

Consultation Evaluation:  
**School Sexual Health and Relationship  
Education**

The Views of Young People with Additional Support Needs

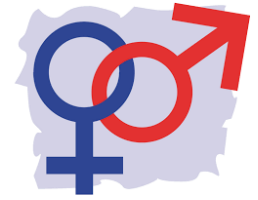


**2018**

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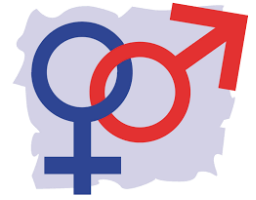
Listening to children and young people with Additional Support Needs  
Speaking with policy makers



## **Content**

	Page
Introduction	3
Consultation Methodology	4 – 5
Key Findings of SHARE for ASN Consultation	
Context	6
Findings from Observations of Sessions	7 - 9
Findings from Consultation Focus Groups	10 - 23
Improvements	24 - 26
Conclusion	27
Recommendations	28 - 29
References	30
Appendix: The Views of School Teachers	31 - 33

**A special thank you to all the young people who took part  
in this consultation.**



## Introduction

Highland Children's Forum was commissioned by Highland Council to undertake a service evaluation of the school-based sexual health and relationship education programme (SHARE) during 2017-2018.

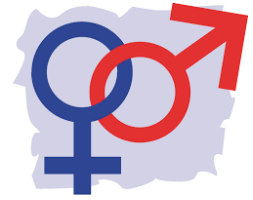
The aim of the consultation was to find out if the current sexual health and relationship education provision meets the needs of young people in Highland through an evaluation of the SHARE programme and SHARE for Additional Support Needs (ASN) provision, including the capacity of teachers to deliver it.

SHARE is an evidence-informed educational resource for use by teachers and others to support learning about relationships, sexual health and parenthood for young people aged 13–16.

There is currently no specialist programme for delivering SHARE to pupils with additional support needs; in the past, a SHARE Special programme was in use in Highland schools to support the specific needs of young people with additional support needs but this provision is no longer in print. Education Scotland encourage use of their *Relationships, Sexual Health and Parenthood Resource for Young People with Autism Spectrum Disorder* as a resource for practitioners working with young people on the autistic spectrum to allow them to fully engage in this area of the curriculum.

Schools are recommended to adapt and supplement the core SHARE provision to meet the needs of young people with additional support needs. Schools can also seek assistance from the Health and Disability Team to support their teaching.

This report details the finding of the SHARE for ASN provision consultation. A separate report details the findings of the mainstream SHARE consultation, including the response from school staff who deliver SHARE. A Briefing Paper compares the findings from the two reports.



## Consultation Methodology

The consultations were carried out by Highland Children's Forum's Consultation Lead. The consultation with young people took place in two phases:

- I. August – December 2017: An on-line survey and activities with over 400 young people within mainstream provision in 12 Highland secondary schools.
- II. January – March 2018: Focus groups with 30 young people in 7 educational provisions, who were identified by staff as having additional support needs. All these young people accessed learning support via the Additional Support Needs (ASN) Department in mainstream schools or in special education provision.

*This report details the findings from this second phase consultation.*

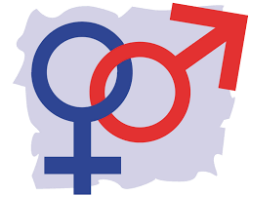
### Consultation within ASN Departments and Special Education Provision

Within the mainstream schools' consultation, young people with additional support needs were part of the sample group. However, the SHARE for ASN consultation aimed to hear from young people with more complex developmental or communication disabilities such as autism and/or a learning disability.

The consultation methodology was adapted to meet the needs of these young people and to take into account potential difficulties in understanding, communication and social interaction.

Seven educational facilities were involved in the consultation including: ASN Departments within mainstream secondary schools; a special education facility; Supported Learning within Inverness College and a school transition project.

Participation was voluntary and the young people were identified through the educational facilities they attended.



The young people met in small focus groups of between 2-6 participants, for two or three 50-minute sessions. The young people gave their own informed consent to take part. In some educational provisions passive consent was also gained from parent-carers/guardians.

School staff were not present during the consultation (except for support staff if required) to enable the young people to speak honestly about their views of their school sexual health and relationship education.

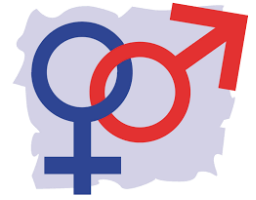
Due to the communication and developmental needs of these young people it was not possible to ask the full range of questions that had been asked of the young people within mainstream provision. It was important, however, to ensure a selection of comparable questions to enable an analysis of responses across the whole consultation.

The focus groups used visual and interactive activities including the use of 'Talking Mats', which was central to the methodology; Talking Mats is a visual tool for consulting with children and young people using picture symbols to help aid discussion and enable young people to express their views. Boardmaker symbols\* were used with the Talking Mats as this is the main picture symbol system used in Highland.

In addition to the consultation with young people a focus group was held with two members of teaching staff from a special education provision. The aim of this focus group was to hear from staff about the issues and challenges they faced delivering sexual health and relationship education to young people with complex needs, and improvements they wished to see.

The findings of this focus group are presented in the Appendix.

\* Boardmaker is a collection of standardised picture symbols used for communication with people who are strong visual learners, such as those on the autistic spectrum, with learning disabilities and/or with speech and language disorders.



## Key Findings of SHARE for ASN Consultation

The Key Findings section is structured in the following way:

- An explanation of the consultation activity, including the consultation questions.
- Presentation of the findings for each activity.
- An analysis / interpretation of these findings (where applicable), often based on the observations of the Consultation Lead.

### Context

Thirty young people, identified by their school as having more complex additional support needs, took part in the consultation. All the participants spent time within the Additional Support Needs Departments in their schools or were within a special education provision. The young people were aged between 13-18 years old, with most being 15 years old.

Out of the 30 young people who took part in the consultation, 16 said they were currently receiving sexual health and relationship education, 7 said they were not and 7 did not answer the question.

Some of the young people gave reasons why they felt it was important that they received sexual health and relationship education:

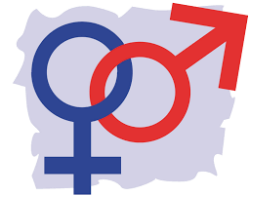
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**“It’s good to know even if you don’t like it – it’s better to know than nothing.”**

**“I think it’s important to learn about all these things because .... sometimes girls are more weaker than boys so boys will make girls do it [have sex].**

**For example if the boy and girl were going out and the boy was more pushy and girls are more likely to go ‘ok I’ll do it’.”**

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## Findings from Observations of Sessions

As many of the young people had more complex social, communication and/or developmental difficulties, the Consultation Lead's recorded observations form a key part of the Findings. This section specifically reports on these observations.

