



Relationships, Sexual Health and Parenthood

Healthy Relationships

support pack



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Please bear in mind the following points as you work through these materials. Their purpose is not to worry staff over Relationship, Sexual Health and Parenthood (RSHP) content but rather to ensure that we support all young people in our care, including those most vulnerable.

- ensuring that all aspects of Gender-Based Violence are acknowledged
- ensuring that those delivering the programme are aware of the possibility of young people living with current/previous domestic abuse between mother and father/step-dad; direct abuse to themselves; and child sexual abuse
- ensuring that gender stereotypes are challenged and seen as underpinning the above abuse
- ensuring that young people are repeatedly made aware of where, when and how to speak to someone confidentially about abuse
- remaining mindful that some children may not be able/want to discuss their home life, and not all live with their biological families
- frequently reinforcing the need for safety, in its widest sense, emphasising that every young person has the right to feel safe and if something makes them feel uncomfortable, it's okay to tell someone they trust (then follow with where, when and how to do this)

Session 1: I am important – so are you!

Skills <ul style="list-style-type: none">• show respect and tolerance towards others• identify own values• communicate with others
Outcomes <ul style="list-style-type: none">• to establish group agreement• to introduce values base of the programme• to develop an understanding of a young person's rights and responsibilities
Materials <p>Flipchart and paper Activity sheet A</p>

Diary: Record date and skill focus/purpose of session. Boxes above can be used.

Introduction

Explain that this is the first lesson of several on the subject of relationships and that in this session students will begin to identify values which are important to themselves and others. Ask the class to define 'a value' – brainstorm and list suggestions on board e.g. important, worthwhile, valuable. Ask pupils to say what is important/valuable to them (discourage discussion of material things) – try to help pupils think about values within relationships e.g. respect, responsibility, tolerance, commitment. Explain the importance of values i.e. that they drive behaviour and affect much of what we do.

Activity 1: Group Agreement

Explain that you are going to create a group agreement for behaviour that will help everyone to feel they can talk openly and comfortably. Link this to previous discussion on values. Ask everyone to think of 2 things that would help them feel able to talk openly. After a few minutes ask them to turn to their neighbour and discuss their thoughts. Now ask for feedback – perhaps one thing from each pair. Write up suggestions on flipchart – try to encourage positive rules i.e. do's rather than don'ts.

Some key ground rules could be:

- one person speaks at a time and others listen
- respect other opinions
- be supportive
- laugh **with** others, not **at** them
- what is said in the room, stays in the room

Note: It is important to raise the issue of confidentiality even if the group does not mention it.

Inform students that privacy will be respected, nobody will be pressured to answer questions nor to share anything they don't wish to. Ensure pupils are aware that, although generally you will be bound by this agreement, there may be some matters which you will be obliged to report under the Child Protection Guidelines. Use the agreement as a way of helping students to listen and respect others.

Have a copy of the agreement for display and as a handout for next session.

Activity 2: Rights and Responsibilities in Relationships

Distribute Activity Sheet A. Ensure students know that they have the right to make their own choices but that they need to be aware that others have rights too.

Ask students to complete sheet by listing four rights that they have in a relationship or friendship.

e.g. to be treated with respect
to express their feelings
to feel safe
to be listened to

Introduce the idea that all rights come with responsibilities – link with group agreement

e.g. I have the right to express my opinion
I have the responsibility to listen to others

Home/Family Work

Ask students to discuss sheet with parents and complete the responsibility column for each right. Ask them to think how these rights and responsibilities could work in practice.

N.B. Students should keep sheet safe as it will be needed in S2. It may be helpful to photocopy a set of sheets and pass to S2 teacher.

Processing

End the session by asking students to share what they feel they have learned or what they have enjoyed.

Evaluation

Complete diary with short comment on today's session e.g. what they have learned, how they feel.

Session 1: Activity Sheet A

My Rights and Responsibilities in a Relationship

My Bill of Rights	
Rights	Responsibilities
I have the right to	I have the responsibility to
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____

We will return to these rights and responsibilities and add to them throughout the programme.

Session 2: Friendships – Old and New

Skills

- to develop confidence when communicating and interacting with others
- assertiveness
- respect and tolerance
- maintaining friendships

Outcomes

- to understand that friendships and relationships may change over time
- to identify the important features of friendships

Materials

Flipchart and paper
Activity Sheet A – Friendship cards (prepared in advance)
Activity Sheet B – Scenario Activity Sheets

Diary and review of home exercise on Rights and Responsibilities, ensure all students have 4 rights and 4 responsibilities on activity sheet. Reminder of group agreement – issue copy to each pupil.

Introduction

Explain that in the next series of sessions, students will be looking at how their relationships have changed. In P7, pupils will have discussed their different relationships. Ask them to think back to these lessons. Put the following three headings on the boards.

Family

Friends

Professionals e.g. doctor, teacher

Ask students to turn to their neighbour and talk about their relationships under each of these headings. Ask them to think how these relationships have changed and ask them to share ideas. Give them hints for discussion

e.g. numbers in their family
who they are closest to
who they don't get on so well with and why

Activity 1: What is a friend?

Brainstorm – list on board/flipchart

Use game or energiser to split class into small groups and issue each group with a set of cards – Activity Sheet A. One person takes a card, reads out and finishes the sentence – others can add what they would say. When everyone has had a turn, spend a few minutes discussing how they felt doing this exercise. Option: one card issued to each group and 3 or 4 answers to be provided.

Activity 2

Still in small groups issue scenario sheets – Activity Sheet B and appoint a scribe in each group. Ask groups to discuss the situations and write down how they would respond to the situation thinking of how they would feel and what they would do.

Processing

Feedback from group exercise:

- Discuss the feelings and actions suggested

- Was there group agreement, if not why not?
- What would make it difficult to say how you feel?

Evaluation

Diary - comment on session

Home/Family/Work

If time runs out sheets from Activity 2 can be given to complete at home.

Session 2: Activity Sheet A – Friendship Cards

Read out the sentence to the rest of the group and add your own ending. Other members in the group can add theirs too.

1 A good friend is someone who...	2 When a friend criticises me I...	3 I have been a good friend because I have...
4 If my friend stole something from the local shop, I would...	5 When a friend puts pressure on me to do something I know is wrong I would...	6 A best friend is special because...
7 No-one wants a friend who...	8 If my friend wanted me to lie for him/her I would...	9 When a friend lets me down I feel...
10 When I argue with a friend I feel...	11 Friends can be hurtful when they...	12 I need friends because...

Session 2: Activity Sheet B – Friends or Enemies

How would you respond to each of these situations?

You don't want to lose friends.

You arrange to meet your friend outside the cinema at 6.30pm to see a film starting at 7.00pm. By 7.00pm he/she has still not arrived so you go home. When you contact them, they tell you they weren't feeling well and changed their mind about going to the cinema.

How would this make you feel?

What would you say or do?

You invite your friend to go on holiday with you and your family. Everything is going well until one night a boy/girl who is staying at the same apartments asks you to go to a club with him/her. They insist on you going without your friend. Your friend makes it clear that if you do go without them, they won't do anything with you again and will complain to your parents. You really like this boy/girl and want to go to the club.

How would this make you feel?

What would you say or do?

Session 3: Changing Relationships

Skills <ul style="list-style-type: none">• interpersonal skills• develop confidence when communicating• empathy with others, to understand how others feel
Outcomes <ul style="list-style-type: none">• to learn how to cope with changing relationships• to become aware of the skills involved in making and keeping good friends• to be aware that some people have difficulty making friends
Materials <p>Flipchart paper Activity sheets A, B & C</p>

Diary and review 'What is a Friend?'

Introduction

Explain that we are going to look at how relationships can change and how we can cope with these changes.

Activity 1

Explain that many people may feel concerned about making new friends and find it difficult to cope with change. In pairs, pupils complete Activity Sheet A, writing down 4 things they could do to make friends. Then ask them to join up with another pair and complete the rest of the sheet. Bring class together and draw up a 'Friendship Code' on flipchart/boards e.g. be honest, be yourself.

Where to go for help? Ask pupils to write down on back of Activity Sheet all the different sources of help for someone having difficulty with friendships e.g. parents, teachers, buddies. Spend some time taking feedback.

Activity 2

Refer to 'Friendship Code' – can this apply to a 'relationship' e.g. with family member, boyfriend/girlfriend? Discuss. Issue Activity Sheet B. Ask pupils to complete individually. Take feedback – are there common qualities between boys and girls?

Activity 3

Issue Activity Sheet C. Individually pupils decide whether they agree strongly, agree or disagree with the statements. This activity can be completed at home. This exercise is aimed at allowing pupils to explore their opinions and attitudes rather than their actions.

Processing

What have you learned? Draw out similarities and differences between male and female responses. What/Who has shaped and influenced your opinions e.g. family, parents, media?

Evaluation

Diary – comment on session

Home/Family/Work

Complete Activity Sheet 3

Session 3: Activity Sheet A

List four things you can do to make friends

- 1.
- 2.
- 3.
- 4.

List four things you could do to keep friends

- 1.
- 2.
- 3.
- 4.



List four things you could do to lose friends

- 1.
- 2.
- 3.
- 4.

Session 3: Activity Sheet B – Wanted

Imagine you are placing an advert for your ideal partner.

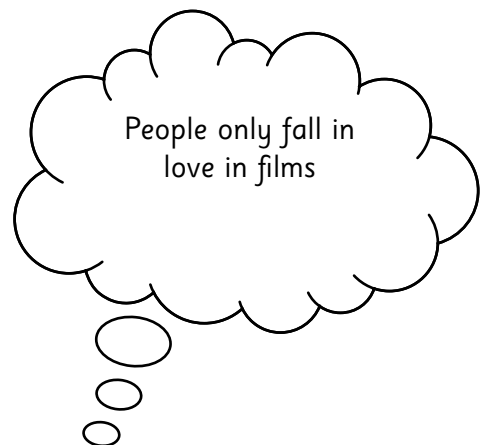
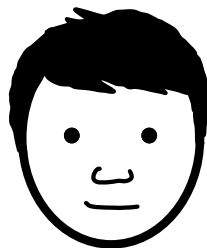
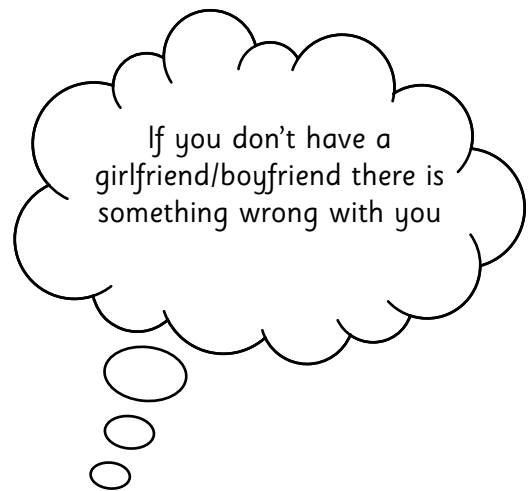
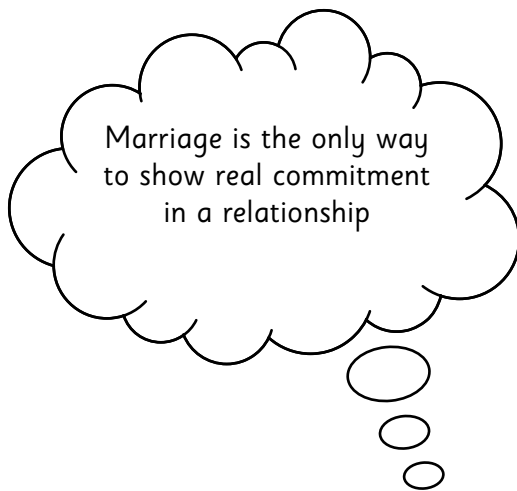
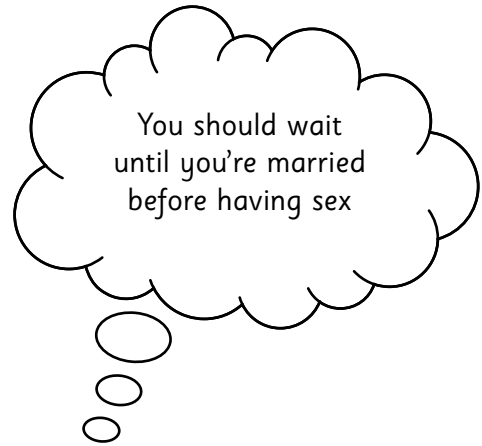
What qualities would he/she have?

<p>Wanted</p> 	<p>A Boyfriend</p> <p>Qualities</p>
<p>Wanted</p> 	<p>A Girlfriend</p> <p>Qualities</p>

Session 3: Activity Sheet C – My Thoughts

Decide whether you agree strongly, agree or disagree with each of the following statements.

Write your answer inside bubble.



Session 4: Spot the Difference

Skills

- demonstrate respect and tolerance
- communicating with others
- identify and clarify values

Outcomes

- to explore attitudes and behaviours of the opposite sex
- to develop an understanding of differences and how they can affect relationships
- to develop awareness of gender stereotyping

Materials

Activity sheets A & B

Diary and review – pick up on any gender issues and differences from previous section

Introduction

Explain that we are going to explore gender differences and stereotyping – you may need to discuss the meaning.

Activity 1

Issue Activity Sheet A and ask students to complete individually and then in same sex pairs. Ask them to compare answers. Discuss – are there any differences between what girls and boys thought?

Make a list of 'girl' words and 'boy' words. Where do these opinions come from? e.g. family, friends, media

Activity 2

Language – read out the following 5 statements and ask pupils to change them into a form which avoids stereotyping.

- 1 Who is the best man for the job?
- 2 Are you a man or a mouse?
- 3 Mankind will always be grateful
- 4 I need 4 strong boys to help me
- 5 Ask the average man in the street

Activity 3

Spot the difference?

In same sex groups issue Activity Sheet B and complete the physical differences. Take feedback from groups. Now complete the differences in attitude section. Discuss results – allow boys to comment on girls' answers and vice versa. List differences on board – raise issue of stereotyping.

If there is time, ask groups to complete Section 3 of sheet otherwise this could be completed at home.

Processing

Were boys and girls surprised at views of the opposite sex?

How do these views affect relationships?

Would attitudes and views be changed now that they have heard others viewpoints?

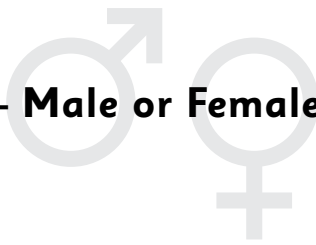
Evaluation

Diary – what have you learned, how do you feel?

Home/Family/Work

Complete Activity Sheet B and try to find an advert for a product which shows a stereotypical male or female and reinforces the gender issues we have been talking about.

Session 4: Activity Sheet A – Male or Female



Do the following words refer to a boy or girl?

Write your answer beside the word.

Quiet _____

Powerful _____

Secretary _____

Strong _____

Silly _____

Scientist _____

Brave _____

DIY Expert _____

Lorry Driver _____

Emotional _____

Sensitive _____

Engineer _____

Romantic _____

Brave _____

Joiner _____

Gardener _____

Rough _____

Doctor _____

Nurse _____

Gentle _____

Session 4: Activity Sheet B – Spot the Difference

Remember to challenge gender stereotypes

- 1 In your groups fill in two physical differences between males and females.

- 2 Now, think of two differences in attitudes between boys and girls i.e. the way they behave, what they say or do.



- 3 Things girls say to persuade boys to do something they do not want to do.

Things boys say to persuade girls.

Session 5: What is peer pressure?

Skills <ul style="list-style-type: none">• assertiveness• resolving conflict• negotiation• values clarification
Outcomes <ul style="list-style-type: none">• to be aware of the different sources of pressure• to recognise risky situations• to understand the basic right to safety and responsibility and not to harm others• to develop strategies and responses to pressures they face
Materials <p>Activity sheets A & B Flipchart Paper and Pens</p>

Diary and review of gender issues – display and discuss adverts e.g. what images do they show?/are they real?/what do they tell us?

Introduction

Explain that we are going to explore how we can be influenced by what we see around us and by what people say to us – this is peer pressure. Link this to the influence that the adverts have on our decisions.

Activity 1 – Pressure Points

Divide class into groups, give each a large sheet of paper with one of the following headings – school, home, television, magazines, internet, relationships. Ask each group to brainstorm and write down all the types of pressure young people face under each heading. Pass sheets round the groups so that all have had a chance to see and add to the sheets. Ensure a time limit is set for this exercise e.g. 5 minutes for each sheet. Display and ask for comments or additions.

Activity 2 – Coping with pressure

Issue students with Activity Sheet A and ask them to complete it individually. They should choose one of the posters from Activity 1 then choose one of the pressures under this heading. They write this on their sheet and then write down how they would cope with this pressure – what would they say? What would they do? How would they feel? Take some feedback from the class.

Activity 3

Issue Activity Sheet B

Ask pupils to complete individually – this could be done as drawings with speech bubbles to allow for varying literacy levels.

Example 1 could be completed in class and the other 2 at home with parental support.

Processing

Discuss activities

Have you learned ways of dealing with pressure and 'saying no'?

How do you feel?

Evaluation

Diary

Home/Family/Work

Complete Activity Sheet B with parental support.

Session 5: Activity Sheet A – ‘Saying No’

How can Mary, John and Hassan say no?

Ellie is with her older sister’s friends. One of the group is passing round tablets which she says will make everyone have more fun. Ellie is offered a tablet.

Ellie doesn’t want to take the tablet. What should she say?

Hassan is in the park after school with friends. They have found some cigarettes and are trying to persuade Hassan to try one. He has never smoked before.

Hassan doesn’t want to smoke. What should he say?

Jodie’s friends are teasing John, telling him that she fancies him and really wants to go out with him. They say there must be something wrong with him if he doesn’t agree to go out with her.

John doesn’t want to go out with Jodie. What should he say?

Session 5: Activity Sheet B – Coping with Pressure

Heading: _____

Pressure: _____

I would feel...

I would say...

I would...

Session 6: It's OK to feel good

(Adapted from 'Pathways to Sexual Health')

Skills <ul style="list-style-type: none">• develop confidence and self-esteem• to be positive about themselves• develop self-awareness
Outcomes <ul style="list-style-type: none">• to explore the concept of self-esteem• to develop an awareness of how self-esteem affects behaviour and is affected by others
Materials <p>Activity sheets 1</p>

Diary and review of previous session sheets.

Introduction

Explain that being able to say how you feel is difficult especially when under pressure by peers – you need to feel confident and self-esteem is important. Brainstorm – what is self-esteem? Write ideas on flipchart/board e.g. the way we feel about ourselves. Note – high self-esteem helps young people to develop the self-confidence to put decisions about sexual health into practice. Ask students to turn to their neighbour and give them a compliment. Discuss – how did they feel giving/receiving the compliment.

Activity 1

In pairs discuss and complete Activity Sheet A. Each situation shows someone with low self-esteem, change the speech bubble to show someone with high self-esteem. As a class, discuss how the person with low self-esteem may feel and how they might react. Discuss how someone with high self-esteem would feel and how they would react. Make a list of feelings and actions on the board or flipchart.

Processing

Draw out skills and values required by someone with high self-esteem e.g. confidence, positive attitude, respect etc. Discuss who would help someone with low self-esteem – where could they go? Who could they speak to? What may cause someone to have low self-esteem? How would a person's self-esteem affect their behaviour?

Evaluation

Diary

Home/Family/Work

Ask pupils to deliberately boost someone's self-esteem and tell us about it next week.

