

Relationships, Sexual Health and Parenthood Resource for Young People with Autism Spectrum Disorder

INTRODUCTION AND ACKNOWLEDGMENTS

Preamble

Welcome to the relationships, sexual health and parenthood education resource. The resource is based on the principles of the UN Convention on the Rights of the Child www.unicef.org/crc/. This internationally recognised document spells out the basic human rights that children everywhere – without discrimination – have: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation and to participate fully in family, cultural and social life. This pack provides a crucial step towards achieving these rights by ensuring that young people with autism spectrum disorder are provided with accurate and relevant information and have the opportunity to develop the skills and competencies required to have happy, safe and fulfilling relationships.

This resource aims to enable staff working with young people with autism spectrum disorder (ASD) to deliver a sexual health and relationships education programme which best meets the needs of the young people. It is intended that the programme will promote young people's understanding and develop their knowledge of sexual health and relationships in a way that is meaningful to them.

The resource is designed as an online resource to be used by staff working with young people with ASD in different settings such as mainstream secondary schools and youth work. The activities included in the pack have been designed specifically for this purpose and are intended to be informative, interactive and straightforward to deliver and are based on evidence and feedback from practitioners.

Contributors

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HOW TO USE THIS RESOURCE

Resource Layout

There are three main segments to this resource:

- **Background Information**
- **Activity Planners**
- **Useful Resources and Contacts**

Background Information

This contains information on current guidance on the delivery of relationships, sexual health and parenthood education; current research on the sexual health needs of young people with autism spectrum disorder and information on the sexual health outcomes and legal issues for young people in Scotland generally.

Activity Planners

The activities have been divided into nine sections – each relates to a specific theme. The sections are:

- Section 1: Keeping Clean
- Section 2: Changing and Growing
- Section 3: Personal Body Parts
- Section 4: Relationships
- Section 5: Keeping Safe
- Section 6: Places to be Naked
- Section 7: Appropriate Touching
- Section 8: Sexual Activity
- Section 9: Influences and Decision Making

Useful Resources and Contacts

This outlines a range of resources that support the activities outlined in this resource as well as useful contacts and further reading.

Organisation of Activities

Establishing Boundaries

The establishment of boundaries and ground rules is essential in Sexual Health and Relationships Education. Young people should be encouraged to come up with key 'rules' that will shape the ongoing discussions in the classroom. Some suggestions include:

- o **'Respect'** – *Acknowledging that people have different levels of knowledge, experience and different attitudes, and that young people have to respect that by letting other people speak, not making fun of anyone, and accepting everyone's right to an opinion even if they disagree with it.*
- o **'Equality and Diversity'** – *Linked to 'respect', it is recognised that people come from diverse backgrounds in relation to culture and faith, family structure, sexual orientation as well as life experience. Young people should be aware that prejudice and discrimination will be challenged.*
- o **'Responsibility'** – *Young people need to be responsible for what they say – if lessons do touch on sensitive areas. Also crucially young people need to take responsibility for their own learning. This means outlining that the teacher will take responsibility for teaching lessons that will develop the young people's knowledge and skills and enable them to reflect on their own and society's values and attitudes. For young people to get the most from this they should engage and participate and also ask questions if they are unclear about any information presented.*
- o **'Language'** – *Linked to each of the above but with emphasis on the use of correct terminology when discussing sexual body parts and/or agreeing boundaries on what is considered acceptable terminology to use in the classroom.*

- o **'Confidentiality/Child Protection'** – *Young people should be fully aware of the boundaries of confidentiality. This should include encouraging them not to discuss individual sexual relationships (their own or others') but to keep statements general. In addition, young people should be aware of the responsibilities of their teacher if they disclose a situation where they or someone else is in danger of harm. This could include the disclosure of underage sex.*

Once the classroom agreement has been discussed and agreed it can be positioned in a place where it can be seen and referred back to in future lessons.

Order of Activities

Each section within the resource contains a variety of activities which will enable young people to explore issues relevant to their sexual health needs. Some sections can be used as stand-alone while others need to be used in conjunction with other sections. Links across the activities are clearly highlighted at the start of each lesson and also in the activity planner overviews.

