his or her parents and/or the principal. Both pupils and parents should be informed that confidentiality cannot be maintained;
- the principal or designated teacher must be informed of any disclosures which might suggest that a pupil is at risk or that physical or sexual abuse is suspected. If a child confides in a member of staff and requests that the information is kept secret, the child must be told, sensitively, that the matter must be reported to the appropriate agencies. Decisions can then be taken in accordance with the procedures detailed in the Department's booklet *Pastoral Care in Schools: Child Protection* (Circular 1999/10).
- teachers can provide general educational advice to all pupils as part of the curriculum. This general advice can be given to pupils individually or within group situations. It is important that the type of advice and the manner in which it is given is supportive of the role of the parents;
- there will be occasions when teachers will have to exercise their discretion and judgement about how to deal with particular issues raised by an individual or by a group of pupils. An initial judgement will need to be made about whether or not it is appropriate to deal with the issues with the whole class. The teacher may wish to discuss the issues with the parents to see how they would like the matter to be handled. Teacher colleagues or a member of the core school health

team might also provide useful guidance. It may be appropriate to respond to the issues with individual pupils or to arrange time for group discussion outside class time. In all cases, teachers should encourage pupils to discuss any issues and concerns they might have with their parents;

- teachers should remember that since they are not medical professionals they should not give detailed personal medical advice to any pupil. Only doctors and health professionals should give medical advice to pupils.

It is important that all teachers, not only those directly involved in the provision of RSE, are aware of their responsibilities regarding confidentiality. Parents should also be made aware of the confidentiality issues. The first concern of parents is likely to be for the safety and well-being of their children. It is important, if pupils cannot talk or do not wish to talk to their parents, that they have access to support from sympathetic teachers at school.

ANSWERING PUPILS' QUESTIONS

It is essential for all schools to consider their responses to specific issues. Topics such as conception, birth, fertility, family planning, sexual orientation and HIV/AIDS are often part of the storyline of television "soaps". It is therefore likely that pupils will raise questions about these issues. Schools should be prepared to include in their policy a statement about how teachers will respond. This is a useful issue to bring to the attention of parents so that they can indicate to teachers how they wish such issues to be handled.

SUPPORTING THE NEEDS OF BOYS AND YOUNG MEN

From an early age, boys and girls learn what is considered to be appropriate behaviour from the significant adults in their lives. However, sex education has tended to focus primarily on the concerns of girls. In order to redress this imbalance, it is important that within the RSE programme activities are included to allow boys to talk about their interests, concerns and feelings. Formal and informal opportunities can be used for pupils to explore attitudes, emotions, relationships, stereotyping and parenting from a male perspective. It is important to acknowledge that male and female perspectives may exist on issues and to respect the reasons for such differences. Sessions should also be included to explain the physical and emotional changes at puberty to boys. Opportunities for boys to discuss specific topics in single gender groups might be provided.

WORKING IN MIXED AND SINGLE GENDER GROUPS

Generally, RSE should be taught in mixed groups, so that boys and girls are encouraged to work with each other and gain an understanding of each other's perspectives. However, it is clear that pupils and some teachers do prefer to work in single gender groups from time to time because it is less embarrassing and so that they can explore and consider gender specific issues. For some pupils it would be against their culture to address some issues in a mixed group. In single sex schools, it is suggested that teachers might arrange activities with other similar schools so that pupils can meet to discuss relevant topics with pupils of the opposite gender.

APPROACHES TO TEACHING AND LEARNING

An RSE programme is about more than imparting factual information, it also aims to develop personal and social skills, and clarify attitudes and values within a moral framework. RSE seeks to promote behaviour which will allow pupils to take increasing responsibility for themselves as they grow and develop. Teaching methods which involve pupils actively in the process of their own learning have a number of benefits:

- they can be used successfully with groups of all ages and abilities (including work with parents, governors and in staff training);
- pupils are acknowledged as the starting point for their own learning;
- pupils find them more enjoyable;
- a variety of learning experiences increases energy levels and interest;
- different life experiences are acknowledged;
- pupils are actively engaged in their own learning processes by enabling them to draw on their own experience;
- pupils are encouraged to use communication skills because they are working collaboratively;
- pupils learn how to articulate an idea and share the idea with others. This requires the skills of presentation and listening;
- pupils have to respond to the actual content as well as the range of beliefs, values, opinions and feelings of others;
- pupils have to critically analyse their material, make decisions and find consensus or agree to differ.

ACTIVE LEARNING STRATEGIES

The following strategies can be used to address a range of RSE topics in an active way

Brainstorming – This is a useful way of recording ideas quickly. It can help to find out the pupils' prior knowledge and identify the range of attitudes, concerns and issues. It should only take a few minutes. Ask pupils to call out all the words they associate with a particular word such as "friendships". All responses are written up. The brainstorm could be discussed or used as the basis for another activity.

Discussion techniques – Asking pupils to work in small groups makes talking easier for them. Pupils can develop confidence working first with pairs and then threes and so on. In order to involve all members of a group rather than just the confident or vocal members, it will be necessary for the teacher to divide the class into various sub-groups. Some ideas for improving discussion sessions are detailed.