Session 6: Activity Sheet A – It's OK to feel good

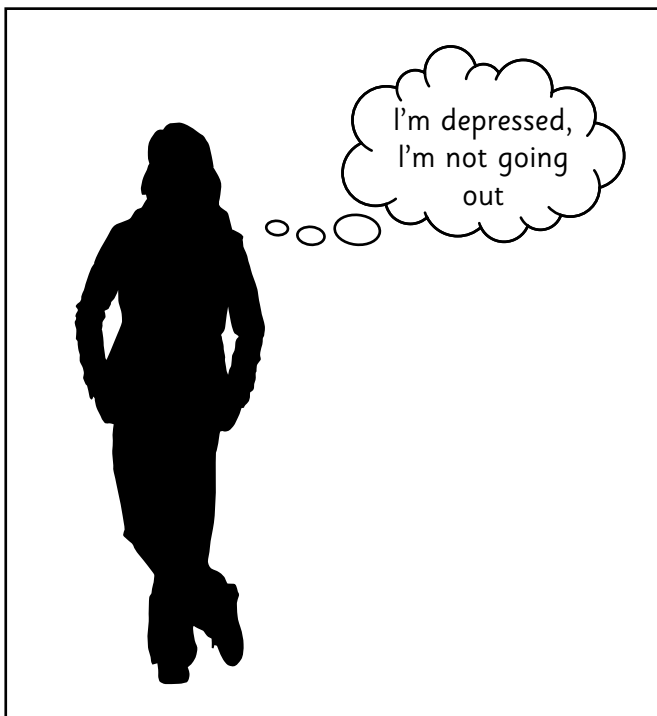
Being single



Being single



Putting on weight

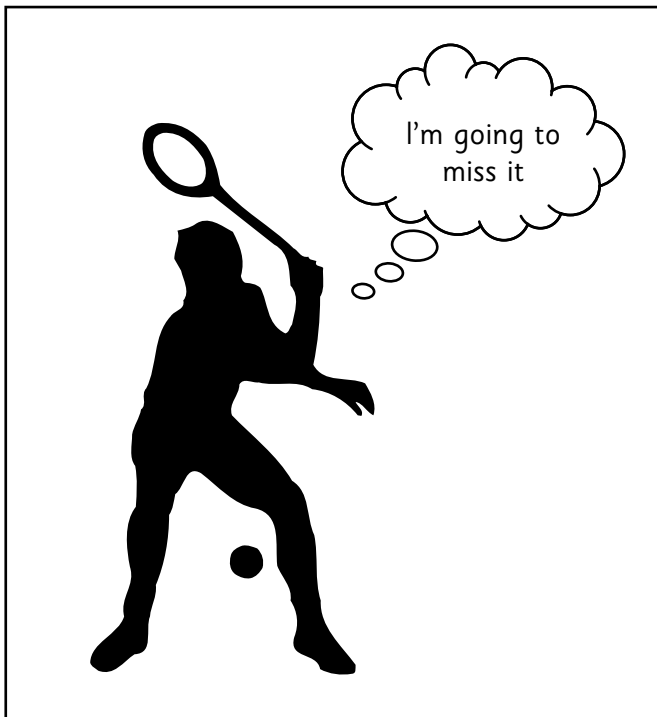


Putting on weight

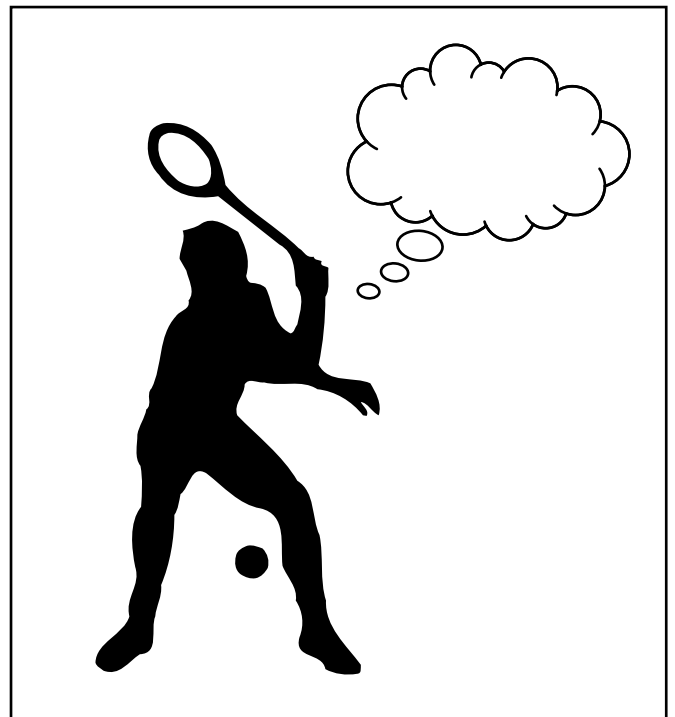


Session 6: Activity Sheet A – It's OK to feel good

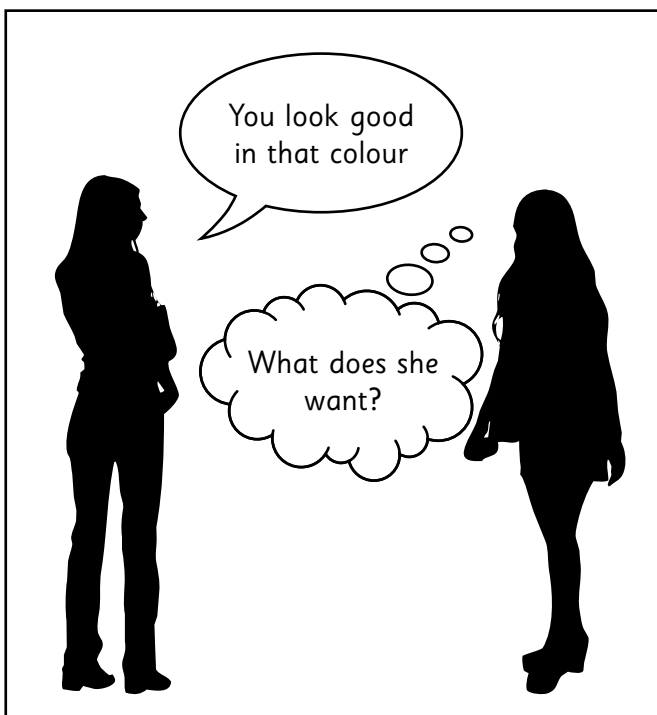
Playing sport



Playing sport



Getting a compliment

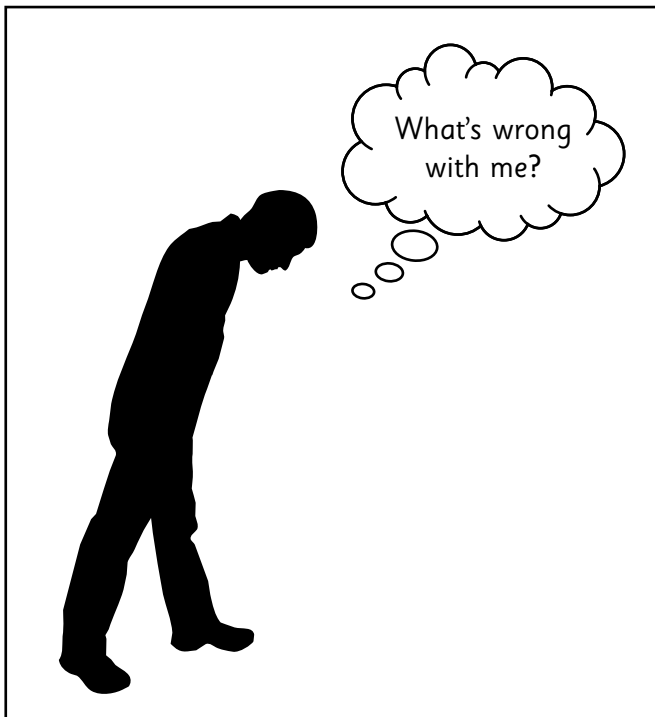


Getting a compliment

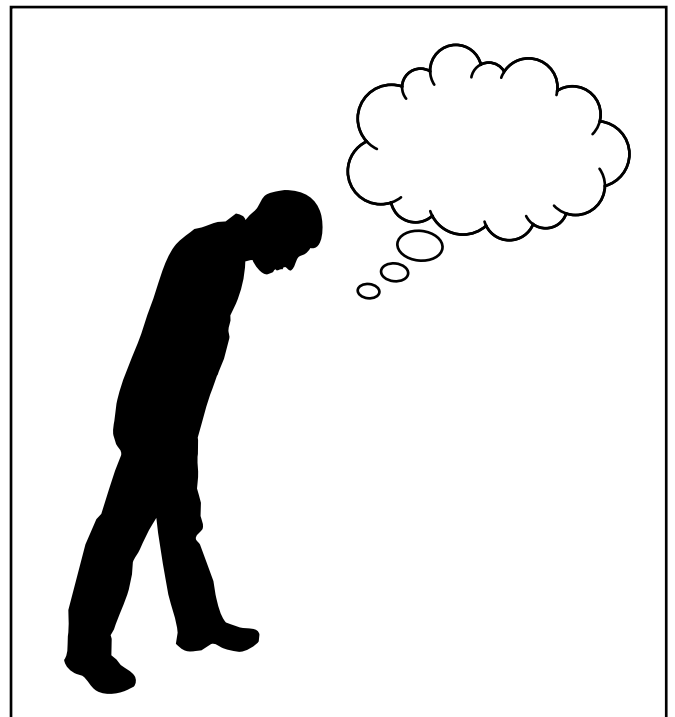


Session 6: Activity Sheet A – It's OK to feel good

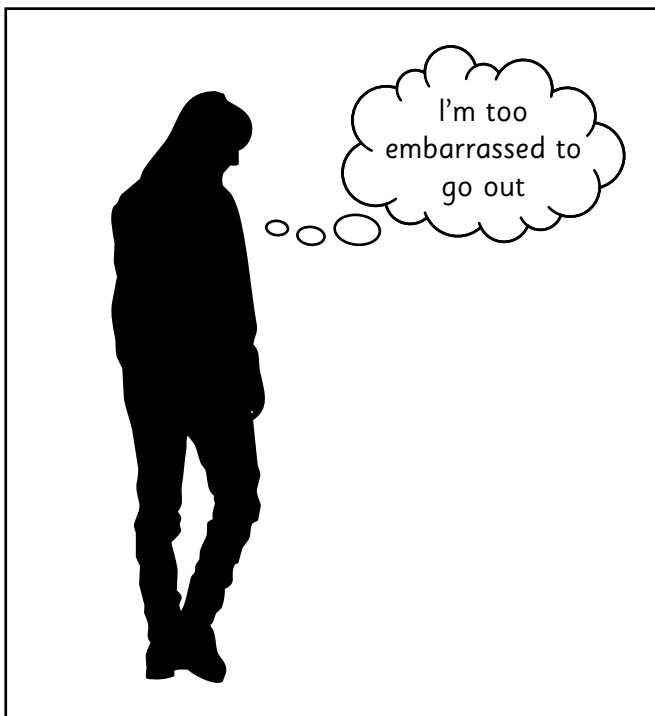
Being dumped



Being dumped



Having spots



Having spots



Session 7 What do I know?

Skills

- communication
- self-esteem
- self-awareness

Outcomes

- to review physical and emotional changes of puberty
- to develop confidence in dealing with these changes
- establish an acceptable language for use in class

Materials

Sessions 7 and 8 should be planned in advance with the school
Puberty word cards – enough sets for each person or Activity Sheet A
Activity Sheet B
Prepared sheets of paper

Diary and discussion of home activity – self-esteem e.g. was it easy/difficult to boost someone else's self-esteem, did anything happen to boost your self-esteem?

Introduction

Explain that everything we have been talking about over the last 5–6 sessions has been to do with them and their relationships – part of this has been to do with how their feelings and relationships change but as they will be aware their bodies change too. In primary school they will have looked at these changes – puberty – already. A short discussion could follow on the experiences of the students in primary school.

Remind pupils that these changes can take place in boys from 10–18 years and in girls from 8–17 years. A variation in rates of development is normal. Explain that today you are going to find out what they know and what they would like to know.

Introduce 'Ask It Basket' and explain how it will be used. Note that you are asking everyone to write something – it can be a question related to the topic being covered or it can be what they watched the night before or what they had for breakfast for example. Pupil questions then can't be attributed to any one individual.

Activity 1

It is important to find out what students already know and use this as a starting point. One way of doing this is to 'traffic light' key words. Issue a set of word cards or Activity Sheet A (students will need to cut out cards themselves) to each pupil and ask them to traffic light them.

Method

Put words into 3 piles

Red – words they don't understand or haven't heard of

Amber – words they are unsure of but have heard

Green – words which they fully understand

Then collect in all red and amber cards – these will form the basis of your next discussion/session.

Reassure pupils that this is confidential. Green cards should be collected in separately.

Activity 2

Issue the Puberty Quiz – Activity Sheet B and ask students to complete individually. This will be checked in the next session. The Answer Sheet is given in Session 8. Ask pupils who else they could go to if they wanted help or questions answered. Have list of suggestions on board such as parents, teachers, GP, websites, helplines.

Activity 3 – The Language Game

Pupils may need encouragement and reassurance to get over their initial embarrassment. Divide class into small groups and issue each group with a sheet or flipchart already prepared with a heading on it. Ask them to write down as many words or phrases that they can think of under each heading.

Prepared headings could be:

- female sexual body parts
- male sexual body parts
- sexual activity
- sexual identities

Emphasise that they can include any slang words that they have heard or seen. After 2–3 minutes swap sheets around the groups and continue until all have seen each sheet. When finished, hold up all sheets and acknowledge all words and phrases. You don't have to read them out. It is important not to criticise any vocabulary used unless it is insulting. Establish that some commonly used terms can offend and examine the gender and power issues which may emerge.

Discuss questions include:

- Which headings did you get the most words for?
- How many words were compliments?
- How many were insults?
- Does one gender come out worse than the other?
- How many words suggest loving, caring relationships?

Tell class that they are going to set these 'slang' words aside and agree on appropriate terminology. Circle chosen words on sheet – explain this is because slang words could be inappropriate or offensive. It is important to know the correct terminology in order to avoid embarrassment caused by misuse.

Processing

What have you learned?

How did it feel to do these exercises?

Remind class about 'Ask It Basket'

Evaluation

Diary

Session 7: Activity Sheet A – Word Cards

Please ensure that by the end of the lesson, all terms and their meanings have been discussed

Periods	Contraception
Female Sexual Parts	Sexual Intercourse
Wet Dreams	Menstruation
Male Sexual Parts	Puberty
Masturbation	Conception

Session 7: Activity Sheet A – Word Cards

STI	Heterosexual
Ejaculation	Erection
HIV	Hormones
Orgasm	Sperm
Gay	Ovulation

Session 7: Activity Sheet B – Puberty Quiz

It is deliberate that some of the questions are phrased to include 'may' as some have more than one explanation. Some questions have more than one answer.

- 1 The duration of puberty in the average girl is:
 - a) 2 years
 - b) 3 years
 - c) 6 years
 - d) varies considerably

- 2 Puberty starts at age:
 - a) 8
 - b) 10
 - c) 12
 - d) entirely dependent on child/young person

- 3 Puberty is triggered by hormones from the:
 - a) adrenal gland
 - b) prostate gland
 - c) pituitary gland
 - d) hypothalamus gland

- 4 A boy's testicles produce an average of:
 - a) 2000 sperm per second
 - b) 2000 sperm per hour
 - c) 2000 sperm per year
 - d) 500 sperm per minute

- 5 The amount of blood lost during an average period is:
 - a) 1–2 teaspoons
 - b) 2–6 tablespoons
 - c) 7–9 tablespoons
 - d) a cupful or more

- 6 If a boy has a wet dream it means:
 - a) he is masturbating
 - b) his body is now producing sperm and semen
 - c) he can control it
 - d) he has been swimming

- 7 A period lasts:
 - a) 1 week
 - b) 3 days
 - c) 6 days
 - d) any of the above

- 8 Masturbation:
 - a) can stunt your growth
 - b) can lead to infidelity
 - c) does not have any harmful effects
 - d) is something only boys do

- 9 Acne may be caused by:
- a) an excess of fats and sugar in the diet
 - b) poor hygiene
 - c) a hormone imbalance
 - d) any of the above

- 10 Ovulation is when:
- a) a girl has her period
 - b) an egg is released from the ovary
 - c) a girl becomes pregnant
 - d) an egg is fertilised by a sperm

Session 8: Questions, Questions?

Skills

- communication
- self-awareness
- listening

Outcomes

- to reinforce knowledge about puberty
- to find out who can help

Diary and review of language

Introduction

Explain that today we are going to check knowledge and clear up any misunderstandings. We are also going to look at some of the emotional changes experienced during puberty.

Activity 1

Use results of traffic lighting from last week and the Puberty Quiz to extend knowledge and clear up any misunderstandings. Answer questions from 'Ask It Basket'.

Issues to be covered:

Physical changes at puberty
Emotional changes at puberty
Hygiene issues
Where to go for help



Content of discussion is based on results of traffic lighting or Puberty Quiz plus 'Ask It Basket'

Processing

How did it feel to get your questions covered?

What have you learned?

It would be useful to check the Rights and Responsibilities sheet from Session 1. Should anything be added e.g. I have the right to accurate information about sexual health and relationships? Or I have the responsibility to think carefully about information and to use it wisely.

Evaluation

Diary

Unit Evaluation Sheet – this could be completed at home. Diary should be used to aid completion.

Remind pupils to keep Bill of Rights Sheet from Session 1.

A set of sheets could be kept and passed to S2 teacher.

Session 8: Questions, Questions – Puberty Quiz Answers

- 1 d) varies considerably
- 2 d) entirely dependent on child/young person and different for everybody
- 3 c) and d) pituitary and hypothalamus glands
- 4 a) 2000 sperm every second
- 5 b) 2-6 tablespoons
- 6 b) his body is now producing sperm and semen
- 7 d) any of the above
- 8 c) does not have any harmful effects
- 9 d) any of the above
- 10 b) an egg is released from the ovary

Unit Evaluation

Name: _____

Class: _____

This unit helped me to:

think about...

a) _____

b) _____

understand...

a) _____

b) _____

be able to...

a) _____

b) _____

The most useful part was...

because... _____

The least useful part was...

because... _____

The unit could have included...

Parent/carer signature: _____

Session 1: Values, Rights and Responsibilities

Skills <ul style="list-style-type: none">• demonstrate respect and tolerance• clarify values• communication
Outcomes <ul style="list-style-type: none">• to establish or reinforce group agreement• to revisit values• to further develop an understanding of rights and responsibilities• to explore attitudes and feelings
Materials <p>Activity sheets A and B Ask-It-Basket</p>

Diary: look back on S1 diary, review skills and evaluations.

Introduction

Explain that we are going to reinforce work done last year and explore how values, attitudes and opinions and feelings may have changed.

Activity 1

Draw up a group agreement by asking pupils to think of 2 things that would make them feel safe and comfortable in the group and free to express their opinions. Ask for feedback and write up suggestions on board. Remember – be positive – focus on do's, not don'ts. Remind of issue of confidentiality. Have a good copy for display for next session and as a handout.

Activity 2

Remind class of values, rights and responsibilities discussed at start of S1 e.g. respect, responsibility – treat people the way you want to be treated. Explain that we are going to explore further the rights and responsibilities specifically related to relationships. Pupils should use 'Bill of Rights' sheet from S1 and add two new rights and responsibilities ensuring all pupils have complete list of six. If S1 sheet is not available, issue Activity Sheet A 'It's My Choice', read through the rights and ask pupils to write in a corresponding responsibility.

Discuss - are there any rights which pupils feel apply only to one sex?

- is there any right which they feel should not be listed?

- which would be the most difficult to keep?

Pupils should keep this sheet in their folder – they will need it in S3.

Processing

Ask students what they feel they have learned. Introduce 'Ask-It-Basket' and ensure students know how to use it.

Evaluation

Diary – complete with comment on today's session.

Home/Family/Work

Complete Activity Sheet B

Session 1: Activity Sheet A – It's My Choice/Bill of Rights

I have the **right** to be treated with respect
I have the **responsibility**...

I have the **right** to express my feelings and opinions
I have the **responsibility**...

I have the **right** to feel safe
I have the **responsibility**...

I have the **right** not to be pressured
I have the **responsibility**...

I have the **right** to ask for what I want
I have the **responsibility**...

I have the **right** to accurate information on sexual health
I have the **responsibility** to use this information to make healthy wise decisions

Session 2: Changing Relationships

Skills <ul style="list-style-type: none">• relationship skills• communication• assertiveness• negotiation• develop respect and tolerance
Outcomes <ul style="list-style-type: none">• to explore what is meant by 'relationship'• to consider what is good and what can be difficult about relationships
Materials <p>Activity sheets A and B Communication Homework sheet</p>

Diary and reminder of group agreement – issue handout and display a copy.

Introduction

Explain that we will revise and build on earlier work on communication skills, friendships and relationships. We will start to explore close/intimate relationships.

Activity 1

Ask pupils to think of all the people with whom they have some sort of relationship e.g. friends, family, neighbours, partners, parents, teachers. Ask if there is a difference between 'relationship' and 'friendship'? Ask them to think of those people with whom they have easy relationships and which are more difficult. Ask them to think about 'attraction' – a relationship with someone they like or fancy. Why do we need these relationships? – draw out the need for support, acceptance, closeness, love etc.

Activity 2

Issue Activity Sheet A and ask pupils to think about an important relationship they have with someone e.g. parent/carer, brother/sister, friend, partner. Complete the sheet individually. Feedback – why are close relationships important, what makes them difficult? Draw out the importance of good communication and rights and responsibilities in a relationship.

Activity 3

Issue Activity Sheet B and ask pupils to complete individually. Explain that you will discuss the results in the next session. Answer sheet included in Session 3. (The answers will indicate aggressive, assertive or passive responses).

Processing

What have you learned?
How do you feel?

Evaluation

Diary

Session 2: Activity Sheet A – Changing Relationships

Think of a close relationship you have (maybe a friend, parent or carer, brother or sister or anyone else you choose).

Why is the relationship important to you?

What are the positive things about it?

What are some of the things that make it difficult at times?

What do you want from the relationship?

What can you give to the relationship?

Session 2: Activity Sheet B – What would you say?

Circle your chosen answer

1 Your parents have just criticised your friend. You are not happy with the criticism.

You say:

- a) I suppose you're right
- b) I don't think that is fair – you need to get to know them
- c) Shut up! You're always saying stuff about my friends

2 You have not done your homework and the teacher asks you why you have not handed it in.

You say:

- a) I did try but I found it very difficult
- b) So what!
- c) Sorry, I just forgot

3 Your friends want to go to the cinema. You don't want to because you have very little money.

You say:

- a) Ok, that is fine
- b) No, I think that is a stupid idea
- c) I can't go this time because I can't afford it

4 A friend says they like your new hairstyle. You are really pleased with it.

You say:

- a) Thanks, I like it too
- b) It's ok I suppose, nothing special
- c) Why did you say that?

5 You have bought a new T-shirt. When you get back from the shops you notice a hole in it.

You:

- a) Do nothing
- b) Return it to the shop and ask for a refund
- c) Return it to the shop and threaten the manager

6 You order a coffee in a café. When it arrives it is already cold.

You:

- a) Call the waitress over and ask her to replace it
- b) Shout at the top of your voice "I want my money back"
- c) Drink it

Session 2: Activity Sheet B – Answer Sheet

What would you say?