The order of delivering the activities should be guided by the needs and prior learning of the young people. For some young people, some issues, for example safety, may be the issue of most relevance for them. If so, work should begin with Section 5: Keeping Safe. For many young people it may be necessary for the facilitator to revisit sections, possibly on a number of occasions.

A suggested approach for the order of the activities is outlined in the table below.

Section 1: Keeping Clean	Activity 1.1 and 1.2
Section 6: Places to be Naked	Activity 6.1
Section 2: Changing and Growing	Activity 2.1
Section 3: Personal Body Parts	Activity 3.1 and 3.2
Section 2: Changing and Growing	Activity 2.2 and 2.3
Section 1: Keeping Clean	Activity 1.3
Section 6: Places to be Naked	Activity 6.2 and 6.3
Section 7: Appropriate Touching	Activity 7.1, 7.2, 7.3
Section 8: Sexual Activity	Activity 8.1, 8.2, 8.3, 8.4 and 8.5
Section 9: Decision Making and Influences	Activity 9.1, 9.2 and 9.3

It is felt that Section 5: Keeping Safe and Section 4: Relationships should run alongside the programme suggested above.

Age and Level

Young people with ASD mature at different rates and so the materials will need to be used and adapted to meet individual needs as opposed to being age or level directed. However, as a guide, the materials have been designed for use with young people who are aged 10–11 plus. If using the resource with children who are younger than this it is suggested that care is taken to ensure that all handouts and scenarios are adapted to reflect their age. You may find that sections 8 and 9 are more appropriate for older pupils.

The materials have been designed in the context of *Curriculum for Excellence*. It is anticipated that practitioners will be able to identify experiences and outcomes across all levels for Sexual Health and Relationships within the health and wellbeing curriculum area, which are addressed by this pack.

Pace of the Activity Plans

The resource does not give guidance on duration of activities as each young person or group of young people will need different lengths of time to digest each subject. One teacher described the pace with her class: *We worked at a slower pace than originally anticipated but this allowed for much reinforcement.*

Preparation for each Activity

As well as reading through the activities you will need to ensure that you have enough materials to deliver each one. Each section begins with an overview of all activities. This provides detail on what materials are provided within the resource and additional materials that would further enhance the learning of the young people. Staff should note what preparation is required – making copies of handout/activity sheets, flipcharts, cards, etc – and do this well in advance.

Social Stories

Social stories are used throughout the pack to help illustrate ideas. These stories should be adapted to the individual pupils with whom staff are working. Information on constructing Social Stories can be found at:

www.nas.org.uk/nas/jsp/polopoly.jsp?d=1574anda=15543

Background Information

National Guidance

Respect and Responsibility

In 2005 the Scottish Executive launched *Respect and Responsibility*, a strategy and action plan for improving the sexual health of people in Scotland. This document was useful as it focused attention on the issue of sexual health and highlighted the role organisations and individuals have in helping to improve sexual health outcomes. The strategy placed particular importance on the role of schools in providing young people with the knowledge and skills to make positive, informed choices. The publication of the strategy led local authorities and health boards to conduct comprehensive reviews of their policies to reflect the core aims of the national document.

Respect and Responsibility is based on the premise that everyone in Scotland – including those with physical and/or learning disabilities – has the right to a safe and fulfilling sexual life.

It is crucial that educators set realistic aims for their SHRE programmes in order that outcomes can be achieved by all. Broad educational aims of SHRE should include all of the following:

1. To increase **knowledge and understanding** of relationships, sexual health and parenthood including different types of relationships, the development of sexuality, puberty and reproduction, risks associated with unsafe sexual practice, transmission routes of sexually transmitted infections, ways to prevent pregnancy and sexually transmitted infections, the responsibilities that come with parenthood, and support agencies and how to access them.
2. To consider **attitudes and values** regarding relationships, sexual health and parenthood, and challenge stereotypes.
3. To develop a range of **skills** to enable pupils to make their own informed decisions about their own sexuality and sexual behaviour. (Such skills might include communicating with others, assertiveness, assessing and avoiding risks, accessing information and advice, respecting themselves and others, etc.)
4. To identify social and cultural **influences** on the development of a person's sexuality and the sexual choices they make.