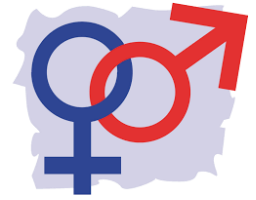
Many of the young people who took part in the consultation were on the autistic spectrum and did appear to have difficulties with expressing themselves and communicating. In particular, they often found it difficult to give reasons for their answers to activity questions. A few of the young people appeared to repeat back as an answer the last question asked them (i.e. echolalia\*). In two of the schools there were young people who were selectively mute but due to the use of visual Talking Mats/Boardmaker symbols they were still able to participate.

A group of boys from one of the schools appeared to struggle to communicate or express any personal views about their school sexual health and relationship education. This observation was reinforced by comments made by the Principal Teacher of Guidance who said it was very difficult to ascertain how much the young people were able to understand or comprehend the topics covered. One of the young people was more able to express his views and did contribute ideas and suggestions. The other boys seemed happy to be there but disengaged in various ways.

In another school both young people in the focus group engaged fully in the session. One young person was more articulate in being able to express herself but both contributed well and enthusiastically. However, one of the young people was very embarrassed at times with certain subjects, such as the visual symbols for pornography and putting on a condom, and reacted negatively to certain topics such as LGBT+ issues.

In the school transition group the young people were happy to engage in the consultation and at first appeared comfortable and relaxed. However, when the first brainstorming exercise asked which topics were covered in school sexual health and relationship education, only one person in the group was able to give an answer. Even with significant prompting the group were not able to, or did not, engage in the exercise.

\* **Echolalia** is a form of verbal imitation, is one of the most common characteristics of communication in people with autism spectrum disorder (ASD).



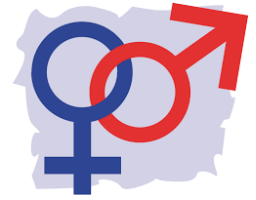
In the consultation with pupils from a special education provision, the young people appeared to be uncomfortable with the subject area but were still very keen to take part. This was expressed more in giggles and embarrassment rather than a reluctance to speak or participate. The girls, in particular, were very giggly when the word 'sex' was said and it was a word they did not initially want to say. As the sessions went on they became more comfortable with both talking about the subject and with using words such as 'sex.' The group appeared to have very limited knowledge and understanding about any aspect of sexual health other than hygiene and having some awareness of 'where babies come from'.

The staff from the special educational provision admitted that sex and relationship education was not a priority for them; they all felt it was important and realised that the young people needed to know about sexual health issues but were honest in the fact that other issues or work often took priority. This was partly due to the fact that they themselves were not overly comfortable or confident discussing sexual health and relationship issues and were not always sure how to approach certain issues and topics. The school asked for copies of the Boardmaker symbols used in the consultation to support future school delivery of sexual health and relationship education.

When young people from a local college were approached to take part in the consultation, they were initially very keen to participate. However, on the day of the consultation no one wished to take part. Eventually they relaxed and the Consultation Lead was able to ask them why they felt they did not wish to take part. The reasons they gave were:

- It was an embarrassing subject
- They felt uncomfortable
- They were worried they didn't know how to explain or communicate their views
- They didn't want to speak in public (but would 1-to-1)
- They were worried that others would know more than they did about the subject





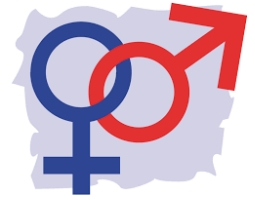
The Consultation Lead started chatting informally to them asking them why they felt it was an embarrassing subject and they said it was because they did not often speak about sex. They were then asked if they had sexual health and relationship education in school and the group then started chatting easily and agreed to continue the consultation using a Dictaphone.

### Analysis / Interpretation

Many of the young people appeared to struggle to engage fully in the consultation. This may have been for several reasons, such as:

- They were not comfortable speaking about the subject area even though all the young people had consented to taking part voluntarily.
- Their social and communication difficulties made it harder for them to engage and express their view.
- Overall, the young people seemed to have only a basic ability to speak about sexual health and relationship issues. This may be due to the limited knowledge or language within this area.
- Many of the young people found the subject itself either very embarrassing or unpleasant; some young people said the topics were 'disgusting' or 'rude'.
- Despite this apparent lack of awareness or language once a positive environment was created during the session many of the young people become more comfortable with the subject matter and were able to engage and appeared to have fun.

Others, however, were not able to engage fully. The reasons for this were not explored by the Consultation Lead as it was outside the scope of the consultation but may have been due to the young people's continued discomfort with the subject area.



## Findings from Consultation Focus Groups

### Activity 1:

#### Brainstorming Subjects Covered in School Sexual Health and Relationship Education

The first activity was a group brainstorming exercise to find out from the young people which subject areas/topics they had covered in their sexual health and relationship education. The young people were asked to respond to the question: *"What subjects have you covered in school sex and relationship education?"*

### Findings:

Below are some quotes from the young people in response to this activity:

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"intimacy of getting to know someone"

"body changes/puberty"

"man and lady with their private parts"

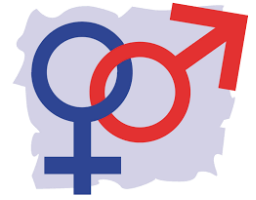
"penis up the vagina"

"boobs"

"puberty and growing up"

"relationships"

"you can get diseases"



“a baby grows from a small egg in the mum's tummy”

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Some of the young people said they could not remember anything from sexual health and relationship education lessons, had missed class or not paid any attention in class:

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“I kind of zone out”

“Nothing comes to mind”

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Some young people found it too uncomfortable a subject, one which was not often spoken about:

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“It's not really spoken about”

“I know but I don't want to say as it's a bit embarrassing”

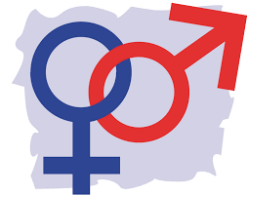
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### Analysis / Interpretation

Most groups did not find this an easy exercise and appeared to struggle to suggest topics that they had covered in school sexual health and relationship education. This may have been simply due to it being the first question and they were not settled in to the focus group or it may have been that they had limited knowledge of the subject area.