- 1 a) Passive
b) Assertive
c) Aggressive
- 2 a) Assertive
b) Passive
c) Passive
- 3 a) Passive
b) Aggressive
c) Assertive
- 4 a) Assertive
b) Passive
c) Aggressive
- 5 a) Passive
b) Assertive
c) Aggressive
- 6 a) Assertive
b) Aggressive
c) Passive

Session 3: Good Communication

Skills <ul style="list-style-type: none">• assertiveness• refusal• listening
Outcomes <ul style="list-style-type: none">• to understand the importance of communication in a relationship• to understand the difference between assertive, aggressive and passive behaviour
Materials <p>Handouts A & B Good Communication Handout Activity Sheet A Reference sheet – Communication Guidelines</p>

Diary and review of home exercise on communication.

Introduction

Explain that we are going to practice communication skills but first review Activity Sheet B from last lesson. Explain that each of the answers indicates either a passive, assertive or aggressive response. Put words on board and explain what they mean. Emphasise how passive behaviour often means you give up your rights, that aggressive behaviour means you do not respect the rights of others and that assertive behaviour means you stand up for your own rights and also respect the rights of others. Explain that your responses can affect the outcome and the feelings of others. Link this to the work on Rights and Responsibilities. Issue handout A and go over to explain. Check answers on Activity Sheet B from session 2 indicating which are assertive, aggressive or passive demonstrating the link with rights and responsibilities. Issue handout B to reinforce discussion.

Activity 1

Divide class into small groups and issue Activity Sheet A to each group. Ask each group to fill in the 3 responses for each situation. If time is tight groups could be allocated different situations. Optional: Ask each group to try out the 3 responses using role play. Feedback by using groups to share responses and have class guess whether response is assertive, aggressive or passive.

Processing

What are the advantages and disadvantages of each method?
Which is the most effective way of responding – why? – note on board/flipchart.
Is there a difference between being aggressive and being angry?
If role playing discuss how it felt when partner was aggressive.
List points from Good Communication sheet on board – brainstorm ideas from results of processing. (See Reference Sheet). Students write down list of 'Good Communication Guidelines'

Evaluation

Diary

Home/Family/Work

Ask pupils to try out some of the strategies on the sheet when communicating with others.

Session 3: Activity Sheet A

1 You're in the cinema and some people in front of you are talking loudly and giggling. You can't hear the film properly.

Assertive _____

Passive _____

Aggressive _____

2 Your mum is hassling you to babysit for your younger brother. She knows you had already arranged to go out with your pals.

Assertive _____

Passive _____

Aggressive _____

3 You're being bullied at school.

Assertive _____

Passive _____

Aggressive _____

4 Your partner starts trying it on with you. You feel uncomfortable.

Assertive _____

Passive _____

Aggressive _____

5 Some boys try to pick a fight with you on the way home from school.

Assertive _____

Passive _____

Aggressive _____

6 Your best friend buys exactly the same top as you.

Assertive _____

Passive _____

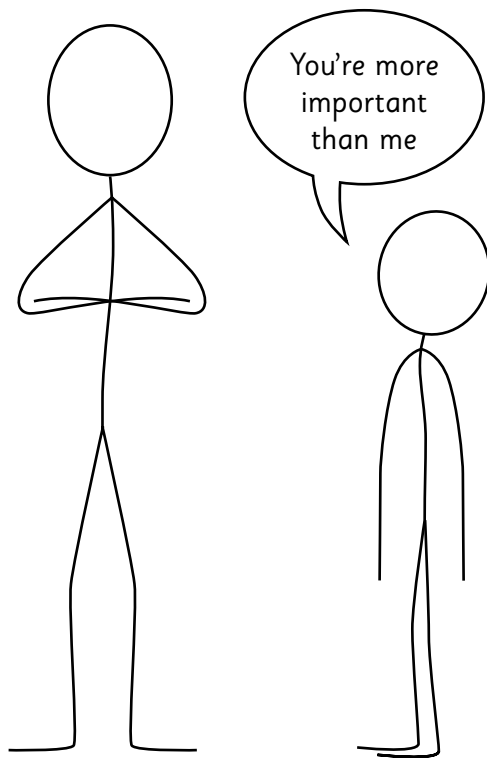
Aggressive _____

Session 3: Handout A – What is Assertiveness?

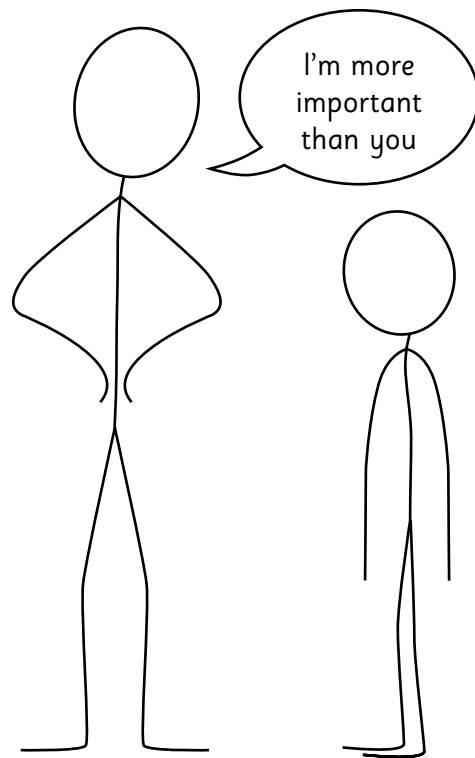
	Passive	Aggressive	Assertive
Behaviour	<ul style="list-style-type: none"> • Be apologetic • Give up your rights by not being honest • Do what you're told regardless of how you feel 	<ul style="list-style-type: none"> • Blaming • Threatening • Fighting • Stand up for your rights but in helpful ways 	<ul style="list-style-type: none"> • Direct and honest • Respect others • Stand up for your rights in helpful ways
Feelings	<ul style="list-style-type: none"> • Helpless • Anxious • Resentful • Disappointment 	<ul style="list-style-type: none"> • Anger • Frustration • Bitterness • Guilt • Loneliness 	<ul style="list-style-type: none"> • Improved self-esteem • More self confidence • Control • Respect for self and others
Outcomes	<ul style="list-style-type: none"> • Don't get what you want • Anger builds up • Rights violated • Loneliness and isolation 	<ul style="list-style-type: none"> • Domination • Humiliation • Win at expense of others • Force others to lose 	<ul style="list-style-type: none"> • Good result without others feeling angry or hurt • Gain self respect • Respect your rights and rights of others

Session 3: Handout B – Assertiveness

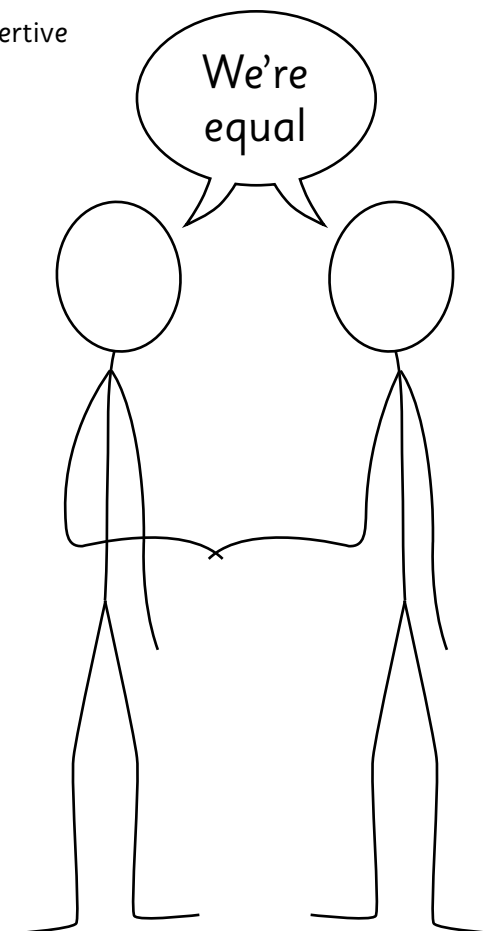
Passive



Aggressive



Assertive



Session 3: Reference Sheet – Guidelines for Good Communication

- Know what you want
- Look at other person – eye to eye contact
- Listen to the other person
- Clear; firm voice
- If you mean No, use the word 'No' – don't make excuses
- Clear body language – sit, stand up straight
- Say what you want
- Repeat as often as needed
- Suggest alternative actions to show you want to keep relationship

Session 4: What would you say? – Coping with Emotions

Skills <ul style="list-style-type: none">• communication• emotional literacy• listening
Outcomes <ul style="list-style-type: none">• to explore the feelings that may accompany puberty• to begin to understand how our emotions are effected by others• to learn how to identify and manage these emotions
Material <p>Activity Sheet A Flipchart paper</p>

Diary and review of Good Communication Guidelines and how they have been used.

Introduction

Explain that good communication skills help us to deal with how we are feeling. Remind pupils that emotions can be affected by changes in puberty as well as how we see ourselves and by the responses of others. Some emotions make us feel good, some make us feel not so good.

Activity 1 A – Z of Feelings

Ask pupils individually or in pairs to suggest an alphabetical list of 'feelings/emotion' words. If time is tight, each pair could be given a different set of letters or class could be divided into small groups. Set a time limit for this exercise e.g. 10 minutes. Feedback and complete list for display. Issue Activity Sheet A and ask pupils to complete it individually using class list of feeling words. Now ask them in friendship pairs to share their responses – one at a time, while the other listens carefully. Use Communication Guidelines. The listener should not talk or interrupt. Pairs should swap roles until they have shared all the information on their sheets. Again set time limit and call out when pairs have to swap roles.

Processing

Is it easy to talk about how you feel?

Why not?

Does using the Communication Guidelines help?

How did it feel to listen and to be listened to?

Emphasise the importance of listening in a relationship.

How good were the 'listeners'?

Evaluation

Diary – comment on what you have learned.

Session 4: Activity Sheet A – Coping with Emotions

Complete the sheet for each of the words listed.

Angry

When I felt like this

What I did

I wish I had

Now I would

Embarrassed

When I felt like this

What I did

I wish I had

Now I would

Ashamed

When I felt like this

What I did

I wish I had

Now I would

Jealous

When I felt like this

What I did

I wish I had

Now I would

Session 5: Body Image

(Adapted from NHS GG&C – A Sexual Health Curriculum)

Skills <ul style="list-style-type: none">• self-esteem• demonstrate respect and tolerance
Outcomes <ul style="list-style-type: none">• to examine how 'body image' is shown in the media• to consider how these images affect how we feel
Materials <p>Selection of magazines Scissors and glue Flipchart paper</p>

Diary and review of communication skills and group agreement i.e. listening, respect etc

Introduction

Explain that the physical and emotional changes of puberty and dealing with new situations and relationships can result in a range of emotions – it is important to emphasise that this is 'normal' but pupils should be aware that what they say or do can affect how others feel – refer to rights and responsibilities. We are also affected by what we see and hear in the media – the next exercise will explore these issues.

Activity 1

In small groups issue pupils with flipchart paper and pen. Draw a horizontal line across the middle dividing paper in half. At the top of the sheet write 'Perfect Woman' and at the bottom write 'Perfect Man'. Hand a selection of magazines to each group together with scissors and glue. Explain that they should look through magazines to find examples of photos for each category. They should cut these out and stick on paper. Bring groups together and pin up paper for all to see.

Debrief

- what age are the people in pictures? (normally young)
- what colour is their skin?
- what sort of characteristics do they have?

Compare these features with what may be 'normal'.

List on board – try to discourage negative answers.

Ask - why do people want to be perfect?

- who decides?
- cultural influences?
- how do people feel if they don't fit these images?

Processing

Encourage pupils to be aware how these images can create pressure.

Who can help if someone is feeling under pressure regarding their body image e.g. parents, teachers, GP, friends, school nurse?

Evaluation

Diary

Session 6: Being a boy/being a girl

Skills <ul style="list-style-type: none">• be positive about themselves• demonstrate respect and tolerance
Outcomes <ul style="list-style-type: none">• to consider attitudes towards gender• to identify personal qualities and be aware of how these affect relationships
Material <p>Activity Sheets A and B</p>

Diary and review of last session.

Introduction

Explain that the images we see in the media and the people around us can influence our attitudes towards males and females.

Activity 1

Hand out Activity Sheet A and ask pupils to complete individually for someone they admire – mum, dad, cousin, friend, film star, pop star, anyone. Stress that this person should be the same sex as themselves – they do not write down who it is or tell anyone. They should circle the qualities that they believe that person has. Give 10 minutes for this part of the activity. Take feedback and list qualities under two headings 'male' and 'female'.

Debrief

- are there differences between the 2 lists?
- what stops some boys having the qualities on girls list and vice versa?
- would having these qualities be important if you were going out with the person?
- what qualities would you like in a partner?

Activity 2

Issue Activity Sheet B. In small single sex groups or pairs, pupils should read through the scenarios. Identify the features which are stereotypes (you may need to remind pupils of meaning) – discuss why this may be unacceptable and what you would challenge to make it more acceptable. This sheet can be taken home for discussion.

Processing

What have pupils learned?

How do they feel about the activity?

Evaluation

Diary

Home/Family

Discuss Activity Sheet B

Session 6: Activity Sheet A – Personal Qualities

Think of a person you look up to... then look at the following list and circle the qualities you admire in that person...

State if the person is male or female:

(make sure you look at them all before you start circling)

solves problems	accepts people who are different
ambitious	makes decisions
tough	good with numbers
skilled with hands (practical)	good cook
good driver	makes the most of their appearance
good with money	keeps fit
has special sporting skills	musical
good dancer	good at painting
sexy	good at writing stories/poems
enjoys their life	is cool
helps people	helps with the family
powerful	is environmentally friendly
trustworthy	funny
interested in others	good at listening
honest	determined
patient	friendly
generous	caring
gentle	sensible
smart looking	positive
good with animals	knows how to get their own way
quiet	stands by people
spiritual	trendy
understanding	good sense of humour
modest	

Session 6: Activity Sheet B – Stereotypes

Read the following scenarios – identify the stereotypical aspects.

Why do you think these aspects may be unacceptable – how would you make the situation more acceptable?

- | | |
|--|---|
| 1 Fiona applied for a job but was told that it probably wasn't worth it as men would not want to be managed by a woman. | 5 The teacher told the two boys who had chosen Home Economics to think again as that was a girl's subject. |
| 2 Mark suggested to his girlfriend that they go to the cinema to see the new film because it is a bit slushy and girls like that kind of thing. | 6 I bought my nephew a garage and some cars for his birthday as boys like that kind of thing. |
| 3 Bob and Jane are moving house because Bob has a new job. Jane will have to give up her job but Bob says that doesn't matter because she doesn't earn as much as him. | 7 At the meeting of the golf club the request for membership for women was rejected as members felt that it would change the whole atmosphere of the club. |
| 4 What a noise the little boy next door made when he fell and cut his foot. I told him to "stop making such a noise as big boys don't cry." | 8 My daughter couldn't make her mind up about what she was going to do after she left school. I said she should try a shop or something as she would soon get married anyway. |

Session 7: Everybody's Different

Skills <ul style="list-style-type: none">• clarify attitudes and values• recognise self development at varying rates• empathy• respect and tolerance
Outcomes <ul style="list-style-type: none">• to explore feelings towards changes during puberty• to become aware of the view of others
Material <p>Cards – 1 set for each person Activity Sheet A Blank paper</p>

Diary and review of boy/girl stereotypes from last session.

Introduction

Explain that apart from these 'apparent' differences between boys and girls, there are more obvious physical differences. Do emphasise that everyone is unique and they should not feel concerned about different rates of development or about talking to others about these changes. Think back to Session 7 and 8 from S1. Refer to Group Agreement, especially respect and not making personal comments. Issue set of cards to each person or issue sheet and students cut up cards themselves.

Activity 1

Ask them to imagine a line from 'feels good to not good' on their tables. They then have to take a card each and place it on the line. When finished, ask pupils to discuss this with their neighbour. Now take some feedback from whole class.

Feedback - which cards they did not agree on ?
- which were difficult to place?
- were there differences between boys and girls?

Activity 2

Split class into small groups, issue each group with Activity Sheet A and blank paper. Groups should choose 2 letters and work through each, coming up with advice for each person. Someone should be designated as a scribe. Bring groups back together and discuss replies (remember to refer to group agreement).

Processing

How did the pupils feel doing this exercise?

Which were easiest, most difficult problems?

Are girls or boys better at understanding/being sympathetic? Does gender matter?

Finish by brainstorming 6 pieces of advice for people who are unhappy because they feel different. Write ideas on board/flipchart. Pupils could copy this into folders.

Evaluation

Diary. Remind class of 'Ask-It-Basket'

Session 7 (cont'd): Feels Good/Feels Bad

Cut out these cards and place on your continuum

Lots of changes happening	Being treated as a child
Growing taller	Breasts growing
Becoming moody	Thinking about sex
Having periods	Having a boy/girlfriend
Leaving childhood behind	Having wet dreams
Having spots	Being treated as an adult
Having more freedom	Growing body hair
Starting a new phase of life	

Session 7: Activity Sheet A – Dear Jane

Teacher could have a selection of 'real' letters and answers to hand.

Imagine you write an agony column in a teenage magazine. How would you reply to the following letters?

Dear Jane

Sometimes I feel really angry and then my parents get upset. The next thing I know there's a big row. How can I make things better?

Madison

Dear Jane

I still have a squeaky voice although I try to make it sound deeper. Most girls seem a foot taller than me and they're not interested. When will I become a man?

Lewis

Dear Jane

I'm covered in spots and I'm really embarrassed about them. I feel everyone is looking at me. Surely no boy will look twice at me.

Lucy

Dear Jane

Most of my friends have started their periods and I haven't. When will it happen?

Jodie

Dear Jane

I think I'm overweight and feel that everyone thinks I'm ugly. I don't have any friends and I'm so lonely. What can I do?

Keir

Dear Jane

Does it matter what size your penis is? Mine seems really small and I don't want to have a shower after football with the rest of the boys in case they laugh at me.

Upset

Dear Jane

I have met a really nice boy through the net – in a chat room. We have spoken on lots of occasions and I like him a lot. He even sent me a birthday card email. He has now suggested we meet up. I want to but I'm not sure.

Becky

Session 8: Myths and Facts

Skills <ul style="list-style-type: none">• clarify values and attitudes• seek help and advice
Outcomes <ul style="list-style-type: none">• explore myths around pregnancy• raise awareness of HIV/AIDS• know where to get advice and support
Material <p>Quiz Sheets Answer Sheet (Background reading on HIV required) Recording Sheets Health Improvement Library resource leaflets for staff use – Love Stings, HIV, Contraception Staff Information Sheet LANDED HIV Awareness DVD (copy should be available in your school)</p>

Diary and review – Ask-It-Basket

Introduction

Remind everyone of agreed language use from S1 and refer to group agreement. Explain that today will explore some of the issues and myths surrounding pregnancy and sexual health. N.B. Some background reading may be necessary for teacher before this session.

Activity 1

Issue quiz to each student. Ask them to complete it individually. Now, ask them to turn to a neighbour and discuss the answers. Discuss responses and ask them to correct any misinformation. Deal with any issues as they arise. Remind pupils of Ask-It-Basket. Explain that many of these issues will be picked up again at a later date.

Activity 2

Explain that you are going to explore one of these issues today – HIV and how to keep safe. Issue small pieces of paper e.g. post-its (if possible, 3 or 4) to each student and ask them to write down as many statements as they can about HIV and AIDS. One on each piece of paper. They do not have to decide if these statements are true or false – just write down what they have heard or think. Collect in all the statements. Divide class into small groups. Shuffle the statements and divide between groups. Ask pupils to record statements on flipchart paper under headings – True, False, Don't Know. Display sheets for all to see. Feedback. It is important to check all true and false statements and clarify 'don't knows'. Remind pupils of Ask-It-basket and where to get help.

Processing

What did you learn? Was the quiz useful?

Evaluation

Diary and unit evaluation

Home/Family/Exercise

Complete evaluation sheet at home with parent if time runs out.

Session 8: True or False

- | | True | False |
|--|--------------------------|--------------------------|
| 1 You cannot get pregnant the first time you have sex. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Puberty will be completed by age 17. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 About half of teenagers in Scotland have had sexual intercourse by the age of 16. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 You have to wait until you have missed 2 periods before you know you are pregnant. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Celibate means having only one partner. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 A person chooses whether to be heterosexual, gay or bisexual. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 No contraceptive is 100% safe. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 Girls cannot get pregnant if they have sex standing up. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 Abortion is not a form of contraception. | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 There are 500 sperm in a teaspoon of semen. | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 HIV stands for Human Injected Virus. | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 AIDS stands for Acquired Immune Disease Syndrome. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13 STI stands for Stinging Terminal Infection. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 You can catch an STI from a toilet seat. | <input type="checkbox"/> | <input type="checkbox"/> |

Session 8: True or False Answers

- 1 False – as long as the girl has started her periods.
- 2 False – the start and speed of puberty varies greatly from ages 8 to 18.
- 3 False – research has shown that about 35% of teenagers have had sex at least once by age 16. This is probably a lower number than you thought!
- 4 False – pregnancy tests can show signs of pregnancy as soon as the first period is missed (earlier in some tests).
- 5 False – celibacy means not being sexually active.
- 6 False – it is not known what makes a person heterosexual, gay or bisexual.
- 7 True – some e.g. implant and injection are over 99% effective, risk factors are more to do with how the methods are used. Not having sex with anyone is the only way to be 100% safe.
- 8 False
- 9 True – abortion should not be considered as a form of contraception. ‘Abort’ means to remove and ‘Contra’ means to prevent. Emergency hormonal contraception (EHC) prevents implantation.
- 10 True
- 11 False – HIV stands for Human Immunodeficiency Virus.
- 12 False – AIDS stands for Acquired Immune Deficiency Syndrome.
- 13 False – STI stands for Sexually Transmitted Infection.
- 14 False

Teacher Information Sheet: HIV and AIDS

How HIV is transmitted

- AIDS cannot be caught. It is the HIV virus which is transmitted and, from this, people can (they don't always) develop AIDS, defined as a collection of other specific conditions.
- HIV can be transmitted in the following body fluids and tissues: semen, vaginal and cervical secretions, blood, blood products, breast milk and spinal fluid.

