Get On My Level

Relationship, Sexual Health and Parenthood Education Framework

June 2016
Relationships Sexual Health & Parenthood

This framework has been developed to support collaborative partnership working within school communities.

Introduction

It has been recognised for some time now that there is a need to develop a more consistent approach to the delivery of Curriculum for Excellence: Health and Wellbeing: Relationships, Sexual Health and Parenthood (RSHP) education across Fife schools. The overarching capacities, attributes and principles of Curriculum for Excellence underpin the vision and values for teaching and learning.

Embedded within this Framework is the promotion of Children’s Rights in line with the United Nations Convention on the Right of the Child (UNCRC)

This Framework is in response to a need in Fife as we are one of the authorities with the highest teenage pregnancies rates in Scotland. Get On My Level (GOML) is a multi-agency approach that can be used to improve the health and wellbeing of young people in Fife. The GOML approach was initially developed for use in secondary school communities to support the reduction of teenage pregnancies and risk taking behaviours amongst young people in Fife. The approach is holistic and supports the development of emotional intelligence, resilience and wider protective factors. In some instances the cluster primaries also began to look at their own delivery of RSHP education. The learning from the targeted high schools and primary school clusters led to the recognition that there is a need for:  

- **Earlier Intervention** - delivery of RSHP in line with Curriculum for Excellence, from Early level onwards
- **Pupil consultation** to provide opportunity to assess existing knowledge, identify key themes in order that programmes can be tailored to meet the needs of children and young people.
- **Raising awareness** and increase accessibility of services – providing information to young people about the services available in their area
- **Partnership working** – develop support mechanisms with partner services, NHS Fife colleagues, Community Learning and Development and local voluntary organisations.
- **Parental involvement** – share information with the Parent Council. Use the parental leaflets to share learning levels. Support parents in their discussion with their children at home i.e. providing books covering a range of topics.

The title Get On My Level (GOML) originated from a facilitated discussion with young people. This phrase has now been adopted as Fife’s overarching approach to learning and teaching of RSHP education.

The Conduct of Relationships, Sexual Health and Parenthood Education in Schools (Scottish Government 2014) has clearly laid out the requirements for authorities to meet the provision of good quality RSHP in Scotland’s schools.
“The Scottish Government is committed to ensuring that all children and young people receive high quality relationships, sexual health and parenthood education (RSHP) in order to respect, protect and fulfil their human rights as they grow up.”

Conduct of Relationships, Sexual Health and Parenthood Education in Schools (2014)

Fife Children’s Services are committed to ensuring that all young people are given the best start in life by improving every child and young person’s health and wellbeing. This includes a range of common national themes across school communities, related to the GIRFEC approach and the principles of prevention and early intervention.

Everyone is responsible for promoting positive, respectful relationships with and between children (all children 3-18 within the GIRFEC framework) and young people and for promoting their mental, emotional, social and physical wellbeing. This is a collaborative partnership between school staff (teaching, early years officers and support staff), parents and carers and partners that work within the school community.

“The purpose of RSHP education is to provide knowledge and understanding of healthy, safer, respectful and loving relationships; sexual and emotional health and wellbeing; and the nature of sexuality. A focus on relationships throughout RSHP education is vital in order to encourage discussion and critical thinking about young people’s rights and to promote questioning of gender stereotypes and gender inequality.”

Conduct of Relationships, Sexual Health and Parenthood Education in Schools (2014)

“Learning through health and wellbeing promotes confidence, independent thinking and positive attitudes and dispositions. Because of this, it is the responsibility of every teacher to contribute to learning and development in this area.

Health and Wellbeing Principles and Practice Curriculum for Excellence (2009)

In developing this Framework, we have taken the key themes running through each level of Curriculum for Excellence (CfE) and developed a Progression Pathway. This aims to equip children and young people with the knowledge, skills and values to make informed and positive choices about forming relationships and building on prior learning.

Transition

The principles of Curriculum for Excellence support the importance of cohesion and progression in learning across all stages.