Some of the young people appeared to disengage from sexual health and relationship education lessons, either due to embarrassment or lack of interest.

Most of the young people showed a very basic level of knowledge overall. Whilst some young people could talk about condoms, contraception, sexually



transmitted infections (STIs), as can be seen from the comments above many of the comments were around how babies are made.

### Activity 2:

#### What Young People Learn/Don't Learn about in School Sexual Health and Relationship Education

In this activity, the young people were given 15 Boardmaker symbols covering a range of sexual health and relationship topics.

The young people were asked to place each image under one of two headings:

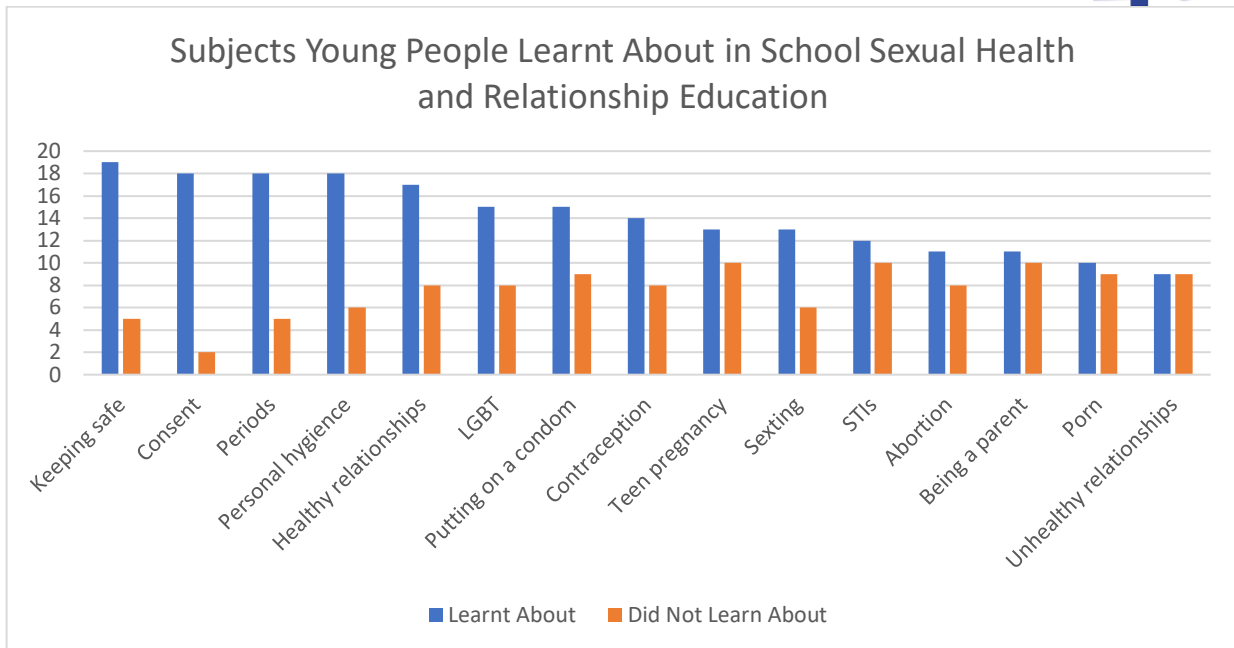
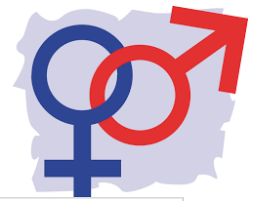
*I learn about ..... [in school sexual health and relationship education]*

*I don't learn about .... [in school sexual health and relationship education]*

If they were unsure or did not know they could put the Boardmaker symbol to the side.

Many of the young people did not know what all the words/pictures were and the Consultation Lead had to explain some of the Boardmaker symbols e.g. porn, sexting, STIs, abortion, teenage pregnancy.

### Findings:



A chart showing what young people said they did or did not learn about in school sexual health and relationship education

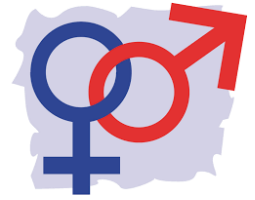
As can be seen from the table, the top 4 most frequently covered subjects the young people said they learnt about in school were:

1. Keeping safe
2. Consent
3. Periods
4. Healthy relationships

The least discussed subjects were:

1. Abortion
2. Being a parent
3. Porn
4. Unhealthy relationships

The main subjects that a minority of young people were either unsure or did not know if they had learnt at school were: sexting; porn; abortion; unhealthy relationships; consent and Sexually Transmitted Infections (STIs).



## Analysis / Interpretation

This information would suggest that schools are focussing on certain subjects within sexual health and relationship education but failing to cover other topic areas.

However, it should be noted that, currently, neither porn nor abortion are mandatory subject areas within the SHARE programme, so this could account for them being identified by the young people as lesser covered topics.