Twos to Fours – Pupils can be asked to talk in pairs and then move into fours to share what they have learned.

Reporting back – After a discussion or activity, each group can share what they have done or talked about. This ensures that the contributions of each group are valued.

Socratic discussion – This form of discussion is teacher-led, with pupils working in threes being given a question to discuss for a short period (one minute) then sharing this with the whole group, before leading with another question which has arisen from the discussion.

Fishbowl discussion – This is a way of controlling discussion. Put not more than six or seven chairs in an inner circle, with the rest in an outer circle. Discussion takes place only in the inner circle. A spare chair ensures that someone can come into the centre. At the same time pupils in the centre can move out and allow others to contribute.

Debate – For this to be effective it must be well-prepared. Reticent pupils are more likely to take part if small group discussion has taken place prior to the formal debate.

Standpoint-taking – This technique enables pupils to explore both sides of an issue. Make two concentric circles with chairs, each inside chair facing an outside chair. Give a statement and ask the inside group to argue for it, and the outside group to argue against with the person they are sitting opposite. It is important to stress that they may not believe that particular stance but they have to find as many arguments as possible. Allow two minutes discussion and move the outer circle on two places. Repeat the process. Move again but this time change change stances thus arguing the opposite viewpoint. The debrief might include questions such as:

- How did it feel to argue for something with which you disagreed?
- How easy was it to change viewpoints? What have you learned?

Listening exercises – These can be conducted in pairs. For example, person A talks to person B for five minutes describing the qualities of a friend. Person B records to A what they have heard. They swap roles. This pair joins another pair and they are asked to draw up a friend specification. This work is presented to other groups or the whole class.

Questionnaires and quizzes – These are not tests of knowledge but triggers for discussion, where pupils will be able to acquire more information as well as exploring arising issues. They should not last too long otherwise some pupils may feel excluded or bored. They can be used for discussion by asking the group to mark on the questions the things they agree with or disagree with alone, and then discuss with a partner those on which they disagreed.

Trigger drawings, story boards, situation cards, photographs, magazine articles – These can be used for discussion, problem-solving or as material for role play.

Case studies – These can be used to help pupils to understand another's experience and to consider the effects of the situation. The group is asked for instance to work out all the options that are available to the characters described, who would help them, and how they could get this help?

The visitor technique – This is a powerful group building activity and provides pupils with the opportunity to find out what they want to know. This is an alternative to "speakers" and gives responsibility to the group for the process and for their own learning. Pupils control the session, and visitors should be briefed that they will not be giving a presentation but will be asked to respond to questions about their area of expertise or experience. In preparing for the visit the group considers questions such as who do we invite and for what purpose? What do we want to know? What questions shall we ask and in what order? How is everybody going to be involved? How do we make the visitor comfortable? Who will draw the session to a close? The visit should be followed by a debriefing session to draw out the learning of the subject matter and the performance of the group. Guidance on using visitors is offered previously in this document.

Story telling – Make use of fiction to explore feelings and attitudes. Relating the discussion to the fictional characters provides a safer way of examining experiences the pupils may go through such as making and losing friends; bullying; needing help; bereavement and many others. Refer to current situations in "soaps". How would the group resolve the issues raised?

Checklists – A technique to raise awareness of issues quickly. Pupils respond to statements using categories such as "true", "false", "don't know", or "agree", "disagree", "not sure".

Videos and films – These can be thought-provoking and interesting, but equally can be boring, inaccurate and outdated. Issues raised in the video/film need to be followed up by use of other methods. To ensure that the video/film has educational rather than entertainment value, ask the group to look for four or five key points. Pausing or stopping the video at key points is another way of picking up issues for discussion.

Continuums – These are "lines" of variance between two points, such as agree or disagree, or high risk, low risk. Pupils are asked to physically place themselves somewhere along the line that best describes their opinion or value to a statement called out by the teacher. Care should always be taken to ensure that statements used are sensitive to the circumstances and backgrounds of the pupils. Opinions are shared with one or two others and finally opened up to the group where appropriate.

After a few minutes pupils find someone of the opposite opinion and exchange views. The aim of the exercise is not to change other pupil's views, but to hear and understand them. A variation is to get children to place pictures taken from magazines along a continuum. For example:

- what men do;
- what both men and women do;
- what women do.

Then ask the group to place appropriate pictures on the continuum. Encourage the pupils to discuss the roles.

Role play – Pupils are asked to identify with a character and “act” out his/her role in a particular situation. It gives them an opportunity to experience an issue or situation from a different perspective. If pupils are to identify with their characters, careful preparation is needed to build the background and feelings of the characters before the role play takes place.

Always use role play in small groups and never ask pupils to perform in front of the class. Sometimes pupils identify so strongly that they can't disengage so make sure to derole the pupils. Re-engage them with the present by asking, for example, “*what did you have for lunch today?*”.

Circle time – this is an effective strategy for promoting self-esteem. The circle symbolises the unity of purpose of the group as well as the equality of the group members. It represents a non-confrontational and accepting approach by providing a supportive context for pupils to talk about their feelings and emotions.