‘While children and young people should feel that the transition from one stage of learning to another is smooth, they should still be able to look forward to the excitement of starting nursery, primary school, secondary school and finally to moving on to positive and sustained destinations. These times in their lives are memorable occasions as well as stepping stones to new experiences and increasing
independence. It is therefore important that in planning programmes, schools and establishments provide experiences which are familiar but introduce new aspects which will make each individual phase unique to that time in a young person’s life.’

Building the Curriculum 3 (2009)

All transitions should be rigorously planned to acknowledge prior learning and experiences. Transitions across year groups and stages within CfE need to take account of prior learning in health and wellbeing. A programme that shows progression should be in place in all schools for health and wellbeing.

Getting Started

We advise staff to become familiar with Conduct of Relationships, Sexual Health and Parenthood Education in Schools, 2014 document before implementation. It clearly states the requirements for Education Authorities, staff, parents/carers and partner agencies.

How to implement GOML in Nursery and Primary Levels

1. Involve parents/carers & partner agencies

School communities need to involve parents and carers in discussions about RSHP education in particular, provide information and support around social media and how this impacts on young people at an early age. These discussions ideally need to take place in a proactive manner to enable an early intervention approach. It is suggested a supportive way forward is involving Parent Councils.
Since most children and young people go to family for advice and information, taking steps to help inform and empower families can be achieved by: keeping parents and carers informed of what is being delivered; holding workshops/focus groups, signposting parents and carers to websites such as ‘Smalltalk’. Leaflets have been designed to support schools to share key themes with parent/carers around RSHP education.

2. Consult with children

The Children and Young People (Scotland) Act 2014 puts children and young people at the heart of service development and recognises their right to have an opinion and for it to be listened to and taken seriously.

As with all areas of the curriculum, an assessment of prior learning and knowledge and understanding will be undertaken. We have provided a RSHP Mapping Tool and Primary 7 Questionnaire that some schools may find useful.

3. Collate findings and identify key themes

The involvement of the children, parents and carers will help teaching staff and partner agencies identify key themes and topics of interest that the children want to know more about including their levels of understanding and accuracy.

4. Review health and wellbeing programmes

The key themes will identify gaps within RSHP education and cross curricular activities within health and wellbeing programmes.

We acknowledge that no single resource is likely to fully meet the needs of all children and young people. To help support your delivery of this programme across Fife schools our partners have worked closely with education over the years to develop a raft of guidance materials. These will now be used across all schools that will allow for progression in teaching and learning.

These include:

- Curriculum Design Support Materials
- Milestones for Health and Wellbeing
- Curriculum for Excellence; Health and Wellbeing - Reflection Tools
- Relationships, Sexual Health and Parenthood Education: A Framework for Teaching Children & Young People with Additional Support needs (age 3-19 years).

A list of other age appropriate resources is included in the materials that accompany this guidance. Teachers’ leaflets have been designed to show progression through the curriculum levels and provide links to websites and Fife resources.
5. **Implement changes to programme(s)**

Steps 1-4 will support changes to health and wellbeing programmes. This may involve the support of local partner agencies if capacity allows.

The following table provides a suggested timeframe for implementing the GOML core elements and therefore will support both the sustainability and integration of GOML within the health and wellbeing curriculum.

**Example timeframe for implementing GOML**

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
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<tbody>
<tr>
<td>Involve parent/carers Consult with children</td>
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**Summary**

Get On My Level is a multi-faceted approach to improve the health and wellbeing of children in Fife. Collaborative working with all partners including the Named Person Service (Education) is key to providing continuity of care and improving the health and wellbeing of young people which further supports the GIRFEC practice model.

The approach allows assessment of children knowledge and understanding of relationships, sexual health and wellbeing which identifies key themes for partner agencies to tailor programmes.

It is hoped that this guide will support both the sustainability of RSHP education in school communities and the integration of the GOML Framework within the health and wellbeing curriculum in all Fife school communities.
How to implement the GOML in Secondary Schools

Get On My Level in Secondary school has 4 main elements. These are outlined below, and are explained in more detailed steps later in this guide.