### Activity 3:

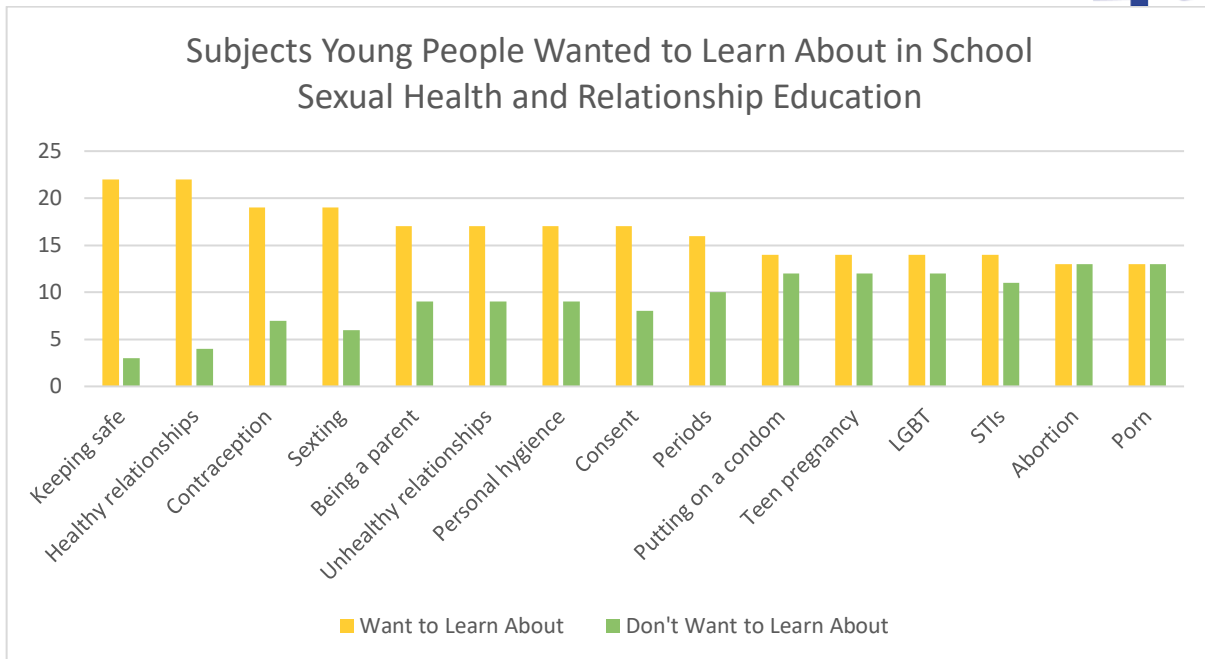
#### What Young People Want to Learn/Don't Want to Learn about in School Sexual Health and Relationship Education

The young people used the same 15 Boardmaker symbols but placed them under 2 slightly different headings:

*I want to learn about .... [in school sexual health and relationship education]*

*I don't want to learn about .... [in school sexual health and relationship education]*

### Findings:



A chart showing what young people said they wanted and did not want to learn about in school sexual health and relationship

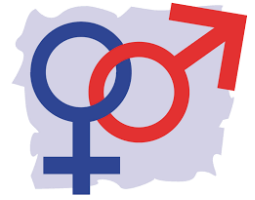
As can be seen from the table, the top 4 subjects that the young people said they wanted to learn about in school were:

1. Keeping safe
2. Healthy relationships
3. Contraception
4. Sexting

The main subjects the young people said they least wanted to learn about in school were:

1. LGBT+ issues
2. Sexually Transmitted Infections (STIs)
3. Abortion
4. Porn

Many of the young people had several topics (some a lot) that they did not want to talk about. Below are some case study examples:



In the special education provision, 3 out of the 6 did not want to learn about most of the topics. They were happy to learn about e.g. keeping safe, healthy relationships, personal hygiene but did not wish to talk about the other topics because:

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“I don’t want to learn.”

“It’s rude and horrible – I don’t want to do the sex stuff.”

“I don’t know what the pictures [visuals of topics] are”

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One young person wanted to learn most things but didn’t want to learn about personal hygiene, putting on a condom, pregnancy and abortion as he felt he had been taught enough about these topics already. Regarding teenage pregnancy, he said:

One of the young people was not able to explain why she didn’t want to learn these topics but the other said it was because:

“I don’t want to learn about teen pregnancy because I don’t think it’s got anything to do with me – I don’t need to know about it because it’s not

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going to happen to me [because he’s a boy].”

“They [the topics] were disgusting, because I hate them – I don’t like it,

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it makes me feel sad.”

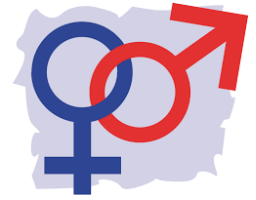
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## Analysis / Interpretation

The reasons given by the young people as to why they did not wish to learn about all the sexual health and relationship subjects (as depicted on the Boardmaker symbols) was because:

- They had already been taught about the subject at school.
- They did not feel it was relevant to them e.g. due to their gender.





- Of a negative reaction to the subject matter, for instance referring to sexual health and relationship education topics as 'disgusting', or 'rude' and clearly not being comfortable or at ease with the subjects being covered.

Unfortunately, the young people were not able to articulate why they did not wish to learn about LGBT+ issues, Sexually Transmitted Infections (STIs), abortion and porn. This may be due to an unease about these subject areas; in the case of LGBT+ issues some young people expressed negative and potentially homophobic views.

However, despite these minority views, most of the young people did express a wish to learn about the full range of sexual health and relationship topics.

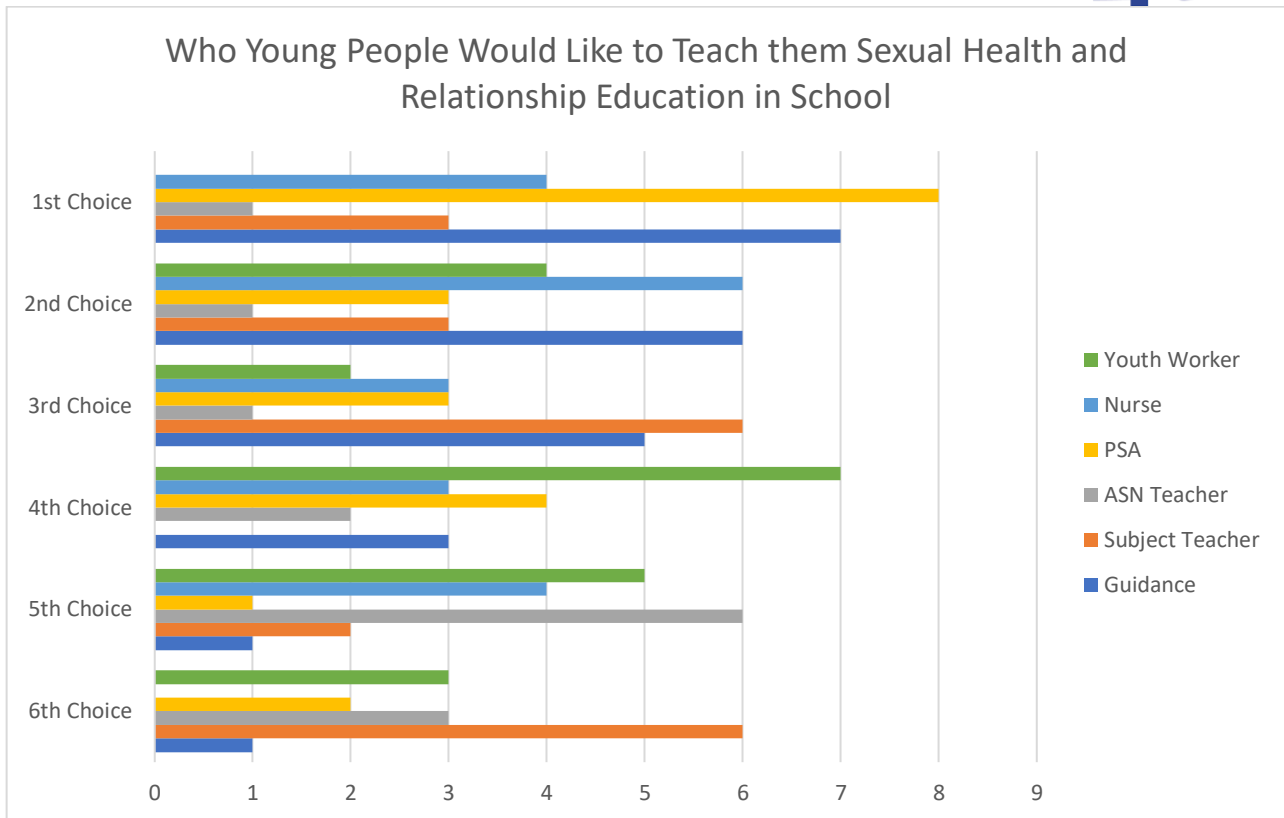
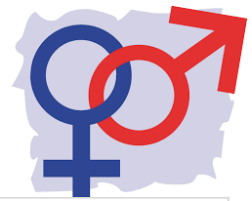
#### Activity 4:

#### Who Would Young People Like to Teach them about Sexual Health and Relationships in School?

The young people were given 6 Boardmaker symbols with possible adults in a school setting who could teach them about sexual health and relationships and to put them in order of preference who they would most like to deliver sexual health and relationship education to them down to who they would least like.

The adults they could choose from were: guidance; subject teacher; Pupil Support Assistant (PSA); teacher in the Additional Support Needs (ASN) Department; a nurse, or a youth worker.

#### Findings:



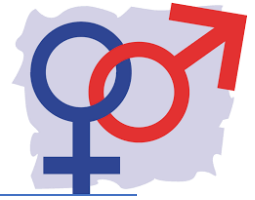
A chart showing who young people said they would like to teach them about sexual health and relationships in school

Pupil Support Assistants (PSAs) were the most frequently mentioned first choice, with guidance teachers second and nurses third.

The reasons given by the young people for their wish for a PSA to deliver sexual health and relationship education in school were:

- They had a good relationship with the young people.
- They knew about, and understood, the young people’s additional support needs.
- Young people felt they could trust them more than guidance teachers.

The main issues were around trust and the quality of the relationship between the PSA and the young person; the young people felt that a PSA knew them better, had a more positive relationship with them than teachers and understood how to respond to and support their needs:



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“PSAs take it [sexual health and relationships] seriously and we will understand them as young people and we won’t be confused...”

“It would be easier for us to understand.”

“They know us and know about special needs.”

“You could trust them more”.

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Guidance were the second most frequently rated first choice for the delivery of sexual health and relationships; it is unknown if this is because they are the main delivers in Highland and therefore were chosen by the young people due to this or if they were a genuine second choice.

Nurses were a popular choice for many of the young people who felt that a nurse would have the specific medical knowledge and expertise around sexual health and would be able to explain well to the young people:

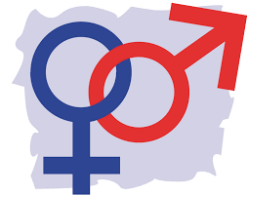
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“Nurses will have more experience ... You can get more in-depth information as well as a professional opinion.”

“Because a nurse is medical and I would be comfortable as they would know what I am meaning. Someone who knows about it.”

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Nurses and guidance teachers were joint most frequently chosen second choice, with youth workers third (this is interesting given the fact that many of the young people did not appear to know what a youth worker was).



The least wished for adults to teach sexual health and relationship education were ASN teachers and subject teachers.

### Analysis / Interpretation

In Highland, the current policy is for Guidance Teachers to deliver sexual health and relationship education within schools, and yet PSAs came out as the top choice for the young people.

Whilst many of the young people could express clearly why their first choice was a PSA, the young people who chose Guidance as first choice were not able to provide similarly strong positive reasons; it is possible Guidance were chosen because they are the current main deliverers of sexual health and relationship education.

This is illustrated in one school when the Guidance Teacher came in at end of session and saw that the young people had chosen Guidance as their number one choice. She felt this was probably more because this is what happens in the school and the young people did not have the cognitive ability to select a different person; it was more about what they currently experience rather than what they may want.

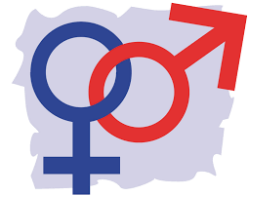
Indeed, in one school two young people put guidance near the top of their choices and said this was *"because they already teach it."*

### Activity 5:

#### A Short Survey Asking Young People How and Where They Want to Learn about Sexual Health and Relationships in School

The young people were given a short survey asking them where and how they wanted to learn about sexual health and relationships in school. The survey sample was small (24 responses) as not all young people engaged with answering the questions.

The majority of young people (19) said they received their sexual health and relationship education in mainstream classes, via the Personal Social Education (PSE) curriculum. Only 1 young person said they received it within the ASN



Department and 4 said they had a mix of mainstream and ASN Department. For the 6 young people in the special education school this question was not applicable to them.

### Findings:

Most young people said they wished to learn in mixed gender classes as is the current method for the delivery of SHARE in Highland secondary schools, with only some young people preferring single-sex classes.

The majority of young people wanted to be taught within the school ASN Department and some wanted to learn about sexual health and relationships in small groups or 1 to 1.

The reasons given were:

- It would be easier to learn in an ASN Department as the young people were aware they have specific support needs and may require, for instance, extra time to process questions and information.
- The young people were uncomfortable or embarrassed speaking about sexual health and relationships in large classes and would prefer the smaller class sizes within ASN Departments.
- Other young people in mainstream classes do not always take the subject seriously.

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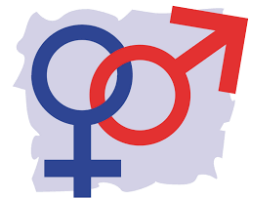
“I didn’t talk much [in the classes]. It’s hard when the teacher asked you questions – sometimes I take a couple of minutes to answer.”

“It’s embarrassing to talk in the class – I feel like walking out the door...”

