

# The **Health Promoting School**

## **The Conduct of Education About Responsible Personal Relationships and Sexual Health in Scottish Schools**

The response of schools and education authorities in Scotland to Circular 2/2001  
and the McCabe Report

## 1. The context

The Ethical Standards in Public Life etc (Scotland) Act 2000 placed a duty on councils:

- to have regard to the value of stable family life in children's development;
- to provide education appropriate in content and approach to pupils' age, understanding and stage of development;
- to work with parents and put in place direct procedures for parents to raise concerns; and
- to review curriculum advice and support materials for schools.

The Standards in Scotland's Schools etc. Act 2000 enabled Ministers to issue guidance incorporating the above points in the form of circular 2/2001 on the conduct of education about responsible personal relationships and sexual health in Scottish schools to which local authorities were required to have regard. This act also charged headteachers with the duty of giving parents and pupils the opportunity of making their views known on the school's annual priorities for development which affect pupils' everyday life at school.

A Ministerial Working group on education about responsible personal relationships and sexual health produced a group report, called the McCabe report. This report recommended the provision of practical advice and re-stated key principles including the importance of setting education about responsible personal relationships and sexual health in the context of:

- stable relationships, healthy living and personal responsibility; and
- health education, religious and moral education, and personal and social development.

Learning and Teaching Scotland produced and issued to schools and education authorities the practical advice recommended by the McCabe report. This advice was in the form of:

- a summary of guidance for schools and education authorities on education about responsible personal relationships and sexual health, including partnership with parents; and
- an information leaflet for parents.

The inspection evidence

HMIe carried out a focussed inspection to evaluate the steps taken by education authorities and schools since the publication of the McCabe report and Circular 2/2001.

- Education authorities were surveyed and key personnel were interviewed on action in response to the above.
- All schools in the general inspection programme in 2002 and 2003 were involved in reviewing aspects of their provision.
- A sample of schools, identified by education authorities as having good practice in the conduct of education about responsible personal relationships and sexual health, were inspected.

## 2. The findings

### Strengths

Almost all education authorities had issued, or were developing:

- revised guidance to schools on the conduct of education about responsible personal relationships and sexual health, including partnership with parents and protocols for working with other agencies;
- exemplar materials for use in learning and teaching;
- policies and procedures on action against bullying which took account of national advice; and
- revised arrangements for pupil support (see the HMIE report, Personal Support for Pupils in Scottish Schools, for further guidance).

Education about responsible, personal relationships and sexual health in schools was almost always provided within the context of personal, moral and social education, including health. Specific inserts on sexual health were commonly offered from P6 onwards to meet pupils' emerging needs, for example to understand puberty at P6/P7.

Schools had access to a wide range of resources provided by their education authorities, local health agencies and the Scottish Executive. Resources were selected by education authorities and schools with due attention to pupils' age and stage of development.

Parents of pupils with significant additional support needs, for example those requiring health care planning or placed at special schools, were almost always involved in regular consultation and review of their children's individual education programmes.

Education authorities and schools generally had clear complaints procedures, usually described in school handbooks, which encouraged parents to discuss concerns in the first instance with the headteacher.

### 3. Aspects of variable quality

#### Partnership with parents and other agencies

Since the issue of circular 2001/2, there was evidence of improvements in partnerships with parents and other agencies. Health professionals had provided advice and contributed to learning about sexual health. In education authorities, it was becoming the norm to involve parents when new policies about education about responsible personal relationships and sexual health were under development. By 2004 in more than half of schools inspected, schools reported that they provided parents with annual information on planned coverage of education about responsible personal relationships and sexual health and an opportunity to see key resources. Similarly, the proportion of schools with clear protocols for working with other agencies had increased to more than half by 2004. Overall, few pupils were withdrawn from education about responsible personal relationships and sexual health by their parents. A small but increased number of schools reported that they had made alternative provision for such children at the request of their parents.