1. **Assessing** existing knowledge within a given group of young people, and using this to **identify** key themes within that group.
2. **Using** key themes to **tailor content and structure** of RSHP within the school environment.
3. **Measuring impact** of these tailored RSHP programmes on young peoples’ knowledge and wellbeing.
4. **Promoting partnership working**, in order to further support young peoples’ needs both within and outwith the school environment.

In 2011 the Fife Multi-Agency Sexual Health Strategy Group identified four targeted school communities. The targeted school communities were identified due to their higher teenage pregnancy rates compared with the rest of Fife. These were identified using both 2011 ISD Scotland data, and local information from partner agencies. Each of these four school communities then established their own multi-agency task group, who worked locally to address the particular needs of young people.

An evaluation was undertaken of the targeted school work resulting in a number of recommendations.

**Evaluation of four targeted school communities**

The evaluation (Sharpe & Bittel 2013) of the four targeted school communities involved 394 young people from S2, S3 and S4. The following key findings were identified:

**Knowledge and understanding**

- Whilst the majority of young people had basic knowledge about protection from sexually transmitted infections (STIs), many remained uncertain. This was particularly evident in relation to risks and protection from Hepatitis B, Hepatitis C and HIV.
- The vast majority of both young men and young women recalled at least once having been taught ways to avoid pregnancy. However, one in ten young men had no recollection of this ever being taught.
- Young people wanted to know more about legal aspects of sexual relationships, particularly in relation to underage sex and age differences between partners.
- Other topics young people wanted to know more about were; pressures and choices in relationships, pornography, abortion.
- **Access to information and services**
- School was reported as being the main source of information and advice, and many young people said they also relied on family and friends.
- The majority of young people stated they found it easy to talk to a parent about sexual health and relationships. However, there was a significant minority who
felt unable to talk to their parents, and as such are relying on friends and school as sources of information and advice.

- School based sexual health advice services were viewed very positively by young people.
- Confidentiality was of great importance to young people, and not always well understood. This was particularly evident amongst young women, whose anxiety around potential lack of confidentiality was a barrier to their accessing services.
- The need to regularly reinforce young people’s right to confidentiality was clearly expressed in the findings

Teaching and Delivery

- Young people gave many insights into what they would like to see from those delivering RSHP education. For example, it is important that the person teaching is confident, and can deliver content relevant and tailored to them in a serious manner.
- Young people would like to have more hard hitting lessons, and to have them delivered in smaller groups.
- The need for both single-sex and mixed-sex lessons was acknowledged.
- Enhanced programmes already in place, such as the Life Choices and Parenthood (LCPP) programme, were highly valued by young people.
- Peer-education was also highly valued by young people, with young people feeling more receptive to certain messages coming from peers rather than teaching staff. However, the desire for input and support from external specialists was also acknowledged.

Gender Differences

- Attitudes towards sexual health and relationships varied between genders. One example of this was that young men felt more able to talk about contraception than young women. However, they were also less aware of ways to avoid pregnancy than young women.
- Another difference was that fewer young men than young women felt that relationships were important before having a sexual relationship.
- Young women were generally less confident than young men regarding both STIs and talking about contraception.

The recommendations from the evaluation suggested a way forward for Fife to develop a sustainable model. Five core elements were identified for all high school communities to incorporate into their health & wellbeing programmes. Additional elements were identified for targeted school communities to incorporate into their programmes.

However, a non-targeted school community may choose to implement additional elements if resources and partner agency capacity allows.
How to implement the 5 core elements

It is anticipated that school communities will want to evaluate any changes made to programmes; therefore a suggested schedule of how to implement the approach has been included in this guide (see Fig.2).

Figure 2: Implementation of GOML approach for all secondary schools in Fife

1. Consult with young people

Involving young people is key to identifying their knowledge, understanding and attitudes towards relationships, sexual health and parenthood.

School communities should identify a year group, or year groups, to complete the initial consultation process by completing the GOML questionnaire.

The questionnaire can be completed online, using Survey Monkey. [https://www.surveymonkey.com/s/getonmylevel](https://www.surveymonkey.com/s/getonmylevel) The Health Improvement Team will then collate the data and feed this back to the school community.