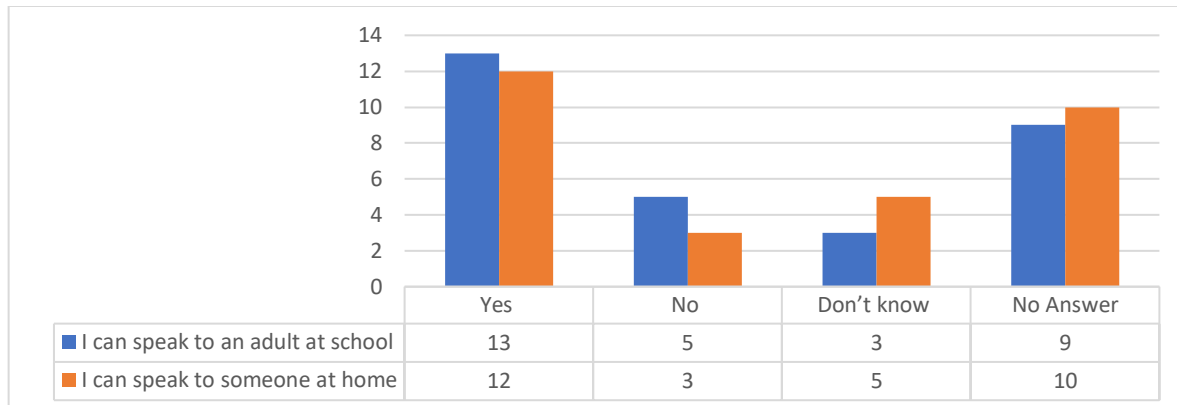
“Smaller groups of young people who know each other.”

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In the survey the young people were also asked if they had someone to speak to at school and at home about sexual health and relationship issues. Of those



who responded 13 said they did feel able to speak to an adult at school about sexual health issues and 12 said they could speak to an adult at home.



A chart showing if young people can talk with an adult at home or school about sexual health and relationships issues

### Analysis / Interpretation

Almost all the young people received their sexual health and relationship education within mainstream PSE classes, despite having additional support needs and often finding it difficult to manage in mainstream classes when discussing sensitive and potentially embarrassing subject issues. Many of the young people expressed the wish to continue to learn in mixed gender classes but in smaller groups (or even 1-to-1) and within the ASN Department. This would perhaps ensure higher participation and engagement within the lessons and an improved awareness and understanding of the subject area.

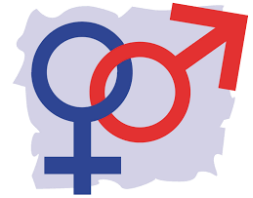
Most of the young people did feel they could speak to an adult at school or at home about sexual health and relationship issues.

#### Activity 6:

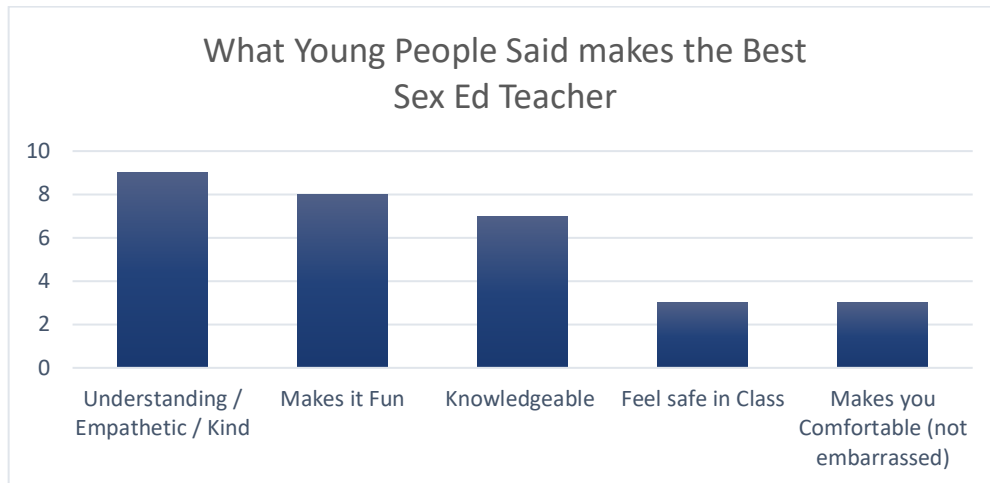
#### The Best Sex Ed Teacher in the World!

The young people were asked to list the qualities, skills and knowledge they would like from someone teaching them about sexual health and relationships i.e. to create the 'Best Sex Ed teacher in the World'. No qualitative data was collected for this activity.

This question was only asked if there was enough time remaining or if the young people appeared engaged enough; some of the groups did not complete this activity so the findings below are based on responses from young people in 4 out of the 7 focus groups.



## Findings:



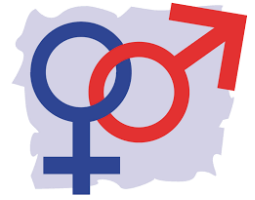
A chart showing what young people identified as the qualities and skills needed for an adult teaching sexual health and relationship education

## Analysis / Interpretation

The young people's chosen qualities for a 'Sex Ed Teacher' were kindness, understanding and empathy; all skills which are required for developing positive relationships, understanding verbal and nonverbal cues, and learning to understand, and appreciate the differences in others (and any potential support needs).

This is perhaps of particular importance when teaching a subject that young people are often very uncomfortable with and many young people find embarrassing or even distressing.

The young people raised the importance of sexual health and relationship education being 'fun'. This links to an observation made by the Consultation Lead that at the start of the consultation many of the young people were quite anxious. However, most of them soon relaxed when they realised the activities were fun, facilitated in an open, non-judgemental way and were enjoyable to participate in.

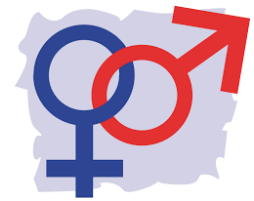


This experience could be replicated within sexual health and relationship education classes providing the teacher is comfortable with the subject matter and is able to promote positive sexual health messages that help young people to enjoy their sexuality in a way that is safe, consensual, and healthy (rather than 'sex negative' messages where young people can feel judged and stigmatised).

The young people understandably wanted someone who had the relevant and necessary knowledge of sexual health and relationship issues and had the skills and confidence to communicate with them.