High Risk Activities

- Unprotected sexual intercourse, vaginal and anal.
- Sharing needles, syringes or other drug paraphernalia with an infected person.
- It is possible to be infected with the virus after only one occurrence of the above high-risk activities.

Kissing

Social kissing and dry kissing present no risk.

Insect Bites – No risk.

Blood Transfusion/donating blood

Screening of blood/blood products in the UK began in 1985. All equipment used is sterile and disposable.

Towels – No risk.

Swimming Pools

No risk. Chemicals in the water break down the virus.

Unprotected sexual intercourse

With a condom there is still some risk but using a condom properly does make sex safer.

Oral sex

A person would need to have sores, ulcers or damage to the mouth for the virus to be transmitted. Also saliva and stomach acid will usually destroy the virus.

Tattooing, dentistry and ear piercing

They pose no risk provided the equipment used is sterilised.

Shaking hands, dogs, cats, toilet seats – No risk.

Sharing of cups, glasses, eating in restaurants – No risk.

Donating blood – No risk.

Mother to baby

About 30% of HIV positive mothers could pass on the virus – at or immediately before birth, and through the mother's milk. This applies more to the developing rather than the developed world.

Unit Evaluation

Name: _____

Class: _____

This unit helped me to:

think about...

a) _____

b) _____

understand...

a) _____

b) _____

be able to...

a) _____

b) _____

The most useful part was...

because... _____

The least useful part was...

because... _____

The unit could have included...

Parent/carer signature: _____

Session 1: Where Do I Stand?

Skills <ul style="list-style-type: none">• clarify attitudes and values• show respect and tolerance
Outcomes <ul style="list-style-type: none">• establish a group agreement• allow pupils the opportunity to examine their own beliefs and to accept they may be different from others• to discuss some of the sources of information about sex and relationships
Materials <p>Activity Sheet A Flipchart Paper Agree/disagree Cards</p>

Note: It may be necessary to take 2 weeks to complete this session.

Diary – review of S2 diary

Introduction

Draw up a group agreement. Ask pupils to think of 2 things that would make them feel safe and comfortable in the group and free to express opinions. Ask for feedback and write up suggestions on flipchart. Remember to be positive – include Do's, not Don'ts. Remind pupils about confidentiality. Have a good copy available for display and as a handout for next session. If possible, review rights and responsibilities from S2. Students were asked to keep their 'Bill of Rights' sheet so check if anyone did. If not, original copy in this pack under S1 exercises.

Activity 1

Option 1:

Place 5 cards around the room

Strongly Agree Agree Don't know Disagree Strongly Disagree

Issue all pupils with a card and ask them to read it and place themselves next to the card which suits their opinion best. Ask some of the pupils to share their cards and their opinions. Then ask pupils to exchange cards and move location if they want. This can be done 2 or 3 times.

Option 2:

Issue all pupils with Activity Sheet 1 and ask them to complete it individually. Feedback – which statements were hardest to decide on and why? Ask students how they came to form their opinions, who or what influenced them.

Activity 2

Brainstorm the main sources of information about sexual health and relationships e.g. parents, magazines, internet, playground, TV, religion.

Pick out 5 or 6 of these sources, writing one at the top of the 5 or 6 sheets of flipchart paper.

In small groups pupils take 1 sheet and write down some of the messages they see, hear and learn from the source on their sheet. Bring groups together and display sheets

Processing

Where do young people get most of their information from?

Where do you find the truth?

Where do we find information which we can trust?

Evaluation

Diary – thoughts and feelings? What have you learned?

Session 1: Activity Sheet A – Where Do I Stand?

	Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree
1 Girls are more mature than boys.					
2 No-one is a virgin when they get married these days.					
3 Girls who carry condoms are slags.					
4 The internet is the best source of information about relationships.					
5 Using chat rooms on the internet is a good way of starting a relationship.					
6 Schools should not teach any form of sex education.					
7 A very high number of people who have sex for the first time when they are drunk regret it later.					
8 Contraceptives should only be available from your doctor.					
9 HIV/AIDS is a disease only gay people get.					
10 There should be no age of consent for sex.					
11 You should wait till you are married to have sex.					
12 Boys are only interested in girls for one thing – sex.					
13 It's ok to have sex on your first date.					
14 Condoms should be given free to all who want them, no matter what age.					
15 People who have AIDS only have themselves to blame.					

Where Do I Stand? Agree/Disagree Cards

Cut out these cards.

<p>Girls are more mature than boys</p>	<p>No one is a virgin when they get married these days</p>
<p>Girls who carry condoms are slags</p>	<p>The internet is the best source of information about relationships</p>
<p>Using chat rooms on the internet is a good way of starting a relationship</p>	<p>Schools should not teach any form of sex education</p>
<p>A very high number of people who have sex for the first time when they are drunk regret it later</p>	<p>Contraceptives should only be available from your doctor</p>
<p>HIV/AIDS is a disease only gay people get</p>	<p>There should be no age of consent for sex</p>
<p>You should wait till you are married to have sex</p>	<p>Boys are only interested in girls for one thing – sex</p>
<p>It's ok to have sex on your first date</p>	<p>Condoms should be given free to all who want them, no matter what age</p>
<p>People who have AIDS only have themselves to blame</p>	

Disagree

Strongly Agree

Agree

**Strongly
Disagree**

Don't Know

Session 2: Decisions, Decisions

Skills <ul style="list-style-type: none">• decision making• identifying implications of actions• problem solving
Outcomes <ul style="list-style-type: none">• to consider the consequences of decisions• to see things from a different point of view
Materials <p>Activity Sheets A and B</p>

Diary and review of last session.

Introduction

Explain that when faced with all this information from different sources (session 1), it can be very confusing to make decisions which keep our rights and responsibilities in mind.

Activity 1 – Feel, Think, Do

Issue students with scenario sheet and Activity Sheet A and ask them to complete it individually. The purpose is to encourage pupils to use as much information as possible before making decisions and to see other points of view. Ensure students understand the difference between feelings and thoughts. Share some of the responses. Focus on the last question – ‘What **would** you do?’ Is this the same as ‘what **should** you do?’

Activity 2

Divide class into small groups and issue Activity Sheet B – 1 per group. Explain that this activity is to highlight the fact that everyone can make their own choices and that these choices will have different outcomes. You will read out the beginning of a story and they must decide on 3 possible endings.

Scenario

A group of teenage girls are staying at Fiona’s house for a sleepover. Fiona’s parents will not be back until late. Some boys who the girls know have turned up expecting a party. The evening is going well when about 10.00pm Craig and Lucy ask Fiona if they can go into one of the bedrooms.

Feedback

Ask groups to share the ending they thought was most likely.

Discuss the outcomes of the different endings – would they be healthy or harmful? What would be the consequences? Who could be affected?

Processing

Discuss how hard it is to make decisions.

Discuss what can influence the decisions.

Evaluation

Diary

Session 2: Activity Sheet A – Feel, Think, Do

1 You have been going out with someone for about 6 months. You both decide you want to have sex together for the first time but your partner doesn't want to use a condom.

What do you feel?

What do you think?

What would you do?

2 You are at a party with a group of friends. Someone you have fancied for ages asks you to leave the party with them and go back to their house as it is empty.

What do you feel?

What do you think?

What would you do?

3 You overhear a group of your friends talking about one of your closest pals. They saw him/her coming out of a Young Person's Sexual Health clinic. You know these clinics help people who think they have or have Sexually Transmitted Infections (STIs).

What do you feel?

What do you think?

What would you do?

Session 2: Activity Sheet B – Feel, Think, Do

Listen carefully to the situation read by your teacher.

Now think of 3 possible endings to the story.

1

2

3

Session 3: Changing Relationships

(Adapted from Pathways to Sexual Health)

Skills <ul style="list-style-type: none">• interpersonal skills e.g. communication, negotiation, effectiveness• clarify values and attitudes
Outcomes <ul style="list-style-type: none">• to explore what is important in a relationship• to consider own views and those of others
Materials <p>Flipchart paper Blu-tac Values cards Paper</p>

Diary and review of last session.

Introduction

Explain that we are going to look at how your relationships have changed over the years and examine how to cope with these changes.

Activity 1 – What is important?

Issue each person with a piece of blank paper. Ask them to write down the 5 most important qualities in a relationship. Feedback answers – make a list on board/flipchart listing boys' and girls' responses separately. Explore reasons for the differences between the sexes. Compare this exercise with similar exercises in S1 and S2 – have the qualities changed? Try to draw out discussion on qualities of trust, loyalty, respect, and commitment.

Activity 2 – Values in a relationship

Divide class into small groups. Place 2 pieces of flip chart paper with headings Ok and Not Ok on wall opposite each other in the classroom. Issue each person with a card. Give them time to think about their card before discussing it in their group. After around 10 minutes ask each person to place their card on their chosen sheet of paper – Ok or Not Ok. Pupils should do this one at a time so everyone can see where each statement is placed. Statements should be read out as they are being placed. If person feels comfortable they can give a reason for their choice.

Note: Group can discuss/disagree but person with card has final choice.

Feedback

Was there much disagreement in group? Were you influenced by comments of others? What did influence your opinions?

Processing

How difficult was it to decide – what did you consider?

Evaluation

Diary - How did it feel doing this exercise?
- What did you learn?

Values in Relationships

Ryan is going out with Jenny.
He is also going out with Ruth.

Gail and Simon are engaged.
They are both 16. They have
decided not to have sex until
they are married.

Rick and Kate are going out
together. Neither of them wants
to go any further than kissing
and cuddling.

Jay is having sex with a lot of
different people. He does not
get involved with any of them.

Tom is going out with Ross. His
parents don't approve of Ross.

Jodie has had sex with a few
different people. She is being
called a 'slag'.

Ellie and Gary are together.
Ellie is pregnant by her previous
partner.

Mark and Graham are together.

Values in Relationships

Liz is 16. She is going out with Ross who is 25.

Lei Si is not going out with anyone.

Madison is going out with Tom. She fancies one of Tom's friends.

Hannah tells her friends everything about what she and her boyfriend have done sexually.

Leigh is having sex with Ali. She does not love Ali.

Rana has stopped seeing her friends now that she is going out with Hassam.

Lucy and Pete are together. Kim is Catholic, Pete is Protestant.

Sam and Kate are both 14. They are having sex.

OK

Not OK

Session 4: Being Responsible

(Adapted from 'SHARE')

Skills <ul style="list-style-type: none">• problem solving• recognise implications of actions• examine attitudes and values• communication
Outcomes <ul style="list-style-type: none">• to be aware of risks of pregnancy• to consider consequences of pregnancy
Materials <p>Louise and Scott story Activity Sheets A and B C Card Leaflet (can be obtained from BBV & Sexual Health Team at Law House, Carlisle 01698 377623)</p>

Diary and review of last session.

Introduction

Explain that having spent time talking about making decisions and discussing what is important in a relationship, we are now going to look specifically at sexual relationships.

Activity

Issue Louise and Scott questions. Read scenario to class, stopping at each question to allow pupils to answer. Do not read answers at this stage. Each person must decide individually, and without discussion, whether answer is Yes or No. Read scenario again, this time check answers – score 1 point for each correct answer. Explain that in terms of scores, those with the lowest would be at highest risk of getting pregnant and those with highest at least risk.

Discuss options available to Louise and Scott – if Louise is pregnant. List on board. Discuss advantages and disadvantages of each option. The processing is extremely important in this exercise. Enough time needs to be allocated in order to explore the values and attitudes of the students.

Processing

Do you think Louise and Scott were pleased that they had sex? What could they have done to avoid this situation? How difficult is it to say what you want in a relationship? Why is this? How did alcohol affect what happened? Emphasise the importance of talking to a partner and resisting pressure if not ready. Refer to statistics of behaviour i.e. approx $\frac{1}{3}$ of teenagers have had sex before their sixteenth birthday, therefore two thirds haven't. Ensure students are aware that not everybody is 'doing it'.

Evaluation

Diary

Extension

If time available, issue 'feel, think, do' situation card to each group and ask them to discuss and complete. Feedback responses. Note: statistics can be obtained from websites listed in Appendix E.

Session 4: Teacher's Notes – Louise and Scott

Scott is 16 and Louise is 15. They've been together for a couple of months. Scott's parents were away for the weekend and he had a party. Scott and Louise were both drunk, one thing led to another and they ended up having sex. It wasn't planned and they didn't use any contraception. Louise thought it would be fine because it was her first time and it hadn't lasted very long.

Q1 Could Louise get pregnant?

A1 Yes, it doesn't matter that it hadn't lasted long and it is possible to get pregnant the first time.

Although Louise didn't feel too happy about what happened at the party they decided to have sex again. They both agreed that they didn't need to worry about Louise getting pregnant because she had her period and Scott said they would be ok because he 'would pull out before he came'.

Q2 Are they correct to think Louise can't get pregnant if she has her period?

A2 No, a woman can get pregnant at any point in her menstrual cycle.

Q3 Is Louise safe from pregnancy if Scott pulls out before he comes?

A3 No, there is sperm fluid called pre-ejaculate or pre-cum that is released from the penis before a man comes.

Two weeks later they are thinking about having sex again but they don't have any contraception, however Louise had heard that it would probably be ok if they did it standing up.

Q4 Is this time (2 weeks later) a high-risk time for Louise to be having unprotected sex?

A4 Yes, a woman is most fertile around the time of ovulation (when an egg is released). This usually takes place halfway through her monthly cycle. This is not always the same time though; a period can be late or early for lots of reasons e.g. stress.

Q5 Could Louise be pregnant if they did it standing up?

A5 She could get pregnant in any position.

The next day Louise is chatting to her friend about how things are going with Scott and what they've been up to. Her friend thinks Louise put herself at risk of pregnancy and suggests that she get the morning after pill. Louise isn't sure, but says she can't get it anyway because it's Sunday and everywhere is shut. Her friend offers her some of her pills and says they will work the same. Her friend also says she should think very carefully about what she is doing because not only could she be pregnant but she could have caught an infection.

Q6 Can you only take the morning after pill the day after unprotected sex?

A6 No, its name is misleading and its proper name is emergency hormonal contraception (EHC). One kind can be taken up to 72 hours after unprotected sex, but works best the sooner it's taken. Another can be taken up to 5 days after unprotected sex and its effectiveness remains the same over that time

period. Women can get them for free at young person's clinics, family planning clinics, their GP and many pharmacies in Lanarkshire. It can also be bought from pharmacies without a prescription and with a cost of approx £25–30. It is also important to know that a copper coil (IUD) can be fitted up to 5 days after unprotected sex.

Q7 Will her friend's contraceptive pill work the same as emergency hormonal contraceptive?

A7 No. Remember it's never a good idea to take other people's pills.

A few weeks later, Louise gets her period. It's a bit lighter than usual but she doesn't worry about that, at least she's not pregnant!

Q8 Does this mean Louise is not pregnant?

A8 No, some people go on having light periods in early pregnancy.

Louise and Scott are both relieved she's got her period and agree they need to be more careful. Scott thinks she should go on the pill. Louise is feeling unsure about her relationship with Scott but doesn't know how to tell him.

Q9 Is the pill 100% effective in preventing pregnancy?

A9 No contraceptive is 100% effective and sometimes it depends on how it's used. The pill does not protect against STIs, so it's a good idea to use a condom or femidom as well.

Louise says the pill makes you fat and you need to be 16 to get contraception or the doctor tells your parents.

Q10 Does the pill always make women gain weight?

A10 No. It is one possible side effect and each woman will be affected differently. Many women have no side effects.

Q11 Do you need to be 16 to get contraception without the doctor telling your parents?

A11 No. A doctor needs to be satisfied that a person under 16 understands the nature and/or consequences of a medicine or procedure for them to consent to it themselves. Doctors are obliged to keep the consultation confidential unless they think the person is at risk of being harmed or are harming someone else.

They decide to try condoms. Louise wants Scott to put two on because she's heard it's safer. Scott thinks they're too expensive to use two at a time and he won't be able to feel anything. They have a fight about it and end up not having sex.

Q12 Is it safer to use two condoms at the same time?

A12 No. There is greater risk of them coming off as they rub together.

Q13 Can you get free condoms in Lanarkshire?

A13 Yes, there is a C Card scheme, which allows you to get a range of free condoms and femidoms from any of 98 centres if you are 16 and over. If you are between 13–15 when you first access the scheme, you will be referred to a young person's clinic. At the clinic you will be given a demonstration on how to put a condom on correctly and after this, you will receive a C Card specific to your age group. You will be invited for a yearly visit to the young person's service. Once you reach 16 you will no longer need this to be able access the free condom service. See leaflet for more information.

A couple of months later Louise and Scott are still together but they're not getting on as well as they used to. Louise has gained weight and feels tired a lot of the time, Scott says she's moody all the time now. She confides in her friend who thinks Louise might be pregnant.

Q14 Could she be pregnant?

A14 Yes, these are possible signs of pregnancy. Other indications are sickness, breast tenderness, needing to pee (urinate) a lot more than usual.

Louise and Scott eventually break up. Louise has noticed that her period is late, but doesn't go to the doctor for a pregnancy test because her cousin works there. She doesn't have enough money to buy a test. Her friend suggests going to the young person's clinic and says it is free.

Q15 Is it free to get a pregnancy test at a young person's clinic?

A15 Yes, it's free and confidential. They can also talk to a young person about their options.

Q16 Do you think Louise is pregnant?

Session 4: Activity Sheet A – Louise and Scott

	Yes	No	Score
1 Could Louise get pregnant?			
2 Are they correct to think Louise can't get pregnant while she has her period?			
3 Is Louise safe from pregnancy if Scott pulls out before he comes?			
4 Is this time (2 weeks later) a high-risk time for Louise to have unprotected sex?			
5 Could Louise be pregnant if they had sex standing up?			
6 Can you only take the morning after pill (NB: proper name is Emergency Hormonal Contraception, EHC) the day after having unprotected sex?			
7 Will her friend's contraceptive pill work the same as EHC?			
8 Does this mean Louise is not pregnant?			
9 Is the pill 100% safe?			
10 Does the pill always make women gain weight?			
11 Do you need to be 16 to get contraception without the doctor telling your parent/carer?			
12 Is it safer to use two condoms at the same time?			
13 Can you get free condoms in Lanarkshire?			
14 Could she be pregnant?			
15 Is it free to get a pregnancy test at a young person's clinic?			
16 Do you think Louise is pregnant?			

Session 4: Activity Sheet B – Louise and Scott; Feel, Think, Do

Extension Activities

For each of the following situations say;

- how you would feel?
- what you would think?
- what would you want to happen?

Imagine you are Louise. The clinic has just confirmed that you are pregnant.

Imagine you are Scott. Louise has just told you she is pregnant.

Imagine you are a friend of Louise's and you have just heard that she is pregnant.

Imagine you are a friend of Scott's and you have just heard that Louise is pregnant.

Imagine you are Louise's mum or dad and Louise has just told you she is pregnant.

Imagine you are Scott's mum or dad and Scott has just told you that Louise is pregnant.

Session 5: Contraception

Skills

- communication
- presentation
- research

Outcomes

- to be aware of different methods of contraception
- to consider their advantages and disadvantages

Materials

Leaflets on contraception from Health Improvement Resource Library. Call 01698 377600 for more information

Factsheets from NHS GG&C

Flipchart paper

Activity Sheet A

Contraceptive Display Kit (can be borrowed from Health Improvement Resource Library)

There is a lot in this session and flexibility and planning are essential. All the information you need on the topic is contained within if you need to refresh own knowledge.

Diary – review of last week’s scenario and issues arising. Remind pupils about Ask It Basket.

Introduction

Explain that today we are going to investigate different methods of contraception for people who choose to be sexually active.

Activity 1

Split class into small groups and issue each group with a contraceptive leaflet or the name of a contraceptive plus a piece of flipchart paper. Each group should make a display poster showing their contraceptive, who uses it, how it works and its advantages and disadvantages. If the contraceptive display kit is available, examples of contraceptives should be shown. They should then present their findings to the rest of the class in a way they choose.

Activity 2

Condom Use

Issue Activity Sheet A and in groups students should cut out and place steps in correct order. (A condom demonstration would help to reinforce this exercise but isn’t essential if you don’t feel comfortable).

Results should be checked and teachers should ensure that all groups have the steps in the correct order. Clarify any misunderstandings.

Processing

Discuss what pupils have learned. Which contraceptive do they think is best and why? Bear in mind that hormonal based contraceptives don’t protect against STIs. Remember to link this discussion with the rights and responsibilities of students. Discussions should also be set in the context of stable relationships and the importance of good communication emphasised.

Points to note: - that only condoms and femidoms protect against some STIs.

- that the efficiency of the contraceptive is often dependent on following the instructions.

NB – Remember to emphasise that none of these contraceptives is 100% effective and that many young people choose not to have sex.

Evaluation

Diary

Ask It Basket

Session 5: Activity Sheet A – Condom Step-by-step

A

Put the condom on as soon as the penis is erect and before any genital contact with a partner.

B

Check the expiry date on the wrapper and that there is a kite mark.

C

Carefully take the condom out the wrapper. Do not tear with your teeth.

D

Hold the closed end of the condom between your finger and thumb, to get rid of any trapped air. Make sure the condom is not inside out!

E

Talk about using a condom with your partner.

F

Still holding the closed end, use your other hand to unroll the condom down the entire length of the penis.

G

Put lubricant on the outside of the condom. Make sure it is water based and not oil based (as this will damage the condom).

H

Remove the condom from the penis, making sure that no semen spills out.