When schools are ready to use the online questionnaire, they should contact tarairvin@nhs.net at the Health Improvement Team, providing the numbers of young people completing the survey and the timescale for completion.
There is an appreciation that access to computer suites may be challenging for all schools so a PDF format of the questionnaire is available (see references and links).

If school communities would like the support of the Health Improvement Team to collate paper results, then help can be provided for groups of up to 60 questionnaires. Completed paper questionnaires should be sent to enclosed address.

2. Involve parent/carers

School communities need to involve parents and carers in discussions about RSHP education in particular; and provide information and support around social media and how this impacts on young people at an early age. These discussions ideally need to take place in a proactive manner to enable an early intervention approach. School communities may choose to make parents/carers aware of their plans prior to the consultation with young people. Leaflets have been designed to support schools to share key themes with parent/carers around RSHP education.

3. Collate findings and key themes

On notification that all designated young people have completed the questionnaire, the results will be collated into survey monkey report. This report will be sent to the designated lead in the school and copy will be sent to the Teenage Pregnancy Prevention Group. It is recommended that school communities inform parents/carers about the results of the GOML questionnaire and the actions taken by the school communities how the results will be implemented into the lesson plans and other activities.

4. Review health and wellbeing programmes

The collated results will support identification of key themes and potential gaps within RSHP education/health and wellbeing programmes. Consideration should be given to how to address key themes and how to incorporate the following key topics:
- Pressures and choices
- The consequences of underage sex
- Pornography and social media
- Accessing services and confidentiality.

A list of other age appropriate resources is included in the materials that accompany this guidance. Teachers’ Leaflets have been designed that show progression through the curriculum levels and also provides links to websites and Fife resources.
5. Implement changes to programme(s)

Steps 1-4 will support changes to health and wellbeing programmes. This may involve the support of local partner agencies if capacity allows. The following table provides a suggested timeframe for implementing the GOML core elements. This will support both the sustainability and integration of GOML within the health and wellbeing curriculum.

Table 1 Example timeframe for implementing GOML

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<tr>
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<tr>
<td>Consult with young people (S2/S3)</td>
<td>Deliver reviewed programmes</td>
<td>Deliver reviewed programmes</td>
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<tr>
<td>Involve parent/carers</td>
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For Academic year 2020 - 2021: Repeat same process as in 2016 - 2017

How to implement the GOML approach within a targeted school community

Targeted school communities within Fife, are those that have been identified as having higher teenage pregnancy rates compared with the rest of Fife. In 2016, there were 6 identified targeted school communities within Fife.

Evidence from both Healthy Respect 2 (Elliot 2013), along with recent targeted teenage pregnancy prevention work in Fife, suggests that school communities should continue to prioritise the most vulnerable young people.

Figure 3 below shows the implementation of the GOML approach for the targeted school communities.
Targeted school communities should implement the 5 core elements along with the following additional elements:

1. **Establish a multi–agency group**

   The development of a multi-agency group is recommended to enable integrated partnership working to tackle social and health inequalities at the most local level. This holistic approach will also provide greater opportunities to provide young people with interventions such as experiential learning and dialogue in different formats and group settings.

2. **Increasing accessibility of services**

   Evidence suggests that the combination of high quality RSHP is delivered alongside high quality local service provision can make a positive impact on unintended pregnancies and sexually transmitted infections. Working in partnership, agencies should prioritise identified areas and communities to improve sexual health and wellbeing outcomes for young people (Elliot 2013). This may involve the development of new service provision or the extension of existing services. Collaborative working will ensure that all stakeholders have a clear understanding of the services available.
3. Develop wider achievement opportunities / peer education programmes

Peer education programmes can be incorporated into RSHP education programmes that provide Curriculum for Excellence wider achievement and accreditation opportunities such as Youth Achievement Awards (2016). Partner agencies may have capacity to support delivery of programme.

4. Provide enhanced / targeted programmes for vulnerable young people

Partner agencies may have capacity to support delivery of targeted/enhanced programmes for young people. One example of this is the Life Choices Parenthood Programme (Wynia, 2012) which is future focused and explores life choices, self-esteem and body image.