It was normal practice for schools to provide parents with information on the content of education, including health education, in the parents' handbook. This was usually issued when the child started school. This was often followed by either an opportunity to see and discuss key classroom resources at a meeting for parents or by a newsletter describing what was planned such as a talk from the school nurse or other external contributor. In such ways, schools made good use of existing opportunities to communicate with parents about their children's education, including education about responsible personal relationships and sexual health. Where schools did not provide parents with adequate information on health education, it was difficult for parents to work effectively in partnership with the school on health matters.

In addition to providing information, the most effective schools established an open climate. In these schools, parents' views were regularly sought and taken into account, for example when developing and reviewing health programmes or key resources new to the school or the parent.

#### Staff development

Almost all education authorities provided staff development in the conduct of education about responsible personal relationships and sexual health and the most effective had provided this as part of a carefully phased programme for teachers, parents and others such as school nurses. Several secondary schools had provided up-to-date training on education about responsible personal relationships and sexual health for all their co-ordinators of personal and social education. However, take-up was variable and often exclusively targeted at senior staff. There was a need to ensure that all teachers of personal and social education were adequately prepared for contributing effectively to educating pupils about sensitive health issues.

### Self-evaluation

The most effective education authorities had provided schools with systematic arrangements for monitoring the content and delivery, including resources in use, on education about responsible personal relationships and sexual health, and for sharing good practice in meeting pupils' needs. For example, headteachers were encouraged to use a framework for evaluation and the findings were discussed with education officers. However, most authorities relied on evaluations of education about responsible personal relationships and sexual health emerging from ongoing business meetings. Education authorities should provide schools with clear expectations and arrangements for systematically monitoring the conduct of education about such sensitive health issues.

In schools, it was common practice to use evaluations to improve learning, for example primary teachers received feedback on teaching plans and resources while co-ordinators of personal and social education regularly discussed and revised programmes and resources. In the most effective schools, pupils' views were sought after each topic and used to improve provision.

Most headteachers, particularly in secondary schools, delegated responsibility for evaluating pupils' classroom experience to teachers. This provided useful information about the effectiveness of classwork aimed at developing pupils' understanding and meeting their different needs. On its own, however, it provided an insecure basis for evaluating provision in the sensitive area of education about responsible personal relationships and sexual health. HMIE had provided schools with *Two Health Issues. Education About Drugs. Education About Responsible Relationships and Sexuality* (HMIE 2003). to assist them to use self-evaluation in implementing continuous improvements to this aspect of their work. Overall, inspectors found little evidence of systematic approaches to auditing practice in this sensitive area of educational provision. Teachers at the secondary stages in particular commented on the challenge of matching learning and resources to pupils' different levels of maturity. In some schools, pupils felt their education about responsible personal relationships and sexual health prepared them effectively for life after school. Pupils, most often from S4, did recognise that they had learned some useful facts about this aspect of education. However, they frequently criticised aspects of their education about responsible personal relationships and sexual health such as gaps, repetitions and out of date resources.

## 4. Conclusions

Action by education authorities, schools and their key partners had shown a commitment to up-dating and improving the quality of education about sexual health and positive relationships.

### Next steps

Education authorities should work with schools:

- to strengthen arrangements for self evaluation; and
- to provide appropriate staff development in the conduct of education about responsible personal relationships and sexual health.

Schools should continue to improve their partnerships with parents and other agencies. HM Inspectors will continue to keep under review the conduct of education about responsible personal relationships and sexual health.