I

Wrap the condom in a tissue and put in the bin (don't flush down the toilet)

J

After ejaculation/orgasm the man holds the base of the condom and withdraws his penis before he completely loses his erection.

K

Sexual intercourse takes place. If the condom comes off, open a new one and put it on before continuing sex.

Session 5: Checking out Contraceptives Fact Sheets

(Adapted from NHS GG&C Sexual Health Curriculum)

	Combined Pill	Progestogen-only Pill
How it works?	Contains two hormones-estrogen and progestogen – which stop a woman releasing an egg each month (ovulation).	The hormone progestogen is taken at the same time each day, causes changes which make it difficult for sperm to enter the womb or for the womb to accept a fertilised egg. In some women it prevents ovulation.
How effective it is?	If taken according to instructions it is over 99% effective. This means that less than 1 woman in 100 taking it will get pregnant in a year. If it is not taken according to instructions then the chance of pregnancy is higher.	If taken according to instructions, it is 99% effective. This means that 1 woman in 100 will get pregnant in a year. If not taken according to instructions then the chance of pregnancy is higher.
Good Points	<ul style="list-style-type: none"> • Often reduces bleeding, period pain and pre-menstrual tension • Protects against cancer of the ovary and womb and some pelvic infections • Suitable for healthy non-smokers up to the menopause 	<ul style="list-style-type: none"> • Useful for older women who smoke and who cannot use the combined pill • Can be used when breastfeeding
Disadvantages	<ul style="list-style-type: none"> • Not suitable for all women • Rare but serious side effects may include blood clots, breast cancer and cervical • Can be temporary minor side effects • Not suitable for smokers over 35 	<ul style="list-style-type: none"> • May be temporary, minor side effects • Periods may be irregular, with some bleeding in between, or be missed • May be less effective in woman who weigh over 70kg (11 stone)
Comments	<ul style="list-style-type: none"> • Not effective if taken over 12 hours late or after vomiting or severe diarrhoea • Some drugs may stop the pill working – a doctor, nurse or pharmacist can advise • Pill users should not smoke 	<ul style="list-style-type: none"> • Not effective if taken over three hours late or after vomiting or severe diarrhoea • Some drugs may stop the pill working – a doctor, nurse or pharmacist can advise

Session 5 (cont'd)

	Male condom	Female condom (Femidom)
How it works?	A sheath made of very thin latex (rubber – non-latex varieties are available) or polyurethane. It is put over the erect penis and stops sperm from entering the other person's body.	A soft polyurethane pouch lines the vagina and the area just outside and stops sperm from entering the vagina.
How effective it is?	If used according to instructions it is 98% effective. This means that 2 women in 100 will get pregnant in a year. If it is not used according to instructions then the chance of pregnancy is higher.	If used according to instructions it is 95% effective. This means that 5 women in 100 will get pregnant in a year. If it is not used according to instructions then the chance of pregnancy is higher.
Good Points	<ul style="list-style-type: none"> • Free from family planning clinics and also sold widely • May protect both partners from some STIs, including HIV • Men can take responsibility for contraception • No medical side effects • Available free as part of Lanarkshire's Free Condom Scheme 	<ul style="list-style-type: none"> • Can be put in any time before sex • May protect both partners from some STIs including HIV • Oil based products can be used with female condoms • No medical side effects • Available free as part of Lanarkshire's Free Condom Scheme
Disadvantages	<ul style="list-style-type: none"> • Putting it on can interrupt sex • May slip off or split if not used correctly • Man needs to withdraw as soon as he has ejaculated and be careful not to spill any semen. 	<ul style="list-style-type: none"> • Putting it in can interrupt sex • Need to make sure that the man's penis enters the condom and not between the vagina and condom • May slip • Expensive to buy
Comments	<ul style="list-style-type: none"> • Use a new condom each time • Must be put on before the penis touches the genital area • Use a condom with a BSI kite mark and check the expiry date • Oil based products should not be used with latex condoms as they damage them. They can be used with polyurethane condoms. 	<ul style="list-style-type: none"> • Use a new condom each time and follow the instructions carefully • Female condoms have a CE mark • Sold widely and is free at some family planning clinics

Session 5 (cont'd)

	Diaphragm/Cap with spermicide	Natural Family Planning
How it works?	A flexible rubber/silicone device used with spermicide, is put into the vagina to cover the cervix and must stay in for at least six hours after sex. Must be specially fitted to make sure it is the right size.	Noting the different fertility indicators identifies the fertile and infertile times of the menstrual cycle. This shows when you can have unprotected sex and minimise risk of pregnancy.
How effective it is?	If used according to instructions it is 92% to 96% effective. This means that between 4 and 8 women in 100 will get pregnant in a year. If not used according to instructions then the chance of pregnancy is higher.	Using several fertility indicators is 98% effective. This means that 2 women in 100 will get pregnant in a year. If it is not used according to instructions the chance of pregnancy is higher.
Good Points	<ul style="list-style-type: none"> • Can be put in at any time before sex (if more than 3 hours before, extra spermicide is needed) • May protect against some STIs and cancer of the cervix • A variety of types to choose from 	<ul style="list-style-type: none"> • No side effects • No hormones are used • Gives a woman a greater awareness of her body • Knowing when the woman is fertile means pregnancy can be planned or avoided
Disadvantages	<ul style="list-style-type: none"> • Putting it in can interrupt sex • Extra spermicide is needed if you have sex again • Cystitis can be a problem for some diaphragm users. Changing to a slightly smaller or different type of diaphragm can help 	<ul style="list-style-type: none"> • Need to avoid sex or use a condom or diaphragm at fertile times of the cycle • To be effective, the method needs to be learned from a trained Natural Family Planning Teacher
Comments	<ul style="list-style-type: none"> • Fitting should be checked every 12 months or if you gain or lose more than 3kg (7lbs), or have a baby, miscarriage or termination • Silicone caps may be left in for longer than rubber 	<ul style="list-style-type: none"> • There are different natural methods to use • Persona is a small handheld computerised monitor with urine test sticks, which measure hormonal changes. Persona predicts the fertile and infertile times of the menstrual cycle and it is claimed to be 94% effective.

Session 5 (cont'd)

	Contraceptive Injection	Implant
How it works?	An injection releases the hormone progestogen very slowly into the body. This stops a woman from releasing an egg (ovulation) and thickens cervical mucus to prevent sperm meeting an egg.	Small flexible tube(s) placed under the skin of the inner upper arm. They steadily release progestogen into the bloodstream to stop ovulation.
How effective it is?	It is over 99% effective. This means less than 1 woman in 100 will get pregnant in a year.	It is over 99% effective. This means that less than 1 woman in 100 will get pregnant in a year.
Good Points	<ul style="list-style-type: none"> • An injection last for 12 weeks (Depo-provera) or 8 weeks (Noristerat) • May protect against cancer of the womb • Some protections from pelvic inflammatory disease • You don't have to think about contraception for as long as the injection works (take a note of injection date so you know when its 12/8 weeks are up) 	<ul style="list-style-type: none"> • Some work for 3 years, others work for up to 5 years • When the implant is taken out, a woman's normal level of fertility will return immediately • You don't have to think about contraception for as long as the implant works
Disadvantages	<ul style="list-style-type: none"> • Periods often become irregular or stop • Regular periods and fertility may take a year or more to return after stopping the injection • Some women gain weight • Other possible side effects include headache, acne, tender breast, mood swings and bloating 	<ul style="list-style-type: none"> • Periods are often irregular for at least the first year, with some bleeding in between or may be missed • Some women gain weight • May be temporary side effects such as headaches, mood changes and breast tenderness
Comments	<ul style="list-style-type: none"> • The injection works for either 8 or 12 weeks. It cannot be removed from the body so any side effects may continue during this time and for some time afterwards • Not affected by other medicines 	Implant is usually put in under a local anaesthetic and no stitches are needed. The area may be tender for a day or two with bruising and some swelling. Most women can feel the implant beneath the skin. Removal is sometimes difficult.

Session 5 (cont'd)

	Intrauterine System (IUS)	Intrauterine Device (IUD)
How it works?	A small t-shaped plastic device which releases the hormone progestogen. It makes the lining of the uterus thinner so it is less likely to accept a fertilised egg. It also thickens cervical mucus and makes it difficult for sperm to move through it and reach an egg.	A small plastic and copper device is put into the womb. It stops sperm reaching an egg or may stop an egg implanting in the womb.
How effective it is?	It is over 99% effective. This means that less than 1 woman in 100 will get pregnant in a year.	It is 98% to over 99% effective depending on the type of IUD. This means that less than 1 to 2 women in 100 will get pregnant in a year.
Good Points	<ul style="list-style-type: none"> • Works as soon as it is put in • Works for 5 years but can be taken out at any time • Periods will be much lighter and shorter • You don't have to think about contraception for as long as the IUS works • Fertility returns to normal once removed 	<ul style="list-style-type: none"> • Works as soon as it is put in • Can stay in 5 to 10 years depending on type. Can be taken out at any time • You don't have to think about contraception for as long as the IUD works • Fertility returns to normal once removed
Disadvantages	<ul style="list-style-type: none"> • Irregular light bleeding is common for the first three months • May be temporary side effects such as breast tenderness and acne 	<ul style="list-style-type: none"> • Periods may be heavier or longer and more painful • Unsuitable for women who already have heavy and painful periods • Not suitable for women at risk of getting an STI
Comments	<ul style="list-style-type: none"> • Women are taught to check the IUS is in place by feeling the threads high in their vagina. It can be useful for women with very heavy periods • Not affected by other medicines 	<ul style="list-style-type: none"> • If fitted after the age of 40 can stay in until the menopause. Women are taught to check the IUD is in place by feeling the threads high in their vagina • Not affected by other medicines • A check for any existing infection is usually advised before an IUD is put in

Session 5 (cont'd)

	Vaginal Ring	Contraceptive Patch
How it works?	A small, flexible, plastic ring put into the vagina which releases estrogen and progestogen. This stops ovulation, thickens cervical mucus to prevent sperm reaching an egg and thins the lining of the uterus to prevent a fertilised egg implanting.	A small patch stuck on the skin releases two hormones, estrogen and progestogen. This stops ovulation, thickens cervical mucus to prevent sperm reaching an egg and thins the lining of the uterus to prevent a fertilised egg implanting.
How effective it is?	Over 99% effective if used according to instructions. Less than 1 woman in 100 will get pregnant in a year.	Over 99% effective if used according to instructions. Less than 1 woman in 100 will get pregnant in a year.
Good Points	<ul style="list-style-type: none"> • You don't have to think about it every day • It is not affected if you vomit or have diarrhoea • Can make periods more regular, lighter and less painful • Fertility returns to normal once removed 	<ul style="list-style-type: none"> • You don't have to think about it every day • It is not affected if you vomit or have diarrhoea • Can make periods regular, lighter and less painful • May protect against cancer of the ovary, colon and uterus • When you stop using the patch, your fertility will return to normal
Disadvantages	<ul style="list-style-type: none"> • Not suitable for very overweight women or smokers over 35 • Temporary side effects including headaches, nausea, breast tenderness, mood changes, vaginal discharge and infections • Some medicines can make it less effective 	<ul style="list-style-type: none"> • Not suitable for very overweight women or smokers over 35 • Low risk but serious effects may include; blood clots, breast and cervical cancer • Can be temporary side effects such as headaches, nausea, mood changes and breast tenderness • Possible skin reaction
Comments	<ul style="list-style-type: none"> • Women must be comfortable inserting and removing vaginal ring 	<ul style="list-style-type: none"> • May be seen • New patch has to be used each week for 3 weeks out of 4 • Some medicines can make it less effective • Breakthrough bleeding and spotting is common in the first few months

Session 6: Sexually Transmitted Infections (STIs)

Skills

- research
- communication
- asking for help and support

Outcomes

- to become aware of the most common STIs
- to learn about their consequences
- to know where to go for help

Materials

Activity Sheets A and B

Leaflets available from Health Improvement Resource Library. Call 01698 377600 for more information

Information sheets – fact sheets

www.lanarkshiresexualhealth.org

This session will require teacher planning and, if you are unsure of some of the facts about STIs, all the information you need is contained in the session answers.

Diary and review of contraception

Introduction

Brainstorm STIs – name as many as possible – list on board or flipchart. Ask pupils what kinds of people may get an STI – explain that anyone can be infected.

Activity 1 – Quiz

Divide class into small groups and issue quiz sheets – Activity Sheet A. Give them time to complete and then check answers.

Activity 2

Issue each group with a leaflet and/or information sheet plus blank fact sheet – Activity Sheet B. Each group researches one STI and completes fact sheet. Groups can present findings or swap leaflets and complete another fact sheet.

Activity 3

Ask pupils where people can go to get help. Give local information about young persons' sexual health clinics and explain that the service is confidential. Discuss why some people may not be happy to go to a clinic or tell their partner that they may have an STI.

Processing

What have you learned?

Ensure that pupils know that there are 2 ways to protect themselves from STIs:

by not having close sexual contact with others

by using a condom or femidom if you do choose to have sexual contact

Evaluation Diary

Session 6: Activity Sheet A – Sexually Transmitted Infection (STI) Quiz

	Yes	No	Not Sure
1 Once you have had an STI you cannot get it again			
2 You should tell your partner if you have an STI			
3 You can catch an STI from kissing			
4 One of the most common STIs is Chlamydia			
5 You can catch AIDS by kissing			
6 If you swim in the same pool as someone with an STI you will become infected			
7 Some STIs may not have obvious symptoms			
8 You can catch an STI from a toilet seat			
9 Condoms do not protect against STIs			
10 The special clinics that deal with STIs are called GAT clinics			
11 HIV and AIDS are the same thing			
12 The most common way of transferring HIV is through heterosexual sex.			

Session 6: STI Quiz – Answers

- 1 **False** You can catch the same infection or a different one.
- 2 **True** Some people are afraid to or don't believe in sharing this sort of information with a partner.
- 3 **True** Some viruses and germs can be transmitted through kissing – hepatitis B, gonorrhoea and syphilis if the throat is infected. Oral sex poses a higher risk than kissing.
- 4 **True** The numbers of people with Chlamydia is increasing. If left infected, it can cause infertility.
- 5 **False** You cannot 'catch' AIDS. It is HIV which is transmitted and not by kissing.
- 6 **False** STIs are caught by close, intimate bodily contact.
- 7 **True** Some people are unaware they are infected which is why they should get tested if they have had unprotected sex.
- 8 **False** This is an old myth.
- 9 **False** If used correctly condoms and femidoms can protect a person from an STI. They do not provide protection against all STIs.
- 10 **False** The clinics are called GUM clinics – Genito Urinary Medicine. Lanarkshire also has dedicated young person's Sexual Health clinics. The appointment line number for both is (0845 618 7191) is listed in the phone book/yellow pages and on the website www.lanarkshiresexualhealth.org.
- 11 **False** HIV stands for Human Immunodeficiency Virus. AIDS stands for Acquired Immune Deficiency Syndrome. A person is said to have AIDS when their immune system has become irreparably damaged.
- 12 **True** This is true if people are having sex without condoms or femidoms.

Session 6: STI Facts

STI: Name	
Caused by: Virus or bacteria	
Symptoms	
Effects on health/complications	
Treatment	

Session 6: STI Information Sheet

Chlamydia

Cause

Bacteria

Symptoms

Most males and females (70%) do not have symptoms. If there are symptoms, they may include: an unusual discharge from the penis or vagina; heavy periods; urinating more often; pain/burning sensation when passing urine; inflammation; painful lower stomach. Men may notice some discomfort and swelling of the testicles.

Effects on health

If it is not treated, Chlamydia can cause long-term problems, such as infertility, for males and females. It is important to get medical advice straight away if you have unprotected sex, even if there are no obvious symptoms.

Treatment

One single dose of antibiotic

Genital Warts

Cause

A virus

Symptoms

Growth of warts in the genital area. These may take up to a year to appear after infection.

Effects on health

Some types of the wart virus may be linked to changes in cervical cells which can lead to cancer. Although there is no direct link between genital warts and cancer of the cervix, it is important that women over the age of 20 years of age have a regular smear test.

Treatment

Sometimes the warts are treated by freezing them or sometimes an ointment is used on the area.

Gonorrhoea

Cause

Bacteria

Symptoms

It is possible to be infected and have no symptoms. Men are more likely to notice symptoms than women. The symptoms for males can include: a burning sensation when passing urine; yellow, green or white discharge from the penis; inflammation of the testicles. The symptoms for females can include: unusual discharge from the vagina; heavy periods; painful lower stomach; a burning sensation when passing urine.

Effects on health

There are no serious effects if detected and treated early on. If left untreated, it can cause problems such as infertility in females.

Treatment

Antibiotics can cure gonorrhoea completely

Genital Herpes

Cause

Bacteria

Symptoms

Blisters or sores (small and painful) in the genital area. There may be itchiness; a burning sensation when passing urine; flu like symptoms.

Effects on health

A pregnant woman may infect her baby, although this is very rare.

Treatment

There is anti-viral treatment to relieve the pain of the blisters. There is also treatment for people who have either had the infection for the first time or who have it frequently.

HIV (Human Immunodeficiency Virus)

Cause

A virus

Symptoms

Most people with HIV look and feel healthy for a long time. They may not even know that they have the virus, but they can still pass it on to others through blood, semen, vaginal fluids and breast milk.

Effects on health

HIV damages the body's defence system so that it cannot fight off certain infections.

Treatment

There is no cure for either HIV or AIDS. New drugs and treatments can help a person to stay well.

Hepatitis B

Cause

A virus

Symptoms

There may be no symptoms, but usually they come in two stages. These start between 1 and 6 months after infection. First stage: feeling very tired; feeling flu-like (cough and sore throat); painful joints (knees, elbows etc); little or no appetite. Second stage: jaundice for between 2 to 8 weeks – yellowish skin and whites of eyes; darkish brown urine; light coloured faeces; sore stomach; weight loss.

Effects on health

Can cause liver cancer and other liver damage.

Treatment

There is no treatment for Hepatitis B. People will be advised to eat plenty of healthy food and to get plenty of rest. It usually takes several months to recover. People who know they are at risk from catching Hepatitis B can be vaccinated.

Syphilis

Cause

Bacteria

Symptoms

There are 3 stages:

1st stage

Sores (chancres) can appear on body. These are very infectious.

2nd stage

If untreated: Painless rash (not itchy) all over body
Flu like illness, loss of appetite, swollen glands
Patchy hair loss
White patches on tongue/roof of mouth
Flat warty growths in vulva (women) or anus (men)

3rd stage

If untreated: causes serious damage to heart, brain, eyes, bones, nervous system and other internal organs. This damage can lead to death.

Effects on health

Without proper treatment the infection can spread to other parts of the body causing serious, long term complications. Left untreated, syphilis may start to cause very serious damage to the heart, brain, eyes, other internal organs, bones and nervous system. This damage could lead to death.

Treatment

Penicillin or other antibiotic (a large dose) is very effective at 1st and 2nd stage syphilis. At the 3rd stage, treatment is available in the form of antibiotics but any damage done to the body at this stage will be permanent.

Pubic Lice

Cause

A parasitic insect

Symptoms

Itching in affected areas, black powdery droppings from the lice in underwear, brown eggs in pubic or body hair, irritation and inflammation of affected area, sky blue spots (which sometime disappear within a few days) or very tiny specks of blood on the skin. You can sometimes see the lice move, but they are tiny and difficult to see and they keep still in the light.

Effects on health

They are easily passed from one person to another through close body or sexual contact.

Treatment

- Using a prescribed special cream, lotion or shampoo
- Treatment is repeated after 3–7 days
- Wash all clothing and bedding on a very hot cycle
- Sexual partner(s) should be treated at the same time, even if they don't have symptoms

Session 7: Sexuality

Skills <ul style="list-style-type: none">• communication• empathy• respect and tolerance
Outcomes <ul style="list-style-type: none">• to explore the meaning of sexuality• to clarify attitudes about sexuality• to explore other's perceptions
Materials Flipchart paper Sexuality model information sheet (for staff use)

This session will require teacher planning and for staff to have considered the points you will be asking the young people to explore.

Diary and review of last session.

Introduction

Explain that today we are going to explore the meaning of sexuality – put the word on the board/ flipchart.

Activity 1 – Quiz

Brainstorm – what does 'sexuality' mean? List responses on board. If pupils have difficulty with this – discuss the word 'sexual' – draw out that it is about our bodies, relationships, feelings, culture, religion. Refer to model to help discussion. Tell pupils it is a part of everything we do and who we are, our identity.

Read out the following statements and ask students to say whether they are to do with sexuality or not. You may need to prompt e.g. eating chocolate (think of TV advert).

Fancying someone	Belonging to a church	Buying a CD
Eating chocolate	Watching a film	Driving a car
Contraception	Having a ride on a roller coaster	Watching TV
Sunbathing	Massage	Marriage
Going out with someone of the opposite sex	Celibacy	Dancing
Going out with someone of same sex	Kissing	Singing

Feedback – can students now give a definition of 'sexuality' that feels relevant to them? Ensure students understand that 'sexuality' isn't just to do with sexual behaviour.

Activity 2

Some people have strong feelings about some sexual relationships, others accept it. It is important to initially accept all responses. It will then be necessary to emphasise the need for respect and to challenge homophobia. Divide class into small groups and issue each group with flipchart paper with one of the following headings at the top – coming out, lesbian, gay, straight, bisexual, transgender. Students brainstorm words under each of the headings. After 10 minutes display posters on wall.

- Feedback
- which headings were most difficult to complete?
 - what kind of words have been written?
 - do they respect people?
 - are they insulting or complimentary? how would people feel if those words used?
 - where could people go for help?

NB – Link this exercise to ‘Rights and Responsibilities’

Processing

How did it feel to discuss these issues?