Incorporating RSHP into a wider agenda around topics such as aspiration and self-esteem has been shown to be effective in engaging with harder to reach young people (Sharpe & Bittel, 2013).

Table 2 illustrates a suggested timeframe for implementing GOML within identified targeted school communities. This will support both the sustainability and integration of GOML within the health and wellbeing curriculum.

Table 2: Example timeframe for implementing GOML

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<tbody>
<tr>
<td>Establish a multiagency group</td>
<td>Deliver reviewed programmes</td>
<td>Deliver reviewed programmes</td>
<td>Deliver reviewed programmes</td>
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<tr>
<td>Consult with young people (S2/S3)</td>
<td>Provide wider achievement opportunities</td>
<td>Consult with young people (S4/S5)</td>
<td>Provide wider achievement opportunities</td>
</tr>
<tr>
<td>Involve parent/carers</td>
<td>Provide enhanced/targeted groups for vulnerable young people</td>
<td>Evaluate wider achievement programmes</td>
<td>Provide enhanced/targeted groups for vulnerable young people</td>
</tr>
<tr>
<td>Collate findings &amp; identify key themes</td>
<td>Increase accessibility of services</td>
<td>Evaluate enhanced/targeted group work</td>
<td>Increase accessibility of services</td>
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<tr>
<td>Review health &amp; wellbeing programmes</td>
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For Academic year 2020 - 2021 repeat same process as in 2016 - 2017
After the fourth year of implementation, the process is ongoing, where the S2 year group and the S4 year group are consulted in alternating years, and consequently the health & wellbeing programmes will be reviewed.

**Summary**

Get On My Level is a multi-faceted approach to improving the health and wellbeing of young people in Fife. Collaborative working with all partners is key to this process and providing continuity of care.

The approach allows assessment of young people’s knowledge and understanding of relationships, sexual health and wellbeing. It identifies key themes which local partner agencies can use to tailor programmes. The GOML questionnaire supports evaluation of these programmes, measuring impact and informing content.

A strength of the recent reducing teenage pregnancy work within Fife has been the positive engagement and leadership demonstrated between Health Improvement, the School Nursing Service, Fife Education Service, Sexual Health Fife, Community Learning & Development and voluntary organisations.

GOML has helped to prioritise this agenda across services within the targeted school communities. It was also recognised as good practice within the recent Children’s Services Inspection (Care Inspectorate, 2016).

It is hoped that this guide will support both the sustainability of RSHP education in school communities and the integration of the GOML Framework within the health and wellbeing curriculum in all Fife school communities.
References and Links


Get On My Level Questionnaire

GOML14.pdf

**Health and Wellbeing Principles and Practice Curriculum for Excellence (2009)** (are these going to be links – different than those below)


Healthy Respect - *Lothian Health Board* (2007 updated 2011) All I want – LIVE Standards Available at [http://www.healthyrespect.co.uk/Professionals/HealthyRespectDropIns/Pages/AllIWantStandards.aspx](http://www.healthyrespect.co.uk/Professionals/HealthyRespectDropIns/Pages/AllIWantStandards.aspx)

**Relationships, Sexual Health and Parenthood Education: A Framework for Teaching Children & Young People with Additional Support needs (age 3-19 years)**


**The Conduct of Relationships, Sexual Health and Parenthood Education in Schools (The Scottish Government 2014)**


Youth Scotland (2016) Youth Achievement Awards Available at: [http://www.youthscotland.org.uk/projects/youth-achievement-awards.htm](http://www.youthscotland.org.uk/projects/youth-achievement-awards.htm)
Fife Resources

Child Sexual Exploitation

Health Promoting Schools Fife

Preventing Gender Based Violence

Practitioners Guide: Supporting Those At Risk Of Forced Marriage

Practitioners Guide: Supporting Those At Risk Of Female Genital Mutilation

Relationships, Sexual Health and Parenthood Education: A Framework for Teaching Children & Young People with Additional Support needs (age 3-19 years)

Links to Websites

www.healthscotland.com


http://www.educationscotland.gov.uk/parentzone/

www.parentnetworkscotland.org.uk

Go Safe Scotland

The UN Convention on the Rights of the Child