These objectives can be achieved through the provision of accurate and up-to-date information, opportunities for debate and discussion, and a safe environment to explore views and practise new skills. The objectives can also be monitored and evaluated.

Health Promoting Schools

A whole school approach to health promotion is central to the concept of health promoting schools. This is emphasised in the World Health Organisation definition of health promoting schools:

'A health promoting school is one in which all members of the school community work together to provide pupils with integrated and positive experiences and structures, which promote and protect their health. This includes both the formal and the informal curriculum in health, the creation of a safe and healthy school environment, the provision of appropriate health services and the involvement of the family and wider community in efforts to promote health.' (WHO, 1995)

The ethos of a health promoting school was further developed within the School (Health Promotion and Nutrition) (Scotland) Act. This places health promotion at the heart of schools' activities and emphasises the importance of promoting the mental, emotional, social and physical health and wellbeing of all children and young people; and in working with partners to identify and meet the health needs of the whole school and its wider community.

Being Well, Doing Well (BWDW) – a framework for health promoting schools in Scotland (Scottish Health Promoting Schools Unit, 2004) – states that health promoting schools have an inclusive ethos that:

- *takes care of individuals, is fair and promotes respect for self, others, the wider community and the environment*
- *promotes a sense of responsibility in individuals for their own actions, health-related behaviour and lifestyles*
- *encourages and empowers pupils and staff to give of their best and to build on their achievements.*

The ethos of a health promoting school supports the outcomes of relationships, sexual health and parenthood education programmes by being orientated toward the development of decision-making skills and a sense of responsibility. The ethos creates an environment that expects and enables pupils to take responsibility for their own learning and behaviour,

especially in relation to health-related issues. Through learning to take and share responsibility in school, pupils are helped to become thoughtful and responsible adults who can play a positive role in the community.

In relation to personal, social and health education programmes, BWDW states:

- *Health promoting schools have approaches to personal and social development and health education that take account of pupils' health needs and of the range of factors that influence their values, attitudes, behaviour and health.*

In keeping with the whole school approach it is important that personal, social and health education has an interdisciplinary element. It appears in many guises in the teaching of various curriculum areas and subjects to extend and reinforce pupils' understanding and experience of health-related issues.

It is important to think about how this positive school ethos is developed in the classroom to support delivery of the often sensitive topic of relationships, sexual health and parenthood education.

Ethos/Climate in the Classroom

When delivering the topic of relationships, sexual health and parenthood in the classroom it is important that a positive ethos with the core values of respect and responsibility is developed. A number of factors can help this process:

- Acknowledgement that talking about sexual health can feel awkward. This acknowledgement should reassure pupils that their school is a place where important and sometimes sensitive issues can be discussed. A place they know they can get factual and up-to-date information.
- Importance of setting boundaries in relation to the language that is used and respecting others with different life experiences from their own.
- The use of correct terminology – although some teachers feel uneasy about this, it is important that pupils are clear about what is being discussed and that these words are normalised.
- Boundaries of discussion, ie 'personal experience' – ensure pupils are aware of the boundaries of confidentiality and the child protection duties of a teacher.

- Ensure that inclusive language and imagery are used that promote equality and the rights of all individuals including minority groups.

The above issues can be aided through the use of a 'classroom agreement'.

Use of External Agencies

Many outside agencies such as school nurses, sexual health services, health promotion agencies, parenting groups and individuals (such as people who are HIV-positive) make themselves available for talks and inputs to sexual health and relationship education programmes.