EVALUATING LESSONS

Evaluating lessons is essential. It can be effective at a number of levels. Pupils benefit from knowing that their thoughts and feelings matter and will be used to help shape future lessons. Teachers benefit from finding out what participants felt was successful and can use this information to build a better programme. Written evaluations should be kept by the school wherever possible as they provide valuable feedback for use in policy and programme review.

Evaluation by pupils needs to be varied or it soon becomes devalued. Teachers also need to think about how they show pupils that their responses matter, for example:

“Many of you said you found it helpful to . . . so today we're going to . . .”

“I remember from last week that some of you felt . . . so . . .”

“I've decided not to . . . because lots of you said that . . .”

Some pupils tend to evaluate themselves and their classroom contributions in a negative way and may need encouragement to recognise their achievements. It can be helpful to use questions such as “*What did you do well?*” to bring out positive aspects of their learning. Other pupils may be shy or embarrassed about showing how they feel in front of others or simply copy their friends' reactions. This can provide a useful starting point for discussion about honesty and trust within the class.

Many methods of evaluation are very simple and can be used, or adapted for use, with a wide range of people. Sentence completion is one such technique. The sentences will vary according to the participants and the tasks they have been working on. Some examples are:

“One thing I liked was . . . but I didn't like . . .”

“One thing I have learned is . . . but would like to know more about . . .”

“The next step for our school is . . .”

Another simple technique is the use of a continuum, with participants marking how they feel along a line. Again the example used will vary according to the situation. Some examples are:

I found this lesson/series of lessons

boring _____ interesting _____

I learned

a lot _____ not much _____

I think I contributed

a lot _____ not much _____

During the lesson/series of lessons I felt

embarrassed _____ comfortable _____

APPENDIX 1: A SELECTION OF TEACHING RESOURCES AVAILABLE FOR KEY STAGES 3 AND 4

The resources detailed below are included because they have been identified by teachers as useful when developing an RSE policy and programme. Their inclusion does not imply endorsement by CCEA. It is strongly recommended that all resources to be used with pupils are reviewed prior to their use. This is to ensure that they reinforce the key messages which the school wishes to endorse and that they provide activities which are appropriate to the specific groups of pupils. A set of questions to assist teachers when making judgements about the suitability of resources is provided within this document. Many of the resources identified are available on loan from Health Promotion Departments, Education and Library Board Resource and Teachers' Centres and the Family Planning Association for Northern Ireland.

Teacher Reference Books

Developing Sex Education in Schools. Mullinar, G. Family Planning Association, 1994.

A practical handbook for teachers and governors which give help in developing and reviewing sex education policy and practice.

Let's Hear it for the Boys: Supporting Sex and Relationships Education for Boys and Young Men. Lenderyou, G and Ray, C (eds), National Children's Bureau, 1997. ISBN 1-900990-15-6.

This pack provides clear and accessible advice on developing programmes which take into account the needs of boys and young men.

Good Practice in Sex Education: A Sourcebook for Schools. Ray, C and Went, D (eds). National Children's Bureau, 1995. ISBN 1-874579-64-4.

Your School and Sex Education: Developing and Resourcing your School's Policy. CARE for Education, 1996.

Developing Sex Education for Pupils With Learning Difficulties. Sex Education Forum, 1995.

Health Education Key Stages 3 and 4. Davies, G T and Williams E. Stanley Thorne, 1994.
A comprehensive health education course which includes sex education.

Sex Education: A Quick Guide For Teachers. Kirby, M. Daniels, 1994. ISBN 1-85467-228-2

Support Materials for Sex Education Programmes. Kirby, M. Daniels, 1994. ISBN 1-85467-229-0.

Sex Education: Values and Morality. Lenderyou, G and Porter, M. Health Education Authority, 1994.
This resource looks at how schools can develop sex education in a values/morality framework that takes account of religious and cultural diversity.

Child Protection: Integrating Personal Safety Programmes into the Curriculum, Guidance for Schools. CCEA, 1999.

Guidance on the Content of Personal and Social Education at Key Stages 3 and 4. CCEA, 1999.

Sex Education Source Book. Massey, D (ed). Family Planning Association, 1995.

Sex Education for Young People aged 11–18. Slough, J. Daniels, 1995.

Sexual Awareness. Yarnell, J and Hughes, K. The Chalkface Project, 1993.

Sensitive Issues. Fitzpatrick, P and Quillian, S. The Chalkface Project.

Developing and Reviewing a School Sex Education Policy: A Positive Strategy. Sex Education Forum, 1994. (Reprinted 1996). ISBN 1-874579-43-1
Guidance and practical advice to support governors and staff involved in developing and reviewing a school's sex education policy.

Myths and Reality: Teenage Pregnancy and Parenthood, Report of The Working Group on Teenage Pregnancy and Parenthood. Department of Health, Social Services and Public Safety, 2000.

Promoting Health: Taking a Closer Look at Sexual Health, Health Promotion Agency for Northern Ireland, Journal No 11, December 2000.