## Appendix

### Examples of good practice from inspection

*The following examples are offered to illustrate the good practice seen in schools. They are in no way definitive. Instead, individual centres are encouraged to identify the kind of good practice which characterises how they meet the health needs of their pupils with their key partners.*

Aspect	Illustrations of good practice from inspection
Links with education authorities	<p>One education authority had involved all schools and school boards and school nurses in contributing to an appropriate education authority policy in line with national advice and in developing programmes on education about responsible personal relationships and sexual health. Subsequently parents were given advance information on what was planned and encouraged to see key resources and discuss how plans affected their children. Pupils said that they liked contributing to progress records of their personal achievements, including action to make themselves healthier. After appropriate training and practical preparation, teachers indicated that they felt much more confident and skilled in this area of their work. Several headteachers said that having such a clear framework of expectations from their authority helped them improve pupils' experiences and strengthen partnerships with parents and other stake-holders. Staff from the education authority visited schools systematically and reported on the quality of pupils' experience. The Director of Education indicated that the last complaint from a parent about health issues had pre-dated the new policy and no parents had elected to withdraw their children from education about responsible personal relationships and sexual health for more than five years.</p>
Leadership, partnership and self-evaluation	<p>Another education authority had involved staff and parents and school nurses from pre-school, primary, secondary and special education in developing arrangements for evaluating the extent to which they were health promoting in their curriculum, ethos and partnerships, including education about responsible personal relationships and sexual health. This system and related guidance were in place across the schools in this authority. The schools had targets for meeting and maintaining consistently health promoting standards of work. They were expected to give parents appropriate advance information and consult them on health issues. Schools evaluated their own work, including pupils' classroom experience and use of resources and partnership with parents. Quality improvement officers from the authority worked with schools to monitor and report on provision, and to set and achieve high standards for continuous improvement. This included identifying and supporting the implementation of necessary improvements.</p>

Aspect	Illustrations of good practice from inspection
Partnerships with health professionals	<p>One health board worked with the education authority to deliver a rolling programme of training for teachers, support staff and parents. Parents said this helped them feel more confident about talking with their children and young adolescents in their families and answering questions about personal relationships and sexual health. They welcomed knowing in advance what the school was doing and being able to ask for advice and exchange experiences with other parents. School nurses also worked alongside teachers in class to share their up-to-date knowledge. Pupils liked being able to have their questions on health answered by health professionals.</p>
Partnership with parents	<p>One school, in an inner city area, with well-established and shared arrangements for education about responsible personal relationships and sexual health, involved parents and pupils regularly in working together on different health issues. Pupils at each stage presented what they had learned in front of an audience of pupils, teachers and parents. A group of parents organised hospitality, encouraged attendance, and surveyed parents on what was working well and where, if at all, they wanted improvements. Survey returns were very positive. Parents spoke of how useful and enjoyable they found these events which helped them share their children's learning and contribute to it. They also said the school was responsive and encouraged them to discuss planned learning and raise any concerns. The headteacher spoke of the importance she attached to such events which had helped the school win the informed confidence of its parents. She said that there were displays of health education resources and pupils' work on health issues at parents' meetings to make it easier for parents to keep in touch with their children's past and next steps in learning. She said that the school also organised special events for particular stages so that parents could have a practical session seeing videos and trying out activities before their children did. Before there was an input on a sensitive health issue, like an aspect of puberty or breast feeding, from a visitor such as a doctor or health visitor, she sent home a letter providing advance information and seeking parents' consent.</p>

Aspect	Illustrations of good practice from inspection
<p>Organisation and use of resources</p>	<p>One school programme for health education, including responsible personal relationships and sexual health, clearly identified the resources for use for each class and provided teachers with practical advice on their use. Teachers selected their resources from within this provision and received practical advice on planning and sensitively adapting activities to build on pupils' prior learning. The headteacher and staff with additional responsibilities worked alongside teachers, shared good practice across the school, and provided constructive feedback on sensitive aspects of the programme and strategies for adapting provision to meet pupils' needs. Where appropriate, pupils were able to access the school's selection of secure and monitored health data bases and use these to learn more about their own health needs. Support staff and health professionals worked alongside teachers on occasion to provide additional support and to adapt resources for small groups of pupils with additional support needs. In this school, pupils and parents had leaflets setting out their rights and responsibilities and what would be taught about health at each stage. Parents had been involved in the development of the programme and the selection of resources. The views of pupils, staff and parents were sought annually on strengths to keep and aspects to improve and update.</p>

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