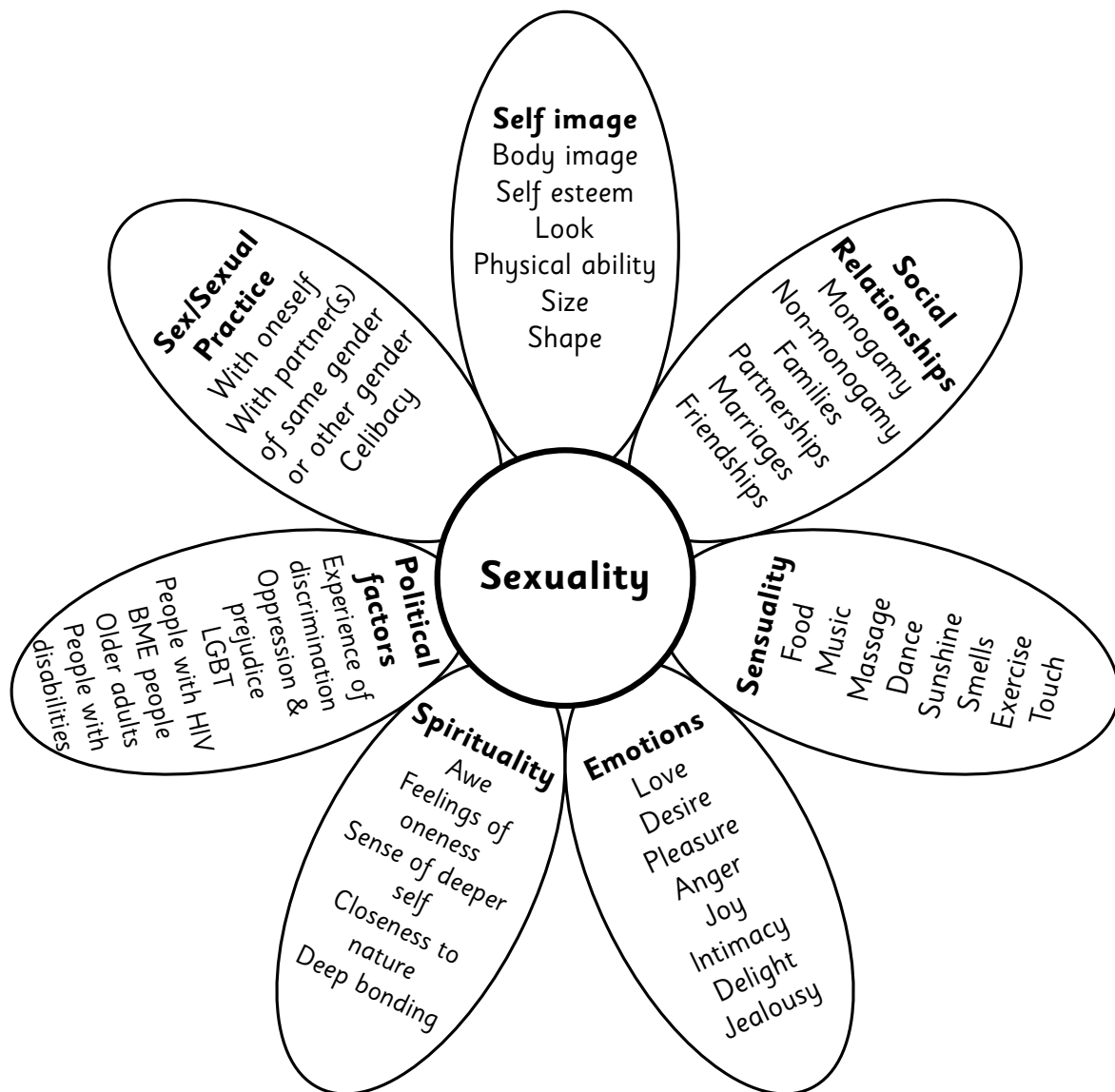
Have you changed your views since start of session – if so, in what way?

Why might it be harder to be honest about your identity if you thought you were Lesbian/Gay/Bisexual/Transgender (LGBT)?

Evaluation

Diary

Session 7: Sexuality Model (for reference)



These all add up to how we define ourselves as sexual beings.

Sexuality = sexual selfhood

Sexuality involves our relationship with ourselves, those around us and the society in which we live – whether we identify as gay, heterosexual, lesbian, bisexual or celibate.

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Session 8: Legal Issues

(Adapted from NHS GG&C – A Sexual Health Curriculum)

Skills <ul style="list-style-type: none">• clarify values and attitudes• communication
Outcomes <ul style="list-style-type: none">• to know some of the laws relating to sexual relationships• to understand the purpose of the law
Materials <p>Flipchart paper Quiz sheets and answers – Activity Sheets A and B</p>

Diary and review of last session.

Introduction

Explain that today we are going to complete the unit by looking at issues around sex and the law.

Activity 1

Hand out a copy of the quiz to each pupil and ask them to complete it individually. Now ask them to discuss their answers with a neighbour. Now check answers with class. Discuss and clarify understanding. Discuss – why do we have laws?/do you agree or disagree with them?

Activity 2

Divide class into small groups. Hand out flipchart paper prepared with the headings below – one to each group and ask them to discuss their topic and not their thoughts:

advantages of age of consent being 16/disadvantages of age of consent being 16

advantages of lowering age of consent/disadvantages of lowering age of consent

advantages of raising age of consent/disadvantages of raising age of consent

Feedback – display flipcharts and discuss

Processing

What have you learned? Will the law affect your behaviour?

If not, what will? – try to draw out some of the issues discussed in previous sessions e.g. the importance of stable relationships, values in relationships, communication, pressures etc.

Evaluation

Diary and unit evaluation

NB: Rights and Responsibilities sheet should be retained for S4.

Activity Sheet A: Sex and the Law Quiz

Go through the sheet deciding whether a statement is true or false:

	True	False
1 It is illegal for young people under the age of 16 to have sex	<input type="checkbox"/>	<input type="checkbox"/>
2 You can get married at 16 even if your parents/carers disagree	<input type="checkbox"/>	<input type="checkbox"/>
3 A termination (abortion) is legally available to any woman who wants one	<input type="checkbox"/>	<input type="checkbox"/>
4 A termination (abortion) cannot legally take place after 24 weeks of pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
5 If two 17 year old men have a sexual relationship, they are breaking the law	<input type="checkbox"/>	<input type="checkbox"/>
6 It is illegal for two 17 year old women to have a sexual relationship	<input type="checkbox"/>	<input type="checkbox"/>
7 It is illegal for a doctor to prescribe the pill to a 14 year old girl	<input type="checkbox"/>	<input type="checkbox"/>
8 It is illegal for a 13 year old boy to go to a chemist and buy condoms	<input type="checkbox"/>	<input type="checkbox"/>
9 A man can be raped	<input type="checkbox"/>	<input type="checkbox"/>
10 Parents/carers can remove their children from Relationships, Sexual Health and Parenthood (RSHP) lessons in school	<input type="checkbox"/>	<input type="checkbox"/>
11 It is illegal for teachers to talk to young people about same sex relationships in class	<input type="checkbox"/>	<input type="checkbox"/>
12 Any specialist doing work on this topic with a class must tell a teacher if something said about sex causes concern	<input type="checkbox"/>	<input type="checkbox"/>

Sex and the Law Quiz – Answers

1 True

It is an offence for young people under the age of 16 to have sexual intercourse or engage in any sexual activity under The Sexual Offences (Scotland) Act 2009. Age of consent is 16 for both males and females and where underage sexual activity is reported to the police, both parties can be charged. No person under the age of 13 can consent to any sexual activity and this is considered statutory rape.

2 True

You can get married in Scotland at the age of 16 (the age of consent) without the consent of your parents/carers.

3 False

The 1967 Abortion Act states that to have a legal termination a woman has to get the consent of two doctors. The doctors have to sign a form stating that continuing the pregnancy would cause greater risk to the woman's physical or mental health than terminating it, or that if the child was born that there is a risk that it would be severely disabled. The ease or difficulty with which women can get a termination varies greatly in different areas and can depend on the doctor's attitude and the facilities available. A doctor cannot refuse to help a woman to get a termination unless he refers her to someone else in the practice.

4 True

A termination cannot legally take place after the 24th week of pregnancy unless there are extreme medical circumstances. If a woman is considering her pregnancy choices, she should try to speak to a trained health worker as soon as possible.

5 False

As of January 2001, this age was reduced to 16. This brought in an equal age of consent for all sexual activity irrespective of sexuality and puts the age limit in line with most other European countries.

6 False

There is no law in relation to lesbian relationships. However it is important to remember, sexual activity under the age of 16 is illegal, irrespective of sexuality.

7 False

A doctor can prescribe a pill to a girl under 16. In this situation the doctor will usually try to persuade the girl to involve her parents/carers, but they are not allowed to tell them themselves. Doctors are allowed to treat those under 16 without parental consent as long as they believe the young person is mature enough to understand the treatment and can make their own decisions.

8 False

There are no laws about the age at which condoms can be purchased/sold. People aged 16 and over can get free condoms from 98 C Card centres across Lanarkshire. Young people aged 13-15 can access free condoms once they have attended a sexual health clinic for a discussion and a condom demonstration.

9 True

Men and women can both be raped in Scotland. It is true to say that not many countries recognise the fact that male rape happens and the Sexual Offences (Scotland) Act (2009) changed the definition of rape to reflect this.

10 True

Parents/carers can request their children are removed from Relationships, Sexual Health and Parenthood (RSHP) lessons, though this is not a right enshrined in law. Although where schools fully explain and consult with parents regarding RSHP work, and show the safeguards alongside the guidance that are clearly in place, parents often feel confident about their child's participation in RSHP work.

11 False

It has never been illegal to discuss same sex relationships.

12 False

Professional codes of practice state that nurses, along with other health professionals, have a duty not to disclose any information about individuals without their consent. The only reason why confidential information might have to be passed on would be to protect an individual or someone else from very serious harm. Nurses and other professionals would always try to discuss this with them first.

Unit Evaluation

Name: _____

Class: _____

This unit helped me to:

think about...

a) _____

b) _____

understand...

a) _____

b) _____

be able to...

a) _____

b) _____

The most useful part was...

because... _____

The least useful part was...

because... _____

The unit could have included...

Parent/carer signature: _____

Session 1: Changing Relationships

(Adapted from NHS GG&C – A Sexual Health Curriculum)

Skills <ul style="list-style-type: none">• reflect and evaluate on own role and roles of others• clarify values• interpersonal skills
Outcomes <ul style="list-style-type: none">• to explore how relationships have changed• to understand the benefits of assertive behaviour
Materials <p>Flipchart paper Scenarios – ‘Getting What you Want’ Sheets A-D</p>

Diary – review of S3 unit.

Introduction

Review rights and responsibilities from S3. Draw up new Group Agreement. Ask students to suggest what would make them feel safe and comfortable in the group and free to express opinions. Be positive. Focus on Do's rather than Don'ts. Remind about confidentiality. Have a good copy for display throughout the sessions.

Activity 1

Explore the following questions:

- How have relationships changed since S3, what is important in a relationship now?
- Do girls and boys want different things?
- Is sex more important now?
- Why do people want to have sex?
- Explore reasons given – can any be achieved without having sex?

Brainstorm answers to this question and list on board:

- Is there more pressure now than before?
- How can pressure be dealt with?

Activity 2 – Communication

Ask students – what do people do to get their own way? Brainstorm. Make a list on the board. Now split the class into small groups, appoint a scribe who should make three columns on sheet of flipchart paper with headings – Aggressive, Passive, Assertive. Students should allocate the statements on the board to one of the headings. Read out the options and ask which is Aggressive, Passive, Assertive. Debrief – how easy/different was it to allocate the statements? Is it easier to be assertive when older? Why?

Activity 3

Divide class into small groups and issue a different scenario to each group. It is ok for 2 groups to have the same scenario if you have more than 4 groups. In groups discuss the scenario and answer the 2 questions. Feedback - discuss their responses.

Processing

Do pupils feel more confident to say what they want in a relationship than when in S3 or S2?
Is it difficult to be assertive – why?

Evaluation

Diary

Getting what you want without putting others down

You are a 16 year old girl and have been going out with Sam for quite a while. Sam's mum and dad are going away on holiday and you are invited to stay over at their house. Sam says you should lie to your mum and say you're staying at a pal's house. You really like Sam but you don't want to stay overnight.

What you want to happen:

To keep the relationship going but not to stay over

What feelings and thoughts do you have?

What could you say and do to get what you want?

Getting what you want without putting others down

You used to be bullied by people in your class when you were in first year. You are friends with these people now, but they have started picking on the quiet person in your class who you get on well with.

What you want to happen:

Your friends to stop bullying this person

What feelings and thoughts do you have?

What could you say and do to get what you want?

Getting what you want without putting others down

You have lent your best friend a fiver.

It has been a week now and you need the money back for yourself this weekend, but you think your friend has spent it and is skint.

What you want to happen:

To get your money back and stay best friends

What feelings and thoughts do you have?

What could you say and do to get what you want?

Getting what you want without putting others down

Your best friend has just finished with the person they were going out with. You've fancied this person for ages but think your best friend is really upset. They won't talk about what's happened.

What you want to happen:

To go out with the person but stay best friends with your pal

What feelings and thoughts do you have?

What could you say and do to get what you want?

Session 2: Under Pressure

(Adapted from 'SHARE')

Skills <ul style="list-style-type: none">• assertiveness• negotiation• refusal
Outcomes <ul style="list-style-type: none">• to examine some of the difficulties in communication within relationships• highlight common pressure statements• find ways of saying 'no' assertively• identify risk factors in a relationship
Materials <p>Flipchart paper Activity Sheet A</p>

Diary – and review of last session – 'Getting What You Want'

Introduction

Ask students – is it more difficult to get what you want in a romantic or sexual relationship and why can it be hard to say no? Explain that today you are going to examine pressures within a relationship and how to deal with them and you will also look at how to plan to keep safe. Recap on 'Bill of Rights'.

Activity 1

Divide class into small groups and issue them with blank A4 paper or flipchart paper. Ask them to write a statement at the top of each piece of paper. The statements should be lines they think people (male or female) use to try to pressure their partner into having sex.

Possible lines:

- Everyone else does it
- You're the only person I want to do this with
- It'll prove you love me
- I'll be careful
- I've got condoms so don't worry
- I don't have a disease so you'll be ok
- You're only scared – it'll be ok
- You will really enjoy it

Take in the sheets, shuffle them and re-issue to the groups. Ask them to write down different ways of saying 'no' to the statement on their sheet. Tell them that their replies should say no but aim to keep the relationship going, they should imagine that they really fancy the person who is putting pressure on them. After a few minutes, groups exchange sheets of paper and continue. Allow time for each group to see each sheet.

Feedback - which statement would be hardest to refuse?
- when would it be difficult to say no to a partner?

Activity 2

Explain that many teenagers regret early sex because they felt pressured or pressured someone else. Avoiding this means knowing what you do and do not want and being able to communicate this to a partner. Explain that students should take responsibility for their behaviour and plan to keep safe. Some people say there are three stages in a sexual relationship – ask students if they can suggest what the stages are.

Use the information below as a guide.

Stage 1 – where a person has strong feelings for another person but there are no risks

Stage 2 – where there is a possibility that the relationship may become sexual

Stage 3 – where it is likely that sexual risks will be taken

Explain that Stage 1 can be safe, exciting and fun. If a relationship moves into stage 2, a person needs to think carefully about the consequences of their actions and decide how far they want to go. They will need to take steps to keep themselves safe. If they recognise the signs they will have time to plan to keep safe. If they miss the signs they may be too late. If a relationship moves into Stage 3 a person could be in a high risk situation quickly and need to take action to keep safe. If they recognise the signs they can protect themselves. Explain that the time it takes to go through the stages varies and the process can stop at any point. A relationship may not pass through all 3 stages and the time between stages varies.

Issue Activity Sheet A and ask groups to work through the statements stating whether the relationship is Stage 1, 2 or 3.

Feedback – discuss the responses, encourage exploration of ‘it depends’. List factors which make a situation more or less safe e.g. - it is important to draw out how alcohol can affect behaviour in terms of the speed people can move through the stages and the inability to recognise the signs and plan to keep safe. Some questions to consider include:

Age of those involved?

How long they've known each other?

Whether adults are around?

Are both partners consenting?

Whether alcohol or drugs have been used?

Whether there are condoms?

Where are they?

Processing

Had pupils considered these issues before?

Could they use this model to plan or to feel safe?

Evaluation

Diary

Session 2: Activity Sheet A – One, Two or Three

	Stages		
	1	2	3
1 Feeling excited when you see a particular person.			
2 Having unprotected sex with someone who uses drugs.			
3 Walking home, holding hands.			
4 Playing spin the bottle at a party.			
5 Having sex without a condom.			
6 A friend tells you someone you like fancies you.			
7 Getting a lift home with someone who fancies you.			
8 Dancing closely with someone you fancy.			
9 Sending flirty text messages to your partner.			
10 Drinking at a party.			
11 Someone you fancy asks you to dance at a party.			
12 Taking extra care over your appearance in case you see a particular person.			
13 Going to the cinema with someone you fancy.			
14 Going back to someone's empty house after a date.			
15 Touching and kissing each other while removing each other's clothes.			
16 Watching a porn DVD with someone.			
17 Your partner asks you to have oral sex.			
18 Kissing and cuddling.			
19 Smoking a joint with your partner.			
20 Agreeing to go into a room alone with someone you fancy at a party.			

Session 3: Unintended Pregnancy

(Adapted from 'SHARE')

Skills <ul style="list-style-type: none">• evaluate own roles• take responsibility for actions• clarify values and attitudes
Outcomes <ul style="list-style-type: none">• to explore feelings about parenthood• to be aware of the responsibilities of parenthood• to revise knowledge about pregnancy, contraception etc
Materials <p>Activity Sheets A and B</p>

Diary – review of last session.

Introduction

Explain that this session returns to the issue of pregnancy and offers the opportunity to explore issues involved in unintended pregnancy.

NB – it is important to recognise that members of the class will have had different experiences of parenting and this may affect their values and attitudes, you may have some young people who identify as LGBT and you may have people who are already sexually active or who have experienced pregnancy.

Activity 1

Explain that the first activity is private and that students only share what they choose.

Issue Activity Sheet A. Ask pupils to fill in:

- Name of closest friend
- Name of parent/carer
- Own name
- Name of favourite adult
- Name of partner can be left blank (reassure pupils about this in case they feel having no partner means this exercise relates less to them)

In box 3 ask boys to write down how they would feel if their partner was pregnant.

It is important to remind students of the difference between feelings and thoughts. Girls should note down how they would feel if they were pregnant. Now everyone should write down in the other boxes how those people would react to the news.

Feedback some of the responses, then complete questions at end.

Activity 2

Issue Activity sheet B and give out one instruction at a time. Ask pupils to write down:

- 5 things they enjoy doing in the left hand side of the table.
- In the second column write a £ sign beside any activity which costs more than £3.
- In the third column write an A beside any activity that you like to do at least once 1 week.
- In fourth column write an O beside any activity you do outside your home.
- In fifth column write B beside any activity that would be difficult to do with a baby.

Feedback responses, then complete questions at bottom of page. Discuss with pupils whose reactions would be least/most negative, whose would be least/most supportive, ways in which a baby would make a difference and what choices are available.

Activity 3

If time this exercise can be done in pairs or small groups. Ask students to make a list of good advice which would be useful to young people to help them avoid unintended pregnancy. They should then identify the 3 most important pieces of advice. A class list could be drawn up.

Processing

Were these exercises useful – why?

What did you learn?

Evaluation

Diary

Session 3: Activity Sheet A – It's Positive

1 My closest friend

2 My parent's name

3 My name is

4 My favourite adult is

5 My partner

If my partner was pregnant or if I was pregnant...

The least supportive person would be...

The most supportive person would be...

The person I would be most worried about telling would be...

Session 3: Activity Sheet B – The Consequences

I enjoy	£	A	O	B

If you became a parent this year:

What would be the biggest change in your life?

What could you no longer do?

List two advantages and two disadvantages

1 _____

2 _____

1 _____

2 _____

Session 4: Where to get help

(Adapted from NHS GG&C – A Sexual Health Curriculum)

Skills <ul style="list-style-type: none">• to know where and when to seek advice• to develop confidence in accessing support
Outcomes <ul style="list-style-type: none">• to look at a range of services currently available• to explore the difficulty young people face accessing services
Materials <p>Leaflets – Sexual Health Services, C Card available from Health Improvement Resource Library Call 01698 377600 for more information</p> <p>Situation cards – Who can help?</p> <p>Flipchart paper</p> <p>Contact Sheet – can be updated from www.lanarkshiresexualhealth.org</p> <p>Teacher's Notes for discussion</p>

Diary – review of last session.

Introduction

Explain that today we will look at what services are available to young people.

NB – this exercise will need to be adapted for your local area.

Activity 1

Divide class into groups, issue contact sheet and 2 situation cards to each group.

Students read the situations and answer the following questions – write the questions on the board.

- 1 What are the main issues for the people in each situation and how might they be feeling?
- 2 Where could they go for help?

See teacher's notes for discussion points. Inform students that information is also available online at www.lanarkshiresexualhealth.org and in the phone book/yellow pages under 'family planning', 'health' or 'clinics'.

Activity 2

The aim of this exercise is to consider the 'Ideal Sexual Health Service'. Divide into groups and issue flipchart paper. Ask students to write down their ideas in response to the questions below. Write questions on the board. Groups should present their results to the class.

- Where would it be?
- Who would work in it?
- Who would it be for?
- How would young people be encouraged to use it?

Processing

What have you learned about the range of services available?

How did you feel doing the exercise?

Evaluation

Diary

Session 4: Who can help?