Sex Education: A Guide for School Governors and Teachers. Pergo, B. Oxfordshire Curriculum Matters Series, 1993.

Health for Life: A Guide for Health Promoting Schools. Wetton, N and McWhirter, J. Forbes Publications, 1995. ISBN 0-901762-98-9.

Helping Girls Cope with Menstruation in School. Prendergast, S. Healthwise, 1994. ISBN 0-903289-92-X.

Guidelines for primary and post-primary schools which gives suggestions as to how schools can provide adequate facilities and support for girls to cope with menstruation.

On the Agenda: Sex Education for Young People with Learning Difficulties. Scott, L. Image in Action, 1994. 188 pp. Tel: (020) 8340 5226.

A practical guide to policy making, planning and working with young people in schools and colleges using drama and active learning methods. It is based on work with children aged from nursery to 19+.

Tried but Untested: Aims and Outcomes of Sex Education in Schools. ISBN 0906 229 12X

A Teacher's Guide to Resource Materials on Relationships and Sex Education. O'Mahoney, D (ed).

Issues of Morality. Strathclyde Religious Studies. Newall, F. Hodder and Stoughton. ISBN 0 340 55776 1.

Taught Not Caught: Strategies for Sex Education. Dixon, H and Mullinar, G (eds). Learning Development Aids, 1989. (revised)

A practical manual of useful ideas for classroom activities for older pupils.

Teaching Resources

Two's Company. Brook Advisory Centres, 1997.

A teaching pack on relationships using young people's own agenda, but in a way which protects confidentiality.

Who's Your Family? Brook Publications, 1994.

A resource for use with young people aged 14–18 years. It is designed to raise awareness of different family structures, the range of relationships within different families and the rewards and difficulties of family life. The range of activities includes dealing with the issues of adoption, sexual orientation, stepfamilies, teenage pregnancy, young single fathers, planned parenthood and child-free couples.

Love Needs Learning: A Relationship Course for Young People. Vincent, M. Chapman, 1994.

An introductory course to help young people make and maintain successful relationships. All aspects of personal relationships are considered as well as skills such as self-awareness, awareness of other people, communicating with others and coping with conflict. The exercises, case studies and role play encourage the young people to have positive self-esteem and to be at ease with their sexuality. Contemporary issues such as HIV/AIDS, divorce, child abuse and drug abuse are also covered. The course is approved by the Catholic Marriage Advisory Council.

Building Friendships. Brook Publications, 1994.

A resource pack to help young people aged 11–14 years to make, develop and maintain friendships.

Care for Life Education Pack. CARE, 1995.

Teenscape: Personal Safety Programme for Teenagers. Elliot, M. Health Education Authority, London, 1990.

4 boys: A Below-the-Belt Guide to the Male Body. Family Planning Association, 1995.

A 16-page booklet for young men aged 13–16 years. Reassuring and factual answers are given to questions about physical changes and sexual development.

4 Girls: A Below-the-Belt Guide to the Female Body. Family Planning Association, 1998.

A 16-page booklet for girls aged 12–16 years. Answers are given to common questions on physical changes and sexual development.

Aids: It's Not Over Yet. Donnellan, C. Independence.

Abortion and Euthanasia. Donnellan, C. Independence.

Christian Morality. Nelson, J and McNeice, J. Colourpoint, 1998. ISBN 0 898 392 455.

A textbook, with Northern Ireland examples, for use with Key Stage 4 pupils. Topics include friendships, sexuality and responsibility, marriage, parenthood and family planning.

Contemporary Moral Issues. Jenkins, J. Heinemann Educational. ISBN 0 435 30317 1.

A listing of moral options appropriate for Key Stage 4 pupils.

Health Skills for Life. Anderson, J, Beels, C and Powell, D. Thomas Nelson & Sons, 1994.

ISBN 0 17 438664 8.

Personal and Social Education: An Integrated Programme. Books 1–5. Gurney, M. Stanley Thomas, 1990. ISBN 0748 7015 75.

Health Education for Key Stage 3 and Key Stage 4. Simon and Schuster. ISBN 0 75 01056 23.

A Young Man's Guide to Health. Hutchin, K C. Longmans.

Is Everybody Doing It? Your Guide to Contraception. Family Planning Association, 1995.

A 16-page guide to contraception and safer sex for young people aged 13–17 years. Includes sections on confidentiality and peer pressure.

Let's Talk About Sex. Harris, R H. Walker Books, 1994.

Written for young people aged 10–14 years. Cartoons are used throughout to cover the biological and psychological aspects of sex. Sections are included on the body, families, babies and sexual health.

The Changing Years. McElmurry, M A and Bisignano, J. Good Apple Inc, 299 Jefferson Road, PO Box 480, Parsippany, New Jersey, USA, 1987.

A series covering personal growth and body changes, relationships with others and personal choices and decisions.

Taking Sex Seriously. Cohen, J and Wilson, P. Healthwise Helpline Ltd, 1994.

A manual of practical approaches covering a range of sex-related topics.

Sex Education Factpack. Family Planning Association, 1994.