The need to feel safe and comfortable (and not embarrassed or awkward) is vital within any learning environment, and particularly so when adults are speaking with young people about a wide range of sexual health issues.





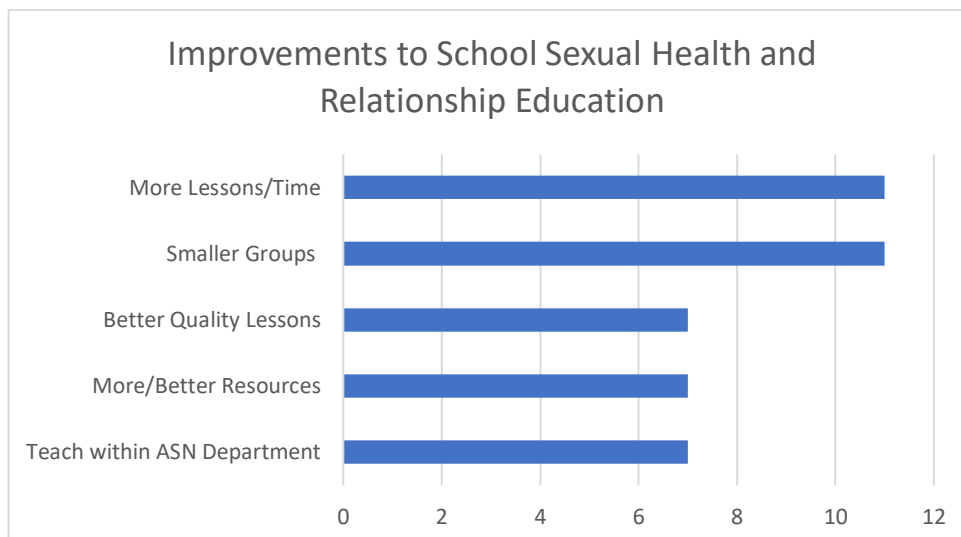
## Activity 7:

### Improvements – What Would Make School Sexual Health and Relationship Education Better?

The young people were asked to suggest improvements that would make school sexual health and relationship education better. Only a minority of young people could explain what they would like to see improved or done differently.

## Findings:

The top five improvements suggested are presented in the table below:



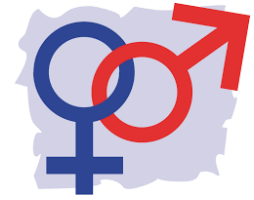
A chart showing the improvements suggested by young people for school-based sexual health and relationship education

- More Lessons/Time

The young people felt that sexual health and relationship education was often rushed, that there were many topics to cover and there was not enough time dedicated within Personal Social Education (PSE) lessons. Some young people said they thought that lessons should continue throughout the school years, right up until S6.

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**“It’s important to keep having sex education in school because you might not know anything about it.”**



“It’s probably best to do it longer so you won’t forget.”

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○ Smaller Groups

An important improvement for some young people was for sexual health and relationship education to be delivered in smaller groups, rather than in the large Personal Social Education (PSE) classes.

For these young people with additional support needs large classes made it difficult for them to listen to what is being taught and they lacked the confidence to speak during the lesson:

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“I think I would listen quite a bit if classes were smaller – I don’t really listen as the classes are so big.”

“I would speak more in smaller classes.”

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○ Better Quality Lessons

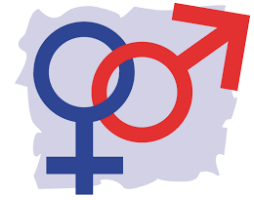
The main improvements the young people identified in terms of the quality of the lessons were:

- Less repetition of topics and more useful/relevant information.
- Better explanations about the issues and topics covered.
- More detailed information.
- Consistency in messages/information given by teachers (which are often different from the messages given in e.g. specialist videos)

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“They say they give you sex ed but they just give you the stuff you know already from primary school - you don’t get to know the important details such as condom sizes. It’s like schools are scared to tell us the right stuff.”

“They need to explain it a bit better. They needed to make it easier as I don’t understand it.”



“It’s maybe the way they teach it as every teacher at our school teaches something in a different way.”

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- More/Better Resources

The young people wanted to watch more, and better quality, DVDs. They felt that it is easier to watch a short film with clear messages and information. They felt this was better than only the teacher talking. Some young people felt that the ideal situation was to watch a film and then the teacher helps facilitate a discussion afterwards.

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“We watched a clip – I won’t say about what – and the teacher stopped it and said something completely different from what the video said.”

“We watch films but don’t then talk about it – teachers should know more. I want a teacher to tell me about it and not just watch a film about it.”

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- Teach within ASN Department

Some young people said they would like to have had the option of sexual health and relationship education within the ASN Department. The main issue was that the young people were not asked where they would like their sexual health and relationship education to take place:

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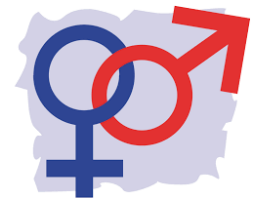
“If they asked us we would say yes [to sexual health and relationship education delivered within the ASN Department]

“I didn’t have the option about if I had it in mainstream or the Base.”

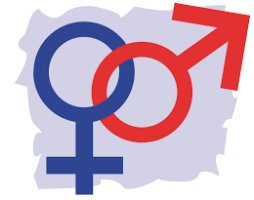
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- Other Improvements

Other improvements suggested by a minority of young people included: teachers respecting confidentiality; single-sex classes; more discussion about issues and a greater focus on relationships.



For two young people the school removed PSA support for PSE lessons. Consequently, the young people felt they missed out on understanding and learning key messages around sexual health and relationships as they did not have any classroom support. They felt it was important that their wishes and views were considered in these types of decisions.



## Conclusion

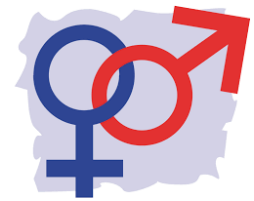
Most of the young people who took part in the consultation had only a basic and limited knowledge of sexual health and relationship issues. They reported that the sexual health and relationship education they received in school was often not delivered in a way that met their social, communication and developmental support needs.

Whilst many teenagers are uncomfortable speaking with adults about sensitive issues such as sexual health and relationships, the young people who took part in the consultation often had negative views of sex and sexual health issues.

The findings of the consultation suggest that young people with additional support needs are not receiving a high quality sexual health and relationship education. This is of concern as the Scottish Government recognises that certain groups of young people are at risk of poorer sexual health outcomes than the general public\*; included in this at-risk group are young people with disabilities, including learning disabilities.