1 Your cousin Andy has confided in you that his girlfriend wants them to have sex. He is worried about her getting pregnant but has no money to buy condoms.

2 It's Saturday afternoon and you're out shopping with your pal Michelle. She tells you that she had sex last night and didn't use any contraception. She is worried about being pregnant.

3 Your friend Nikki and her boyfriend have been having sex for a few weeks. They've been using condoms but Nikki wants to go on the pill as well. She is 15 and he is 17. She doesn't want to go to her family doctor as her auntie works at reception.

4 Pam has noticed a small lump on her left breast. It doesn't hurt so she just ignores it but she does worry about it sometimes and wonders if she should tell someone.

5 Whilst out walking a stranger approached Mark and started making sexual remarks. He ran off but it has made him scared. He doesn't know what to do.

6 My friend John has told me that he has found himself attracted to other boys and not much to girls. He wonders if this means that he's gay.

7 John has noticed his penis feeling itchy and recently has felt pain whilst peeing. He is a little worried.

8 When in the shower the other day Tom noticed a strange lump in his testicle. He has heard that this could be serious.

Session 4: Where to get help – Teacher’s Notes

Issues for discussion

Situation 1

- 1 Condom provision – free in Lanarkshire (see leaflet), where?, age limit?, femidoms available too
- 2 Andy’s feelings – does he want to have sex, as he may not feel ready
- 3 Other worries – STIs

Situation 2

- 1 Emergency contraception – local provision, timeframe, travel?
- 2 Other risks – STIs

Situation 3

- 1 Age of consent
- 2 Confidentiality
- 3 Where can pill be prescribed?
- 4 Other contraception options?

Situation 4

- 1 GP
- 2 Helplines?
- 3 Age and prevalence

Situation 5

- 1 Support-talk to someone-who?
- 2 Law? Rights?
- 3 Sexuality

Situation 6

- 1 Helplines
- 2 Support – talk to someone

Situation 7

- 1 Has he had unprotected sex?
- 2 Yes or No– GUM Clinic/YP clinic

Situation 8

- 1 Talk to someone
- 2 GP
- 3 Age and prevalence

Session 4: Where to get Help – Useful Contacts

This session requires one of two things to be most effective:

- Young people must have the opportunity in class time to look up this info themselves (remember that the Scottish Government made it clear that all local authorities were to ensure that school computers could access appropriate websites related to RSHP work)
- As class teacher, you go to www.lanarkshiresexualhealth.org and pull off the relevant local young person's service information

Young Person's Clinics

Airdrie	FIZ, @Home Centre, 2 Clark Street, Airdrie, ML6 6DH Tuesday 7.00 pm – 9.00 pm
Bellshill	Health Spot, YMCA, Main Street, Bellshill, ML4 1AB Wednesday 7.00 pm – 9.00 pm
Cambuslang	The Den, CTEC, 1-15 Main Street, Cambuslang, Monday 6.00 pm to 8.00 pm
Coatbridge	Coatbridge Health Centre, 1 Centre Park Court, Coatbridge, ML5 3AO Saturday 11.15 am – 1.45 pm (drop in till 12.45 pm)
Cumbernauld	Cumbernauld Health Centre, North Carbrain Road, Cumbernauld, G67 1BJ Monday 3.30 pm to 5.00 pm
East Kilbride	Hunter Health Centre, Andrew Street, East Kilbride, G74 1AD Thursday 3.30 pm to 5.30 pm
Hamilton	HIPY (UC), 16 Townhead Street, Hamilton, ML3 7BE Monday 5.30 pm to 7.30 pm
Lanark	Universal Connections, 13 St Vincent Place, Lanark, ML11 7LE Monday 3.30 pm to 5.00 pm
Larkhall	Larkhall Health Clinic, Low Pleasance, ML9 2HW Tuesday 5.00 pm to 7.00 pm
Lesmahagow	The Nethan Centre, 1 Wellwood Road, Lesmahagow, ML11 0DD Monday 6.00 pm to 8.00 pm
Motherwell	Newarthill Community Centre, 50 High Street, Newarthill, ML1 5JU Monday 6.00 pm to 8.00 pm
Rutherglen	Rutherglen Health Centre, 130 Stonelaw Road, Rutherglen, G73 2PQ Thursday 6.00 pm to 8.00 pm
Shotts	Healthy Living Centre, Kirk Road, Shotts, ML7 5ET Wednesday 6.30 pm to 9.00 pm

For up-to-date clinic information please visit: www.lanarkshiresexualhealth.org

Family Planning Services

0845 618 7191 – Appointment Line

Contraception, Counselling, Pregnancy Testing

South sector

- **Blantyre Health Centre**, Tuesday 7pm – 9pm
Thursday 9.30 am to 12 pm/1.30 pm to 4 pm
- **Carlisle Health Centre**, Thursday 7 pm – 9pm
- **East Kilbride**, Hunter Health Centre, Monday 9.30am – 11.30am, 7pm – 9pm,
Thursday 1.30 pm – 3.30 pm
- **Hamilton**, Central Clinic, Wednesday 7 pm – 9pm
- **Lanark Health Centre**, Monday 1.30 pm to 3 pm, Tuesday 7 pm – 9pm (alternate weeks)

North sector

- **Airdrie**, Adam Avenue Clinic, Thursday 7 pm – 9 pm
- **Bellshill Clinic**, Wed 1.30 pm to 4.30 pm and 7pm – 9 pm
- **Coatbridge Health Centre**, Monday 9 am to 10 am (walk in clinic) 1.30 pm – 8.30 pm
- **Cumbernauld**, Central Health Centre, Monday 7 pm – 9 pm
- **Viewpark Health Centre**, Friday 1.30 pm to 3.30 pm
- **Wishaw Health Centre**, Mon (1st & 3rd) 1.30 pm – 3.30 pm, Mon (2nd & 4th) 6.30 pm – 8.30 pm

For up-to-date clinic information please visit: www.lanarkshiresexualhealth.org

Sexual Health Clinics

0845 618 7191 – Appointment Line

Counselling, Contraception and STI testing

- **Blantyre Health Centre**, Thursday 9.30 am – 12 noon then 1.30 pm – 4.30 pm
- **Carlisle Health Centre**, Monday 9.30 am – 12 noon then 1.30 pm – 4.30 pm
- **Coatbridge Health Centre**, Monday 9 am – 10 am (walk in clinic), 1.30 pm – 8.30 pm
- **Cumbernauld**, Central Health Centre, Friday 9.30 am – 12.30 pm
- **East Kilbride**, Hunter Health Centre, Wednesday 1.30 pm – 4.30 pm then 6.45 pm – 8.30 pm
- **Hamilton**, Central Clinic, Friday 9.30 am – 12.30 pm
- **Motherwell Health Centre**, Tuesday 9.30 am – 12.30 pm then 1.30 pm – 4.30 pm

For up-to-date clinic information please visit: www.lanarkshiresexualhealth.org

Gay and Lesbian Switchboard

Group of under 26 year olds who offer advice and support to young people who are 'coming out'/ identify as LGBT – call 0141 847 0447 every night from 7 pm to 10 pm. Email: info@lgbtyouth.org.uk
Web: www.lgbtyouth.org.uk

Your Doctor

Can talk about anything to do with your health including sexual health. Be aware that for medical record purposes, some sexual health issues, such as STI screening or HIV testing, might be better discussed with other health professionals. The doctor is part of a team of health professionals which can include a practice nurse and access to a health visitor and nurse. Can discuss confidential matters and offer help and advice. Can prescribe contraceptives and arrange pregnancy testing.

Public Health Nurse

Can offer support and advice on any health issues, can suggest specialist services. School may have a drop in clinic.

fpa

offers contraception advice, confidential helpline **0845 122 8690** 9am to 6pm Monday to Friday (except bank holidays).

Sexwise

Confidential helpline offering advice and counselling. Web: www.maketherightdecision.co.uk

0800 282 930 7.00pm – 12.00 midnight (7 days a week)

Childline

Information and advice on a wide range of issues including bullying, stress and child abuse.

0800 1111 – 24 hours

Websites

www.lanarkshiresexualhealth.org

www.brook.org.uk

www.childline.org.uk

www.fpa.org.uk

www.maketherightdecision.co.uk

www.lgbtyouth.org.uk

www.yell.com

Session 5: What do you know?

(Adapted from 'SHARE')

Skills <ul style="list-style-type: none">• interpersonal relationships• self-awareness• build self confidence
Outcomes <ul style="list-style-type: none">• to reinforce information on risks and consequences• to provide information to help pupils make safe decisions• to make sure pupils know where to go for help
Materials <p>Leaflets Quiz sheets Information sheets</p>

Diary and review of last session

Introduction

Explain that this session will be about finding out what they know and clearing up any areas of misinformation.

Activity 1

Divide class into small groups or pairs. Issue quiz sheet to each pupil. Total number of points available is 100. Each pupil records answers, although discussion is allowed. Check over answers and correct mistakes. Pupils can take sheets home.

Processing

Discuss which areas were most difficult to answer:

- Why would this be?
- Where can you get further information?
- Where can you get advice?

Evaluation

Diary and unit evaluation

Session 5: Activity Sheet 1 – What do I Know? Section 1

Pregnancy (14)

- 1 Q Can a girl/woman get pregnant the first time she has sex? (1)
A
- 2 Q What are the possible signs of early pregnancy? (5)
A
- 3 Q Where can a young woman go for help if she thinks she is pregnant? (5)
A
- 4 Q Can a girl/woman get pregnant without penetration (the penis going into the vagina)? (1)
A
- 5 Q At what point in her menstrual cycle is a girl/woman most likely to conceive (get pregnant)? (1)
A
- 6 Q Why is it difficult for a girl/woman to predict when in her menstrual cycle she is most likely to conceive? (1)
A

Contraception (14)

- 7 Q What is 'contraception'? (1)
A
- 8 Q Can you name three forms of contraception? (3)
A 1.
2.
3.
- 9 Q Where can a young person go for information and advice on contraception? (5)
A
- 10 Q Where can a girl go for a pregnancy test? (3) How soon after having sex can she get a result? (1)
A

11 Q What is an 'oral contraceptive'? (1)

A

12 Q Where can the pill be obtained? (3)

A

13 Q How would a person find out where their nearest sexual health clinic/young person's clinic is? (3)

A

14 Q Where is the nearest young person's sexual health clinic to here? (1)

A

15 Q It is important to take the pill as instructed. What could go wrong when using the pill? (4)

A

16 Q How effective is the pill in protecting against pregnancy? (1)

A

17 Q What is a condom? How does it work? (2)

A

18 Q What are the advantages of the condom over other forms of contraception? (5)

A

19 Q Where can a young person get condoms? (5)

A

20 Q What is 'emergency hormonal contraception'? (2) Where can a young person get it? (3)

A

21 Q Emergency hormonal contraception is commonly called 'the morning after pill'. Why is this not a good description? (1)

A

Sexually Transmitted Infections (STIs) (22)

22 Q What does STI stand for? (1)

A

23 Q How many STIs can you name? (6)

A

24 Q Give four signs or symptoms that might suggest a person is infected with an STI? (4)

A

25 Q Where could a young person go for help if they thought they had an STI? (4)

A

26 Q How can a person protect themselves against an STI? (3)

A

27 Q Some STIs have no symptoms, so a person may not know that they are infected? Name one (2)

A

28 Q Is it possible for a person to be made infertile (unable to have babies) as a result of infection with an STI? Which one is the most common cause of infertility? (2)

A

HIV/AIDS (10)

29 Q What is the virus called which can lead to AIDS (Acquired Immune Deficiency Syndrome)? What do the letters stand for? (2)

A

30 Q What are the body fluids that can transmit (carry) HIV and infect a person? (3)

A

31 Q Is it possible to tell if somebody is infected with HIV? Why? (2)

A

32 Q Can you name three effective ways a person can protect themselves from HIV infection? (3)

A 1.
2.
3.

Termination (4)

33 Q If a girl/woman decides to have a termination (abortion), does it matter whether she has it sooner or later? (1)

A

34 Q Where can a young person go for help if they needed a termination (abortion)? (3)

A

Related Issues (2)

35 Q Which part of her body should a girl/woman examine on a regular basis? (1)

A

36 Q Which part of his body should a boy/man examine on a regular basis? (1)

A

The Law (4)

37 Q What is the age of consent for males and females? (1)

A

38 Q Does a GP have to tell the parents/carers of an under 16 that they are being prescribed contraceptives? (1)

A

39 Q At what age can a person go to the chemist to buy condoms? (1)

A

40 Q At what age can a person get free condoms from a C Card Centre in Lanarkshire? (1)

A

Session 5: What do I Know? (Answers) Section 1

Pregnancy

- 1 Q Can a girl/woman get pregnant the first time she has sex?
- A Yes **1 point**
- 2 Q What are the possible signs of early pregnancy?
- A Missed (or lighter, irregular) period(s)
Sickness, especially in the morning
Tiredness
Tender breasts
Needing to pee more often **1 point for each (max 5 points)**
- 3 Q Where can a young woman go for help if she thinks she is pregnant?
- A Parents/carers
Doctor/GP
Sexual Health/Young Person's clinic
Public Health Nurse **1 point for each (max 5 points)**
- 4 Q Can a girl/woman get pregnant without penetration (the penis going into the vagina)?
- A Yes **1 point**
If sperm are deposited around the entrance to the vagina they could make it into the womb, particularly if the vagina is touched with fingers.
- 5 Q At what point in her menstrual cycle is a girl/woman most likely to conceive (get pregnant)?
- A About 14 days before her next period is due **1 point**
- 6 Q Why is it difficult for a girl/woman to predict when in her menstrual cycle she is most likely to conceive?
- A It is hard to predict because she does not know when her next period is going to start **1 point**

(14)

Contraception

- 7 Q What is 'contraception'?
- A A means of preventing (or lowering the risk of) pregnancy **1 point**

8 Q Can you name three forms of contraception?

A Condom
The pill (combined or mini)
Diaphragm (or cap)
IUD – Intrauterine device (or coil)
IUS – Intrauterine system
Injection or implant
Sterilisation (vasectomy or female sterilisation)
Natural methods (rhythm or safe period)
1 point for each (max 3 points)

9 Q Where could a young person go for advice on contraception?

A Parents/carers
GP
Young Person's/Sexual Health clinic
Public Health Nurse **1 point for each (max 5 points)**

10 Q Where can a girl go for a pregnancy test? How soon after having sex can she get a result?

A GP
Young Person's/Sexual Health clinic
Youth advisory centre/clinic **1 point for each (max 3 points)**
It is possible to get an accurate result after about two weeks **1 point**

11 Q What is an 'oral contraceptive'?

A The name used by doctors for the contraceptive pill **1 point**
It is called 'oral' because it is taken by mouth. It has nothing to do with oral sex.

12 Q Where can the pill be obtained?

A GP
Young Person's/Sexual Health clinic **1 point for each**

13 Q How would a person find out where their nearest young person's sexual health clinic is?

A Use a relevant website such as www.lanarkshiresexualhealth.org/look in the telephone book/
yellow pages under 'family planning', 'health' or 'clinics' or **1 point for each (max 3 points)**

14 Q Where is the nearest young person's sexual health clinic to here?

A Teacher will need to have looked this up and be able to tell **1 point**

- 15 Q Is it important to take the pill as told by the doctor or nurse. What could go wrong when using the pill?
- A Yes **1 point**
 If a girl forgets to take it, especially if she is using the mini pill which must be taken at the same time every day, if she vomits (can be alcohol induced), has diarrhoea soon after taking the pill or if she is taking antibiotics **1 point for each answer (max 3 points)**
- 16 Q How effective is the pill against pregnancy?
- A Very (98–99%), if used exactly according to the instructions **1 point**
- 17 Q What is a condom? How does it work?
- A A condom is like a small fine rubber tube, closed at one end, which fits over the erect penis
1 point
 Sperm is then trapped inside the condom **2 points**
- 18 Q What are the advantages of the condom over other forms of contraception?
- A If used carefully, it can protect against some STIs
 If used carefully, it provides good protection against pregnancy
 It is easily available
 It provides some protection against cervical cancer
 It can be obtained free as part of Lanarkshire's C Card Scheme
1 point for each (max 5 points)
- 19 Q Where can a young person get condoms?
- A Health Centres under C Card Scheme – free
 Supermarkets
 Chemists/pharmacists - some give them free as part of C Card Scheme
 Petrol stations
 Some public toilets, pub toilets etc
 Some GPs – free
 Young Person's/Sexual Health clinics – free
 Drug projects
 Internet
1 point for each (max 5 points)
- 20 Q What is 'emergency hormonal contraception?' Where can a young person get it?
- A Emergency hormonal contraception is a contraceptive used after sexual intercourse when EITHER your usual method of contraception has failed OR contraception wasn't used **2 points**
 You can get it from:
 GP
 Young Person's/Sexual Health clinic
 Chemists/pharmacists
 Possibly from Accident and Emergency at a hospital (always call ahead before going)
1 point for each (max 3 points)

21 Q Emergency hormonal contraception is commonly called 'the morning after pill'. Why is this not a good description?

A One kind can be taken up to 72 hours (3 days) after unprotected sex, though the sooner it is used, the more effective it is likely to be. Another kind can be taken up to 5 days after unprotected sex. Also, it is not necessarily a pill. It might be an IUD (or coil). **1 point**

(44)

Sexually Transmitted Infections (STIs)

22 Q What does STI stand for?

A Sexually Transmitted Infection **1 point**

23 Q How many STIs can you name?

A Chlamydia
Herpes
Genital warts
Gonorrhoea
Pubic lice (crabs) **1 point for each (max 6 points)**

24 Q What are the signs or symptoms that might suggest a person is infected with an STI?

A Unusual, coloured or smelly discharge
Irritation, itching
Sores, blisters, redness, small hard lumps on penis or around vagina
Pain during intercourse or when peeing (1 point per group of symptoms and max 4 points)

25 Q Where could a young person go for help if they thought they had an STI?

A Young person's/sexual health clinic
Parents/carers
GP
GUM (genito-urinary medicine) clinic
Public Health Nurse **1 point for each (max 4 points)**

26 Q How can a person protect themselves against an STI?

A By avoiding close sexual contact with others
By using a condom/a femidom. Remember these don't protect against all STIs **3 points**

27 Q Is it true that some STIs have no symptoms so a person may not know that they are infected?
Can you name one ?

A Yes it is true. **1 point**
Chlamydia, gonorrhoea and HIV may have no symptoms **1 point**

28 Q Is it possible for a person to be made infertile (unable to have babies) as a result of infection with an STI? Which one is the most common cause of infertility?

A Yes it is possible. **1 point**

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

(22)

HIV/AIDS

29 Q What is the virus called which can lead to AIDS (Acquired Immune Deficiency Syndrome)? What do the letters stand for?

A HIV **1 point**

Human Immunodeficiency Virus **1 point**

30 Q What are the body fluids that can transmit (carry) HIV and infect a person?

A Blood, semen, vaginal fluids, breast milk and spinal fluid **1 point for each (max 3 points)**

31 Q Is it possible to tell if somebody is infected with HIV? Why?

A No **1 point**

A person with HIV can have no symptoms for a long time. **1 point**

Even if they become unwell, they may have quite long periods between illnesses when they lead a normal life

32 Q Can you name three effective ways a person can protect themselves from HIV infection?

A Avoiding all sexual contact

Always practicing safer sex

Always using a condom properly

Never sharing needles, syringes or other drug paraphernalia **1 point for each**

(10)

Termination (abortion)

33 Q If a girl/woman decides to have a termination does it matter whether she has it sooner or later?

A Yes, it does matter. The procedures involved are different depending on when the termination takes place. The safest method is used for females who are less than 9 weeks pregnant. Other methods are used after this time. Terminations cannot be legally performed after 24 weeks of pregnancy. **1 point**

34 Q Where could a young person go for help if they needed a termination?

A GP

Young person's/sexual health clinic

Pregnancy support organisation **1 point for each (max 3 points)**

(4)

Related Issues

35 Q Which part of her body should a girl/woman examine on a regular basis?

A Her breasts. She should look for any unexpected changes, small lumps or discharge from the nipples **1 point**

36 Q Which part of his body should a boy/man examine on a regular basis?

A His testicles. He should look for any unexpected changes or small lumps **1 point**
(2)

The Law

37 Q What is the age of consent for males and females?

A The age of consent is 16 for both men and women, irrespective of sexuality **1 point**

38 Q Does a GP have to tell the parents/carers of an under 16 that they are being prescribed contraceptives?

A No but the doctor will try and persuade the girl to involve her parents/carers. The doctor has to be sure that the girl is mature enough to understand the treatment and make her own decisions **1 point**

39 Q At what age can you go to the chemist to buy condoms?

A There is no law about the age at which condoms can be purchased/sold **1 point**

40 Q At what age can you get free condoms from a C Card Centre in Lanarkshire?

A 16+ condoms will be given out **1 point**
13–15 year olds – C Card staff member will direct anyone from this age group to a young person's/sexual health clinic where they will receive a demonstration on how to put a condom on and then given a C Card specific to their age. This card is for a 1 year period in the first instance.

(4)

Unit Evaluation

Name: _____

Class: _____

This unit helped me to:

think about...

a) _____

b) _____

understand...

a) _____

b) _____

be able to...

a) _____

b) _____

The most useful part was...

because... _____

The least useful part was...

because... _____

The unit could have included...