Contains leaflets, resource list, factsheets and the textbook "*Developing sex education in schools*".

AIDS Education for Schools: A Northern Ireland teaching pack on AIDS awareness. Eastern Health and Social Services Board and NICED, 1998. (Currently out-of-print)

Teaching pack covering the issues of infectious diseases and exploring attitudes and values relating to HIV infection. Resources for card games and photocopyable materials are included.

Girls Growing Up. Delarge, B and Emin, D.

Boys Growing Up. Delarge, B and Wallace M.

Boys Talk. Pickering, L. Geoffrey Chapman, London. 1981.

Girls Talk. Pickering, L. Geoffrey Chapman, London. 1981.

Parents Listen. Pickering, L. Geoffrey Chapman, London. 1981.

How To Talk To Your Child About Sex. Quinn, M and T.

Growing Up Now. Wingfield, J and A.

Ready Steady Grow. McNamara, A. Veritas Books, 1996.

Changes – Becoming the Best You Can Be. Collins, G R, *et al*.

Lifelines. Books 1–4. Foster, J. Collins Educational, 1990.

Family Relationships, Key Stage 3. Chalkface.

Special Situations. Badger Reading Boxes.

Active Tutorial Work: Books 1–4. Basil Blackwell.

Skills for Adolescents, Unit 3 – Learning about Emotions, Unit 4 – Friends, Improving Peer Relationships. TACADE.

Adolescence: The Survival Guide for Parents and Teenagers. Fenwick, E and Smith T. Dorling Kindersley.

A Time to Live. Hyland, M.

Show us the Way. Hyland, M.

Education for Love. Diocese of Down and Connor Advisers (Religious Education) and staff from St Mary's College Belfast.

A programme of sex education for pupils aged 11–14 years in Catholic schools.

Education for Love Workbooks – Years 8–10. Self-esteem.

Moral Questions. Chapters 1, 4, 5. McKenna, J.

Periods: What You Need To Know. Family Planning Association, 1994.

A 12 page booklet for young girls aged 9–12 years to prepare them for menstruation. Straight-forward explanations of why girls and women have periods are provided, as well as the facts about what happens and how to deal with them.

Looking Ahead! Boys } Brook Publications, 1995.
Looking Ahead! Girls }

Two leaflets for pupils aged 9–11 years explaining the physical and emotional changes which occur during puberty.

Facing the Facts: The Truth about Sex and You. Jones, S and B. Explanations of puberty-related changes for 11–14 year olds. ISBN 089 1098461.

Videos

Taking Charge: Managing Your Sexual Health (29 mins video). Boulton-Hawker Films Ltd, Hadleigh, Ipswich, Suffolk, IP7 5BG.

Make Love Last (30 minute video). CARE, 1994.

Video and teaching pack which deals with the issues of abstinence and coping with sexual pressures in a contemporary style.

Holding the Baby (video). Family Planning Association, 1994.

Produced in Northern Ireland, this 24 minute video is for young people aged 13+ years. It follows four teenage girls as they discover their pregnancy, tell family, boyfriend and friends, and cope as teenage parents. An accompanying manual includes activities which develop the issues raised in the video.

You TV (26 min video and teaching manual). Family Planning Association, 1994.

A package of practical activities for 11–14-year-old pupils covering the physical and emotional changes to puberty, gender issues, sexual identity, relationships, peer pressure, contraception and safer sex. A lively magazine format featuring an agony aunt is used.

The Living Body

Our bodies, Our Lives (Kairos)

Preparing for Life, 3 (Veritas)

Life in a Test Tube (Veritas)

All you need to know about Puberty. (Disney Productions)

Sex Education for Girls. Video presented by Angela McNamara and Francis McCrickard. Family Education Trust.

Deals with growing up, relationships, marriage and babies. Suitable for girls aged 11+ years. Suitable for boys aged 11+ years.

Sex Education for Boys.

Video presented by Angela McNamara and Francis McCrickard. Family Education Trust. Focuses on the needs of boys in relation to growing up, relationships, marriage and babies.

Seven Lessons in Love. Chalk, S. CARE.

Teenage Pregnancy in Northern Ireland. Dilemma's Programme, BBC Television.

Living and Growing Series: Love Talk; Tell me About It. Channel 4 and Grampian Television Series.

Carrying the Blame. Panorama Programme for pupils aged 16+ years, BBC Television.

7 Paradise Road. Scripture Union.

A "soap" type programme. Good discussion starter.

Lifeways. Veritas Videos.

7 different stories about marriage, relationships and sex education. Suitable for 14–16-year-olds.

Girl Stuff/Boy Stuff. Boulton Hawker films.

Personal hygiene for adolescent boys and girls.

Growing up – A Guide to Puberty. Bounty Vision (12 mins). Family Planning Association.

A short video in "soft pastel cartoon style", covering growing up, physical development, menstruation, emotional development, courtship, sexual intercourse, ante-natal care and the new baby.

BBC TV and Channel 4 transmit various programmes throughout the year. Further information can be obtained from:

BBC Education: Tel: (028) 9033 8000

Channel 4 Tel: (028) 9446 9222.