Positive sexual health and relationship education is critical in providing young people with the knowledge and information they require to achieving successful, safe and fulfilling relationships and sexual experiences, as well as promoting wider positive health and well-being messages. Young people with additional support needs deserve the same quality and breadth of sexual health and relationship education as other young people but delivered in a way that meets their social, communication and developmental needs.

\*Educational Resource, Sexual Health and Relationship Education (SHARE Appendices)



## Recommendations

### Information

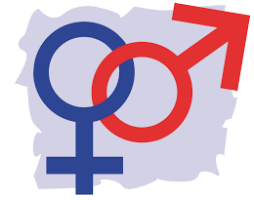
- There should be a greater focus on contraception and sexting within sexual health and relationship education.

### Support

- Schools should explore the use of Pupil Support Assistants (PSAs) to deliver sexual health and relationship education to young people with additional support needs.
- Guidance staff should adopt a person-centred approach in their delivery of sexual health and relationship education in order to build up a trusting relationship with young people with additional support needs and ensure their support needs are met.
- Young people with additional support needs should be offered the opportunity to learn about sexual health and relationship education within ASN provision.
- Young people with additional support needs should be offered the opportunity to learn about sexual health and relationship education in small groups or 1-to-1.
- Young people should be provided with the support they require to enable them to participate fully and effectively in sexual health and relationship education.

### Equality and Diversity

- LGBT+ awareness/equality and diversity should be built into sexual health and relationship education to ensure all young people have inclusive and non-discriminatory views.

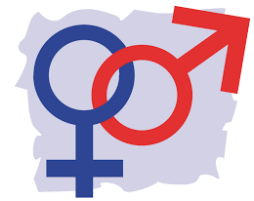


## **Quality of Delivery**

- The quality of the sexual health and relationship education delivered to young people with additional support needs should be improved to provide these young people with the information and knowledge they require to make safe, positive and informed decisions.
- Increased teaching time should be dedicated to sexual health and relationship education.
- Sexual health and relationship education for young people with additional support needs should be delivered in a way that meets their social, communication and developmental needs.
- Sexual health and relationship education should be relevant, up-to-date and provide young people with the information they need to make safe, positive and informed decisions.
- The resources used within sexual health and relationship education should be up-to-date and relevant to young people and their lives.

## **Staff Skills**

- Staff delivering sexual health and relationship education should be comfortable and confident with the subject area, and able to promote positive sexual health and relationship messages in a relaxed and meaningful manner matched to the learning needs of the young people.
- Staff delivering sexual health and relationship education should have relevant and up-to-date knowledge of the subject area.



## References

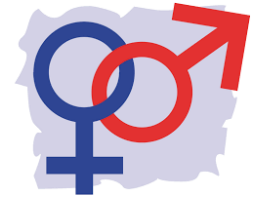
SHARE Education Resource: <http://www.healthscotland.com/documents/4946.aspx>

Education Scotland: <https://education.gov.scot/improvement/learning-resources/Relationships,%20Sexual%20Health>

Talking Mats: <https://www.talkingmats.com/>

Boardmaker Symbols: <https://www.boardmakeronline.com/>





## Appendix

Below are the key findings from a focus group with two teachers from a special education provision.

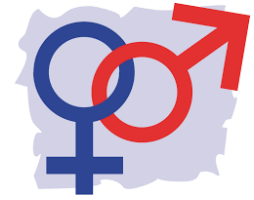
### Context

The young people in the school have a range of complex needs and high support needs.

Current sexual health and relationship education provision delivered within the school focuses on puberty and hygiene with 12-14 year olds. Wider aspects of sexual health and relationship education are not covered e.g. consent, sexually transmitted infections, pregnancy, contraception.

Staff faced a number of significant challenges in delivering sexual health and relationship education to the pupils:

- Many of the young people have complex needs; as such sexual health and relationship education focuses on simple aspects of hygiene and the developing body.
- Staff reported that it could take the young people a long time to understand even basic information about body changes and cleanliness, and messages needed to be repeated and reinforced.
- The young people have extremely varied levels of knowledge, processing and understanding. Thus, meeting the needs of individual pupils can be particularly challenging.
- Some parents withdraw consent for their young people to take part in lessons on sexual health and relationships as they do not feel it is relevant. Staff reported that this was a concern for them.
- Staff knew of the SHARE and Living and Growing programmes but were not aware of resources available to support sexual health and relationship education for young people with additional support needs. Staff have had to source their own materials through internet searches.

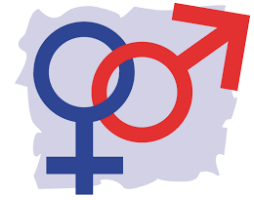


- Staff had not received training on delivering a sexual health and relationship education programme to young people with complex needs and expressed a lack of confidence in, and knowledge of, the subject area.
- The young people within the school learn by practical application and experiential learning; staff reported they faced a significant challenge in teaching sexual health and relationship education that meets this learning style.
- Many of the young people have little, if any, knowledge about sexual health and relationships when they transition from primary school; they are then suddenly faced with information they are not ready for and can find distressing.

### **What would have helped?**

Below are the suggestions for improvements:

- Involvement and support from specialist professionals e.g. input from a learning disability nurse into school sexual health and relationship education.
- Sign-posting and support from Highland Council and links to recommended resources on sexual health and relationship education for young people with complex needs.
- Training and guidance on how to deliver sexual health and relationship education to young people with complex needs in a way that is appropriate to their learning styles and needs.
- More time to develop and prepare materials and activities.
- More time to deliver the programme within the school curriculum.
- A tailored programme that could run throughout the school relevant to each pupil's age, stage and understanding.



- Understanding by Highland Council of the challenges of teaching sexual health and relationship education to young people with special education needs.
- Parents not able to withdraw their young people i.e. sexual health and relationship education is compulsory.

Both staff members were clearly very committed to the school having a relevant and coherent sexual health and relationship education programme.

Staff spoke about the consequences of their pupils not receiving an accessible and comprehensive sexual health and relationship education, including the risk of unwanted pregnancies and abuse/harm.

They felt this was a human rights issue i.e. these young people have a fundamental human right to know about sexual health and relationships to enable them to make safe and informed choices about their sexual lives in the future.

Special attention needs to be given in Highland to meeting the needs of young people with complex needs.