Parent/carer signature: _____

Session 1: Setting the Agenda

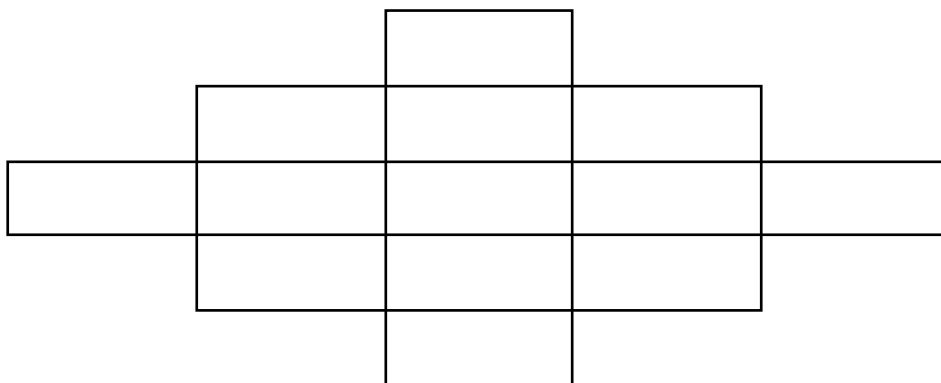
Skills To build on new skills developed from S1 – S4
Outcomes To identify what the group wish to explore in the sessions
Materials 'It's my Choice' handout RSHP Experiences and Outcomes

Introduction

Explain that this exercise will enable the group to identify what issues they are interested in, bearing in mind those prescribed in Curriculum for Excellence Health and Wellbeing's Relationships, Sexual Health and Parenthood Experiences and Outcomes. Include your own key topics in the negotiations.

Activity 1

Ask the group to brainstorm the main issues for them. This can be done as a class or in small groups. Draw up a class list of issues/topics/skills. Now in groups, pupils should rank the ideas according to the most favoured at the top to least favourite in a diamond shape.



Ensure that the following topics are included:

- Key Health Issues – Breast/Testicular cancer/STIs
- Agencies that can help
- Relationship Skills

Activity 2

Review of Rights and Responsibilities. Issue handout from S2 'It's my Choice'. Should anything be changed/added/deleted?

Processing

Discuss content of programme and review S1 – S4 programme.

Note: further sessions can be selected from examples included and/or from recommended resources.

Methods should include use of IT, project work, debates, role plays etc. The value of external speakers or visits (if possible) should be remembered.

Session 1: Activity Sheet A – It's My Choice and Bill of Rights

I have the right to be treated with respect
I have the responsibility...

I have the right to express my feelings and opinions
I have the responsibility...

I have the right to feel safe
I have the responsibility...

I have the right not to be pressured
I have the responsibility...

I have the right to ask for what I want
I have the responsibility...

I have the right to accurate information on sexual health
I have the responsibility to use this information to make healthy wise decisions

Appendix A

Diary/Log Sheet

Name	Class

Date	Purpose of Session	What have I learned? How do I feel?

Appendix B

Dear Parent/Carer

_____ School places great importance on the involvement of parents and carers when developing their teaching programmes, particularly in more sensitive areas such as Relationships, Sexual Health and Parenthood (RSHP) work.

As part of Curriculum for Excellence (CfE) Health and Wellbeing and its Relationships, Sexual Health and Parenthood strand, your child will now follow a series of sessions on RSHP throughout secondary school life. A new framework and supporting materials based on the Experiences and Outcomes as laid down by CfE have been developed by NHS specialists and teaching staff from both local authorities. The programme of work suggested is developmental and builds on the skills and knowledge gained in the primary school.

It believes that RSHP work should be:

‘presented in a context that values stable relationships, healthy living and personal responsibility and firmly sets sex education within the wider context of health education, religious and moral education and personal and social education’

(Sex Education in Scottish Schools: Scottish Executive, 2001)

We do not present a particular viewpoint to pupils but aim to develop pupil's own decision making personal and inter-personal skills. We do give accurate factual information which is constantly updated and the programme is enhanced by a partnership approach with other professionals and organisations where appropriate. From time to time your child may bring home exercises for completion and discussion and we would encourage the completion of these.

Your views are very important to the implementation of this work and the materials and resources will be available to view at an event still to be organised. We would hope to be able to answer any questions you may have at this time or another time convenient to yourself.

In the meantime, if you have any questions or concerns do not hesitate to contact the school and we will direct you to the most appropriate person.

Yours sincerely

Materials questionnaire for parents/carers

In order for us to be able to respond to points you make, please tell us your name and provide contact details we can use to get in touch.

1 Are you happy with the school programme on RSHP?

Yes No Don't know

Comment

2 Would you like to know more about it?

Yes No Don't know

3 What, if any, are your concerns?

4 Would you be interested in any of the following? (please tick)

- receiving a copy of the government Guide for Parents and Carers
- attending an information session on the school RSHP programme
- having the opportunity to see the resources (DVDs, leaflets, worksheets)

Please use the other side of this form if you wish to add any further comments.

If you would like to know more about the programme, please contact the school and we will direct you to the most appropriate person.

Name: _____

Child's Name: _____ Class: _____

Thank you for completing this form

Pupil Questionnaire

Year Group _____

1 Have you received any Relationships, Sexual Health and Parenthood lessons (RSHP) at school?

Yes No Can't remember

2 If so, was it... (please tick)

Very good

Good

OK

Not good

Bad

3 What was the best thing about the RSHP programme?

4 What was the worst thing about the programme?

5 What topic(s) from the programme would you like to know more about next year?

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

Yes No

If so, what?

7 Do you think the right things were taught at the right time?

Subject	Too early	Too late	About right
Puberty/periods			
Contraception			
STIs/HIV/AIDS			
Relationships			
Emotions/feelings			
Pregnancy/parenting			
Peer pressure			

8 Any other comments

Thank you for completing this form.

Appendix C

School Visits – Visitor Checklist

Aim: To ensure contribution is as valuable as possible
To make sure the need of the class/school are being met
To provide input which is supported by, and relevant to, the curriculum

1 What content has been requested?

2 In what context does the visit take place? (what precedes and follows your input?)

3 Is it possible to have a preliminary meeting or discussion with the teacher (and pupils) prior to the session?

Yes No

4 In your session, do pupils have an opportunity to identify the content they want/need?

Yes No

5 How will this be handled? (e.g. questions asked in class; requests forwarded to you prior to visit; pre-visit discussion with class or group representatives?)

6 What methods will be used in your session? (e.g. groupwork/whole class talk/workshops?)

7 How will you get feedback about your session?

8 How will this feedback be communicated to the teacher/class?

9 Have you agreed with the teacher what role they will have?

Yes No

10 Is the school aware of your practical requirements? (e.g. working space for groups, Audio Visual equipment, flipcharts)

Yes No

11 How many pupils will you be working with and how much time is available?

Adapted from a resource by NHS Tayside

School Visits – School Checklist

Aim: To ensure the visit is as valuable an experience as possible
To ensure relevance to the curriculum, and to your own work with the class
To make sure the visitor's contribution is appropriate to your needs
To get feedback

1 Is the visitor clear about the content required by yourself and your class?

Yes No

2 Have the pupils been involved in organising and/or planning the visit and its content?

Yes No

3 Is it possible to have a preliminary meeting or discussion with the visitor prior to the session (perhaps with pupils or a representative?)

Yes No

4 Do you know the viewpoint/agenda of the agency or individual of the topic? (e.g. who is their parent body? Do they exist to promote a particular viewpoint?)

Yes No

5 What work can you do prior to and following the visit to support, make relevant and reinforce the visitor's input?

6 Does the visitor know how many pupils they will be working with and how much time is available to them?

Yes No

What educational methods will the visitor use and are they appropriate?

7 Have you checked what practical requirements they have? (e.g. working space for groups, Audio Visual equipment, flipcharts)

Yes No

8 What role will you play in the session?

9 How will you get feedback from the visitor about the session and how will you share this with the class?

10 Could the visitor be used in a different way (e.g. staff training, consultation, service provision)?

Yes No

11 Does the visit have support implications (e.g. if sensitive material is being raised, is there likely to be a demand for information following the session) and if so, how will these needs be met?

Yes No

Appendix D – Icebreakers and Energisers

We would like to acknowledge that these icebreakers and games have come from different sources which are difficult to trace. Some have been adapted from Pathways to Sexual Health (see Appendix G)

Introduction Games

Name Graffiti – A creative visual introduction game

Materials – A4 paper/card for each person and coloured pens

Distribute paper and pens

Ask them to

- a) Write down the name they want to be called in the group
- b) Make a picture related to their name or something about themselves that they want to share
- c) In turn they introduce themselves and talk about their drawing
- d) Display on the wall

Name Game – a physical introduction game

Materials – Beanbag

- a) The group stands in a wide circle and each says their name in turn
- b) Holding the beanbag, one person starts by saying 'My name is _____ and I am throwing the beanbag to _____'.
- c) The process is repeated until everyone knows each other's names

I'd like to introduce you...

Participants are sitting in a circle. One person starts by introducing themselves by saying, 'My name is ____'. The next person introduces the person before plus themselves. The next person introduces the previous 2 plus themselves and so on until the whole group has been introduced. Variations include adding a hobby or an adjective which starts with the same letter as their name.

Icebreakers

Fruit Salad – A physical exercise

Place chairs in a circle and allocate a fruit to each participant – 4 to 5 different types depending on the number in the group. Remove one of the chairs. The person without the chair should choose a fruit and everyone who was allocated that fruit should change seats. The aim is for the chairless person to get a chair. Whoever is last should choose the next fruit. This exercise could also be used to split the participants into groups for groupwork. A variation is to ask the chairless person to choose a category which applies to themselves e.g. wearing trainers and everyone in that category has to change seats.

Human Knot – A game which builds trust and acceptance

Ask the group to stand shoulder to shoulder in a circle. It is necessary to have even numbers in the group. With eyes closed, stretch one hand into the middle and find a hand to hold and do the same with the other hand. Everyone should be holding one hand with each hand. They may need guided. They now open their eyes and try to untangle themselves without letting go. If the knot can't be unravelled, start again.

I'd like to tell you something...

In a round, ask each person to say something about themselves by responding to a simple, non-threatening statement e.g. "Something I did at the weekend was ____" or "My favourite TV programme is ____". A variation of this exercise is to use fantasy type statements e.g. "The first thing I'd buy if I won the lottery would be ____", "if I could be anyone in the world, I'd be...", "If I could live anywhere in the world, I'd live in...", "if I could be Patron Saint of something I'd be Patron Saint of..."

Chinese Whispers

Select a message which is appropriate for your group and the work you are doing with them. Explain that you are going to whisper the message to the person sitting on your right who will then pass it on to the next person and so on. The person receiving the message shouldn't say anything and the message cannot be repeated. The last person to receive the message should say it aloud. Compare the end result with the original message – this can allow a discussion about clear communication.

Word Association

Introduce a word of your choice and ask the person next to you to say a word associated with your word. If you say "Green", the next person may say "Grass", and so on. Continue going round in this way for a short time. A variation is to begin with a word which directly links the exercise into your session. For example, if you're doing a session on safer sex, you could start off with a word like "condom".

True or False

In pairs, each person to tell their partner two pieces of information about themselves, one of which is true and the other false, e.g. "I've got two sisters" and "I watch Coronation Street every night". The partner has to guess which statement is false while the other person keeps defending both statements. Once each partner has had a turn, return to the full group and ask each person to repeat the two statements their partner made. The person can then 'own up'. This process is repeated until everyone has revealed their false statement.

Bingo

Give each person a 'bingo card' comprising of a sheet of paper divided into an equal number of boxes. Each box has a category written inside it, e.g. 'likes watching Hollyoaks', 'has brown eyes', 'used the bus today', 'loves music', etc. You can choose the categories to suit the group you're working with. Ask the participants to talk to other people in the room and check out if they fit the boxes on the bingo card. Explain that when you get a 'yes' from someone, you write their name in the appropriate box and move onto another person. If you complete a line or diagonal, you yell "HOUSE!!", and the game ends when someone completes their bingo card by getting a name in all boxes.

Robots

Ask the participant to choose a partner of roughly the same size and call one partner 'A' and the other 'B'. Explain that all of the 'As' have to imagine that they are robots with no power to think, and demonstrate how stiffly they walk. Ask the 'Bs' to direct their robot or partner round the room making sure that they don't bump into the furniture, walls or each other. 'As' should have their eyes closed and use their own version of the stiff, robot walking style. After a few minutes, reverse roles. You could follow this up with a discussion about how it feels to trust your body to another person. While this exercise might have been a laugh, what other situations may this apply to, e.g. what if a partner said "you don't need to use condoms with me, you're safe?"

Knots – an exercise in co-operation

The facilitator arranges for two people to leave the room prior to the exercise starting. Everyone in the room holds hands in a circle and twists themselves over and under each other without letting go – someone will end up stretched, others on the floor buried. The two people then enter the room and try to untangle the group. While they're doing this, the group co-operates.

Who am I?

Give each of the participants three post-its and ask them to write one statement on each, e.g. their favourite film, their favourite TV programme and their favourite sport. All of the post-its are then stuck quickly on to a sheet of flip chart paper and pinned to the wall. Each person has to choose a post-it that someone else has written and try to find the writer by asking one question per person. They are not allowed to ask the direct question “is this your post-it?” but rather, a question that will give them a clue. For example if the post-it has the word ‘football’ on it, they might ask the question, “do you watch a lot of football?” Once they have found the writer, they stick the post-it on them. Repeat this until everyone has had all of their own post-its returned to them. You can choose your own topics to suit the particular group you're working with.

Colours – an exercise in communication skills

In pairs, ask each person to choose a favourite colour and then try to persuade their partner that her/his colour is far better and that they should change their mind. Allow a minute for each person to persuade the other. Spend a few minutes discussing what happened in the group e.g. did people feel under pressure to agree? Was it easy to stick to your chosen colour? Did the other person listen to you or shout you down?

Self Esteem

You will need crayons or coloured pens and a sheet of paper for each of the participants. Explain that the exercise isn't about drawing, but will involve using the outline of a plant or flower to show what builds our self esteem. You can either provide the participants with a ready made outline or ask them to draw their own. Each person has then to fill each leaf or petal with a positive thing that someone has either said to them or done for them that made them feel good, e.g. “My friend said she liked my new haircut”, or “My sister gave me a cuddle”. Allow time at the end for a round where the participants can share some of the ‘leaves’ but people can choose to ‘pass’ if they want.

Happy Birthday

This exercise involves the participants lining up according to their birth month/day or star sign. Call out “January” and anyone with a birthday in January stands up and forms the beginning of the line. Then shout “February”, and so on, until everyone is standing in a line. If more than one person has a birthday in one month, the person whose birthday falls earliest in the month goes first. People can pair off with the person standing next to them. You can also make this a silent exercise whereby you tell people you want them to make a line which represents their birthdays and that you want them to work it out silently – if you see them struggling, suggest the use of sign language, for example, someone holds up one finger to denote they are January.

Soaps

You will need pre-prepared pairs of post-its relating to your chosen theme or topic. If your theme is 'soaps and soap characters', your post-its might include for example, 'Eastenders/Ricky', 'Coronation Street/David', 'Hollyoaks/Mercedes'. Mix up the post-its and stick one to the forehead of each of the participants. Tell the group what the subject of post-its are without completely giving the game away. Explain that first of all they have to find out 'Who they are' by moving around the room asking questions, e.g. "am I a woman?", "how often can you see me on tv?" etc. Only simple, one word answers are allowed. Once they know who they are, they then have to find their 'partner'. Later on, if anyone is stuck, offer some clues until everyone is paired off.

Name that Tune

Before the session, decide how many small groups you want and choose an equivalent number of pop songs. Then, write the name of each song on a post-it. If you want to divide a group of twelve people into four small groups of three people, you will need four songs, each written three times on a post-it. Place all the post-its into a bag and ask each person to take one. On the count of three, ask everyone to move around the room humming the song written on their post-it and try to identify anyone else who is humming the same song so that they can join up with them and look for the rest of the team. Once everyone has teamed up, you could ask them to invent a name for their team.

Closing Exercises

Self Esteem

In pairs, ask people to discover something that their partner 'feels good about'. This could be an accomplishment, something they do well, a personality trait etc. Make sure that each pair checks out with their partner what they can feed back to the whole group. Once each partner has taken a turn, ask each pair to share something of what their partner has said in the full group e.g. "something that Tom feels good about is his sense of humour". You could follow this up with a brief discussion about why it is often so hard to say positive things about ourselves e.g. we're brought up not to 'show off' or 'blow our own trumpet', and yet accepting our good points isn't being big-headed at all.

Practicing Safer Sex

You will need post-its and pens for this exercise. Ask the group to spend a few moments reflecting quietly about ways of taking care of our own sexual health. Explain that to finish off on a positive note, each person will be asked to note "one thing I can do to take care of my sexual health is...".

The group can either decide to do this as a round or they can choose to write it privately on a post-it. Be sensitive to how difficult and private this task is for everyone and if the group decide on a round, make sure to remind people that they can pass as long as they make a mental note of one thing for themselves.

Appendix E – Useful Websites and Helplines

This is not an exhaustive list and can be added to as you find other sites of use. It is essential that staff review the site content before using with young people to ensure you feel they are appropriate, relevant and current.

- www.lanarkshiresexualhealth.org
- www.avert.org
- www.brook.org.uk
- www.fpa.org.uk
- www.lgbtyouth.org.uk
- www.itgetsbetter.org
- www.tht.org.uk
- www.childline.org.uk
- www.nspcc.org.uk
- www.children1st.org.uk
- www.ncb.org.uk
- www.ceop.police.uk
- www.enable.org.uk
- www.thinkuknow.co.uk
- www.bbc.co.uk/relationships/
- www.kidshealth.org
- www.ruthinking.co.uk
- www.likeitis.org
- www.there4me.com
- www.channel4.com/health
- www.thesite.org
- www.teenagehealthfreak.org
- www.youngscot.org
- www.youth2youth.co.uk
- www.mentalhealth.org.uk
- www.bbc.co.uk/health
- www.relate.org.uk
- www.cool2talk.org
- www.teengrowth.com
- www.chalkface.com
- www.breastfeeding.nhs.uk
- www.breastfeeding.co.uk
- www.breastfeedingnetwork.org.uk
- www.womensaid.org.uk
- www.rapecrisisScotland.org.uk
- www.vawpreventionscotland.org.uk
- www.zerotolerance.org.uk
- www.workingwithmen.org
- http://scotland.shelter.org.uk
- www.me-and-us.com
- www.channel4learning.com
- www.ltscotland.org.uk/supportinglearners/
- www.media-awareness.ca/english/
- www.familylives.org.uk
- www.parent-to-parent.org
- www.parentingacrossscotland.org
- www.scottishchildcare.co.uk
- www.opfs.org.uk
- www.babycentre.co.uk
- www.bbc.co.uk/parenting
- www.child-development-guide.com
- www.scotland.gov.uk
- www.southlanarkshire.gov.uk
- www.northlanarkshire.gov.uk
- www.nhslanarkshire.org.uk
- www.isdscotland.org
- www.healthyrespect.co.uk
- www.healthscotland.com
- www.show.scot.nhs.uk/scieh
- www.lanlinks.org

Helplines

- Sexwise: 0800 282 930, 7pm to midnight 7 days a week for 12–18 year olds, giving the chance to talk to an advisor about sexual health and relationships
- fpa: 0845 122 8690
9am to 6pm Monday to Friday (except bank holidays)
- Lanarkshire Linkline: 01698 855588, 9–5pm – for information about sexual health services in Lanarkshire.
- Brook Advisory Centres: 0800 0185 023
- Childline: 0800 1111, 24 hour helpline for young people.
- Gay and Lesbian Switchboard: 0141 847 0447, 7–10pm every night.

Please note that helpline numbers may change – teachers should check before issuing to young people.

Appendix F – Useful Resources

Packs and Books

- 1 Sex, Drugs and Alcohol (14–19)

TACADE
0161 836 6850
www.tacade.com
- 2 'Rollercoaster' – games exploring the ups and downs of puberty (9 – 13)

Centre for HIV & Sexual Health
0114 226 1900
www.sexualhealthsheffield.nhs.uk
- 3 Young Scot – Tutor Resource Kit

Young Scot
0131 313 6800
www.youngscot.org
- 4 'Think Respect' – Zero Tolerance

Zero Tolerance Charitable Trust
www.zerotolerance.org.uk
- 5 PSHE Activity Bank – Sex Education
Coping with Change
Self-Esteem
Personal Relationships
Personal Responsibilities

Folens Publishers
0870 609 1237
- 6 PSE in Focus – Sex Education

Nelson Thornes (Allerston & Davies)
01242 267287
- 7 101 Games for Social Skills – Jenny Mosley
101 Games for Self – Esteem & Helen Sonnet

LDA
0845 120 4776
www.ldalearning.com

- 8 Compass – A Manual on Human Rights Education with Young People

www.eycb.coe.int/compass

Other Resources

Full range of leaflets on topics such as Pregnancy, Abortion, Contraception, STIs, 4You, 4Boys and 4 Girls (max 30 at any one time) and range of DVDs such as Caroline's Story and Lads as Dads available free of charge from NHS Lanarkshire Health Improvement Library. Call 01698 377600 for more information or email: library.hp@lanarkshire.scot.nhs.uk for leaflet and poster list and order form.

Resources for Parents

- 1 'Talking to your child about sex' – booklet, fpa
- 2 www.fpa.org.uk – has a Parents' Pack which includes examples of leaflets plus booklets
- 3 www.lanarkshiresexualhealth.org – has parents' section within section on young people
- 4 www.ncb.org.uk – has factsheets which can be downloaded

Appendix G – References

Sex Education in Scottish schools, Scottish Executive, 2001
Effective Consultation with Parents and Carers
A Summary of National Advice
A Guide for Parents and Carers
Scottish Executive: Circular 2/2001
SLC – Sex Education Guidelines, 2003
Pathways to Sexual Health, Lothian Health, 1996
NHS GGC – A Sexual Health Curriculum
Sexual Health and Relationships Education (Share) – Dixon. H. et al, Health Education Board for Scotland, 2003

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