APPENDIX 2: USEFUL CONTACTS IN NORTHERN IRELAND WHICH PROVIDE ADVICE AND SUPPORT

- A local general practitioner (GP) if further specialist help is required, he or she will make the necessary arrangements.
- Members of the school's health team have the potential to offer considerable on-going support and can provide a link between school, home and the local general practitioners.

Education and Library Boards

Each of the five Education and Library Boards in Northern Ireland has an adviser with special responsibility for health including Relationships and Sexuality Education.

Advisers can be contacted at the numbers given below.

Belfast Education and Library Board	Tel: (028) 9056 4000
North-Eastern Education and Library Board	Tel: (028) 2565 3333
South-Eastern Education and Library Board	Tel: (028) 9056 6200
Southern Education and Library Board	Tel: (028) 3751 2200
Western Education and Library Board	Tel: (028) 8241 1411

Support for Catholic schools in relation to Religious Education and the implementation of RSE is provided by Diocesan Advisers who can be contacted at the Diocesan Offices below.

Armagh Diocese	Tel: (028) 3753 1620
Derry Diocese	Tel: (028) 7126 4087
Down and Connor Diocese	Tel: (028) 9049 1886
Clogher Diocese	Tel: (028) 8554 8489
Dromore Diocese	Tel: (028) 4175 2221

Health Promotion Services

School Health Promotion Officers can be contacted at the telephone numbers detailed below.

Eastern Area	Tel: (028) 9032 1313
Northern Area	Tel: (028) 2563 5575
Southern Area	Tel: (028) 3752 0500
Western Area	Tel: (028) 7186 5127

Personnel at these telephone numbers will provide local contacts for health, personal and social services.

APPENDIX 3: USEFUL LOCAL ADDRESSES

Childcare NI, 11 University Street, Belfast, BT7 1FY. Tel: (028) 9065 2713.

NSPCC, Jennymount Court, North Derby Street, Belfast, BT15 3HN. Tel: (028) 9035 1135

Family Planning Association, 113 University Street, Belfast, BT7 1HP. Tel: (028) 9032 5488,
2nd Floor, Northern Counties Building, Custom House Square, Londonderry, BT48 6AE.
Tel: (028) 7126 0016.

Telephone helpline and advisory service providing advice and information on sexual issues. Also provides a non-directive unplanned pregnancy service. This voluntary agency also offers training for professionals.

Health Promotion Agency for Northern Ireland (HPANI), 18 Ormeau Avenue, Belfast, BT2 8HS.
Tel: (028) 9031 1611. (www.healthpromotionagency.org.uk).

The Agency is a non-departmental public body whose remit in Northern Ireland is health promotion. It carries out its work through providing public and professional information; training and professional development; research and evaluation; and policy development for health.

ACET: AIDS Care Education and Training, PO Box 118, Belfast, BT1 6DW.
Tel: (028) 9032 0844.

A voluntary Christian based agency providing practical care to those with HIV infection and aiming to reduce the number of new infections by providing information and education. Provides speakers for school, community and church groups.

AIDS Helpline (NI). Tel: (0800) 137437 Mon, Wed 7.30–10.00 pm, Thurs 10.00 am–1.00 pm,
2.00 pm–5.00 pm. Telephone information service. The Hope Centre, Tel: (028) 9024 9268.
The Helpline is one of a range of prevention and care services operating from the Hope Centre. Services offered include Complementary Therapies, Support Groups, Domiciliary Support, Outreach, HIV and AIDS Awareness Training and Educational Programmes and Campaigns.

Belfast Brook Advisory Centre, 29a North Street, Belfast BT1 1NA. Tel: (028) 9032 8866.
Gives young people free, confidential contraceptive advice and supplies and help with emotional and sexual problems.

Genito Urinary Medicine Clinics. Out-patient department, Royal Victoria Hospital, Belfast.
Tel: (028) 9032 0159, Londonderry, Tel: (028) 7161 1269. Coleraine, Tel: (028) 7034 4177.

Life (NI) and Life Pregnancy Care Service, Bryson House, Bedford Street, Belfast, BT2 7FE
Tel: (028) 9024 9414.

Offers free pregnancy testing, counselling, practical help and accommodation.

National AIDS Helpline. Tel: (0800) 567123 (freephone). The lines are open 24 hours per day.

RELATE – Marriage Guidance and Relate Teen, 76 Dublin Road, Belfast, BT2 7HP.
Tel: (028) 9032 3454

Relate Teen offers a counselling service for young people who face problems following the breakdown of their parents' relationships. Relate also provides an education service in schools and youth clubs and also for professional courses.

The NEXUS Institute (Formerly the Rape and Incest Line), 119 University Street, Belfast, BT7 1HP
Tel: (028) 9032 6803. Counselling, training and education agency. 38 Clarendon Street, Londonderry, BT48 78T. Tel: (028) 7126 0566; PO Box 220, Craigavon. (Correspondence only).

The Vine Care Centre, 227 Crumlin Road, Belfast BT14. Tel: (028) 9074 8888. Pregnancy advice and counselling.

Pregnancy Care Service, Room 205, Bryson House, Bedford Street, Belfast, BT2 7FE.
Tel: (028) 9024 9414.

Contact Youth, The Bridge, 139 Ravenhill Road, Belfast, BT6 8DR. Tel: (028) 9045 7848. Counselling service for young people.

City of Belfast YMCA, 12 Wellington Place, Belfast, BT1 6GE. Tel: (028) 9032 7231. Schools' programme in self-esteem, relationships and bullying. Counselling for young people aged 16+ years.

CARE in CRISIS, The Counselling Centre, 39 Union Street, Lurgan, Co Armagh, BT66 8DY. Tel: (028) 3832 9900.(www.loveforlife.org.uk) "Love for Life" post-primary school presentations.

Early Years Project, Shankill Road, Belfast.
Young people talk to pupils about their experiences, eg teenage parents.

Dunlewey Substance Advice Centre, 36 Cliftonville Road, Belfast, BT14 6JY. Tel: (028) 9074 3999. Programme about HIV/AIDS.

CURA, Tel: (028) 7126 8467.

ACCORD, Northern Ireland Administration Office, Tel: (028) 9023 3002.

The Ovulation Method Advisory Service, Tel: (028) 9074 6974/9068 2667.

Family Ministry Office, Tel: (028) 9049 2777.

Cool Sex Info website (www.coolsexinfo.org.uk). Southern Health and Social Services Board (SHSSB) supported by the Armagh and Dungannon Health Action Zone.

APPENDIX 4: USEFUL NATIONAL ADDRESSES

Always/Tampax Programme, Proctor and Gamble UK, Hedley house, St Nicholas Avenue, Gosforth, Newcastle-upon-Tyne. NE99 1EE. Tel: (01912) 792000.

Childline UK, Freepost 1111, London, N1 OBR. Tel: (0800) 1111. A free national helpline for children with any problems.

Bounty Services, Vinces Road, Diss, Norfolk, IP22 5BG. Tel: (01379) 649500.

Family Education Trust, The Mezzanine, Elizabeth House, 39 York Road, London, SE1 7NQ. Tel: (020) 7401 5480.

London Borough of Hillingdon, The HIVE Barra Hall, Wood End Green Road, Hayes, UB3 2SA, Tel: (020) 8569 2510.

CARE, 53 Romney Street, London, SW1P 3RF. Tel: (020) 7233 0455.

AVERT, 4 Brighton Road, Horsham, West Sussex, RH13 5BA, Tel: (01403) 210202.

Health Development Agency, Trevelyan House, 30 Great Peter Street, London, SW1P 2HW. Tel: (020) 7413 1995. (www.hda.org.uk)

Family Planning Association, 2–12 Pentonville Road, London, N1 9FP, Tel: (020) 7837 5432. (www.fpa.org.uk).

Sex Education Forum, National Children's Bureau, 8 Wakley Street, London, EC1V 7QE, Tel: (020) 7843 6052. (www.wiredforhealth.gov.uk).

The Sex Education Coalition, PO Box 341751, Bethesda, MD 20827–1751. (www.sexedcoalition.org.uk).

APPENDIX 5: SAMPLE EVALUATION QUESTIONNAIRES FOR PARENTS, PUPILS AND STAFF

Questionnaire for Pupils

1 Have you received any sex education/RSE at school?

Yes No Can't remember

2 If so, was it . . . please tick ✓ where appropriate.

excellent very good good
 not good bad

3 What did you enjoy most about the sex education/RSE programme?

4 What did you enjoy least about the sex education/RSE programme?

5 Is there anything you would like to know about that was not included in the programme?

Yes No

If so, what?

Questionnaire for Parents

1 Are you aware of the school’s programme for personal and social education or health education?

Yes No

2 Have you received/read a copy of the school policy?

Yes No

3 Would you like to know more about the school’s programme of Relationships and Sexuality Education?

Yes No

4 Would you be interested in any of the following? Please tick ✓.

- receiving a copy of the school’s RSE policy
- attending an information session on the school’s RSE programme
- becoming involved in developing a school RSE policy
- having the opportunity to see the resources available or used in school’s programme
- borrowing RSE resources to use with your children at home

If you have any concerns about the programme, please indicate below.

Comments (including suggested amendments)

10 Have you received any in-service training about RSE?

never

in the last year

in the last two years

in the last four years

11 In your opinion what aspects of the sex education/RSE programme are not meeting the needs of the pupils?

APPENDIX 6: A SUGGESTED FRAMEWORK FOR A POLICY STATEMENT

School Relationships and Sexuality Education Policy

Name of school

Date of policy

Member(s) of staff responsible

Review date

Description of Policy Formation and Consultation Process

People involved

The stages/process undertaken

Issues considered

Aims and Objectives of Relationships and Sexuality Education Policy

Including their relationship to the school's aims and existing policies

Moral and Values Framework

The key morals and values the school wishes to endorse

Equal Opportunities

A statement to indicate how the programme is relevant and accessible to all pupils regardless of age, culture, disability, gender, religion or social class

Organisation of Relationships and Sexuality Education Programme

Name of co-ordinator responsible for planning and delivery.

Who will teach it?

Training provision

Methodology and approach

Specific classroom arrangements, eg single sex, mixed

Curriculum entitlement

Procedures for reviewing effectiveness of programme

Resources used and criteria for selection

Liaison with primary schools to facilitate effective spiral and developmental curriculum (where practical)

Specific Issues Statements

Confidentiality (individually and in the classroom)

Procedures for the involvement of health professionals and visitors
Involving Parents

Information on procedures for involving and consulting with parents

Parents with special needs

Dissemination of the Policy

Who will receive it?

How will it be made available?

Procedures for Policy Monitoring and Evaluation

Additional information to be Appended

For example, a scheme of work or content headings for the programme

(This suggested framework has been adapted from a model policy included in Annex C, Circular No 5/94 *Education Act 1993: Sex Education in Schools* issued by the Department of Education in England and Wales).

The effectiveness of an RSE policy can be judged against the following checklist.

- Does it provide a secure and supportive framework for staff to work within (for example, are staff clear about the school policy on confidentiality)?
- Does it make a statement of the morals and values which the RSE programme seeks to endorse?
- Does it provide information for parents on the opportunities for involvement?
- Does it provide clear guidance for all staff and any agencies or visitors involved?
- Does it make clear who is responsible for what?
- Does it involve pupils and parents as part of the evaluation process?

APPENDIX 7: MODELS OF CURRICULUM ORGANISATION

There are many different way of incorporating RSE into the curriculum. Many schools will use a combination of approaches, for example, Model A reinforced and supported by Model D. There are advantages and disadvantages associated with each model, these are detailed below.

Model A: including RSE within a **timetabled programme** of personal, social and health education.

Advantages

- sets RSE firmly in context;
- reinforces the message to pupils that the school values the development of the whole child;
- all pupils know that they will receive some RSE during their schooling;
- uses the skills of a core of well-trained and motivated staff.

Disadvantages

- difficult to prioritise and find time for a full RSE/health education/PSE programme with so many other demands on the curriculum;
- concentrates expertise on specific teachers who may leave.

Model B: All classes in a year group timetabled at the same time for **modules** of 6–7 weeks.

Advantages

- flexible arrangements with classes;
- teacher can select and develop expertise in specialist topic;
- teachers rotate across classes.

Disadvantages

- poor continuity with a class, hard for teachers to build up relationships with class members;
- teachers can get bored teaching the same topic to a number of classes.

Model C: including RSE in **tutorial time**

Advantages

- pupils may benefit from the pastoral insight and support of the tutor;
- pupils may already be used to small group work and have developed trust.

Disadvantages

- requires a large commitment to training;
- some tutors may be reluctant to be involved in teaching sensitive issues;
- gets missed out due to lack of time.

Model D: a **one-off module** for each year group.

Advantages

- self-contained: the school can be clear about aims and objectives;
- pupils know that this is the sex education model.

Disadvantages

- issues addressed may be being irrelevant or inappropriate to large numbers of pupils;
- usually over-reliant on presentations to large groups;
- out of context – pupils may fail to link it with their own continuing growth and development;
- attitudes and values are unlikely to be explored;
- pupils unlikely to have any preparation or follow-up;
- unlikely to meet the needs of the majority of pupils;
- lacks flexibility, especially if planned months in advance.

Model E: cross-curricular, with all subjects contributing to the delivery of the RSE programme.

Advantages

- gives a clear message that RSE is everyone's concern;
- potential for a broad and balanced RSE programme;
- flexible – some elements of the programme can change in response to pupil needs while others stay the same;
- reflects, and can influence, the ethos of the school;
- demands excellent co-ordination and co-operation between staff.

Disadvantages

- subject-specific activities generally take priority over RSE;
- can take time to develop and time to monitor;
- may feel bitty and unsatisfactory to pupils who are unaware of any underlying structure;
- harder to pinpoint, and arrange to fill gaps in provision;
- requires a commitment to training subject teachers.

APPENDIX 9: SUGGESTED OUTCOMES FOR MONITORING CURRENT PROVISION

The set of questions below is designed to encourage teachers and governors to think about what they want to monitor and who will be involved.

- Does your RSE policy comply with the DE circular? **yes/no**
- Does it reflect classroom practice? **yes/no**
- Is there a member of staff or a governor with a monitoring brief? **yes/no**
- Has “effective RSE” been clearly defined? **yes/no**
- Have you considered how teachers have found the experience of teaching the programme and the support offered (internally and externally) for its implementation? **yes/no**
- Have teachers availed of the opportunities for RSE training? **yes/no**
- Have you decided how you will assess the effectiveness of RSE within the school? **yes/no**
- Is monitoring carried out on a regular basis? **yes/no**
- Are teaching resources regularly reviewed and updated? **yes/no**
- Do all members of the school community (ie teachers, governors, parents, pupils) know that monitoring is taking place? **yes/no**
- Is the date for the next review a realistic one? **yes/no**