When working with a range of agencies and individuals, a partnership approach should be adopted, with teachers keeping an overview of their involvement. In particular:

- Use them in a way that enhances the SHRE programme rather than replacing the role of teachers.
- Carefully check their approach to SHRE, their credibility and appropriateness for working with target group(s) of pupils.
- The same input should not generally be delivered to pupils at different stages of SHRE (except in some rolling composite programmes) as the input should build on what has already been learned.
- Identify what external agencies can offer which teachers cannot deliver. Be clear about the purpose of their involvement and that their input is within their area of expertise.
- Ensure that there are clear and specific learning intentions agreed for their input which are appropriate and do not overlap with or replace the teacher-led curriculum.
- Explain to them the ethos and approach of your SHRE programme and check that their approach complements yours.
- Jointly plan their involvement and integrate their input into the wider programme.
- Be present while they work with pupils so that you can follow up issues which may arise and/or benefit from their expertise.
- Involve the pupils in planning the partner agency's involvement. Consult with them about who should be invited, what role they will take, how sessions will be run, questions that will be asked, etc. Upper secondary pupils could potentially be involved in the organisation of external agencies while other pupils could greet the expert on arrival.

In addition to external agencies it is recognised that a wide range of support staff will work with young people with ASD within the school setting. This could include speech therapists, speech and language therapists, occupational therapists, school nurses, classroom assistants and residential care workers. Where appropriate these workers should be used to help reinforce the key messages presented within this resource.

Links with Parents

It is recognised that parents play a key role in all aspects of their children's education and that schools have a duty to inform parents about the education they are providing. This duty is particularly important for sensitive issues such as relationships, sexual health and parenthood education so that parents are fully informed of what their children are being taught, can be involved and can be encouraged to engage their children on this topic. Parents of young people with ASD can provide invaluable insight into the most appropriate approach to working with their child. Their unique and special knowledge on how their children best communicate and understand information should provide a core platform to enhance their child's learning experience.

Further information on best practice on the involvement of parents can be found in the document *Guidance for Schools and Authorities on Effective Consultation with Parents and Carers* (Scottish Executive, 2001) and the report *More than Words* (Healthy Respect, 2005).

The Sexual Health Needs of Young People with Autism Spectrum Disorder

‘The sexual health experiences and needs of young people with learning disabilities are varied and complex and issues will vary from individual to individual. However, their sexuality is often ignored, stereotyped or distorted, which may lead to the development of low expectations about sexual relationships and impact on their self-esteem.’ (Douglas Scott, 2004)

When developing this resource a number of papers and good practice documents were read (see reading list). This showed that there has been very little research on the relationship and sexual health education needs of children and young people with autistic spectrum disorder. However, it is widely recognised, by parents, professionals and people living with ASD that issues related to sexuality, sexual health and developing relationships can be particularly confusing and stressful. This emphasises the need for good quality, tailored sexual health education.

Although not specific to ASD there is a growing body of evidence (Fraser and Sim, 2007; National Children’s Bureau, 2004) that has explored the sexual health needs of young people with learning disabilities. This evidence has identified a number of factors that shape the sexual health and wellbeing of many young people with learning disabilities:

- a well-documented vulnerability to abuse and violence, which often results in those around them feeling protective
- a greater dependence on parents and carers and spending a longer time living at home than many other young people
- less time than other young people to socialise alone with friends
- have ways of communicating that may not be easily understood by others and, for many, difficulties with reading and writing
- can find conventions and expectations about sex, and interpreting media representations of sex and sexuality, difficult and confusing
- can be portrayed by society as asexual with no or few sexual health needs or desires
- have patterns of cognition which mean that facts and information are not necessarily easily absorbed at first hearing

- often make public-private errors and stranger-friend errors which can lead to greater risk of abuse and exploitation
- find understanding social norms and rules problematic – this includes appropriate and inappropriate touching of self and others.

Within the small (but developing) body of work relating to the sexual health needs of children with autistic spectrum disorder the following issues are raised as important considerations (Sullivan and Caterino (2008); Tarnai and Woolfe (2008); Benson, Sarah (2005); Koller, Rebecca (2000). Children with ASD:

- often need longer to adjust to and understand any changes in their lives. This is important when considering when and how to introduce information on puberty – a time that has been associated with feelings of stress and anxiety
- may ask 'Why?' questions more than average
- seldom understand the emotional aspects of a sexual relationship
- often have literal interpretations of language which can be distressing, eg voice 'breaking'
- require reassurance about the acceptability of sexual feelings and actions – including masturbation – within the boundary of an appropriate place and time.

It has been found that key supports used within this resource, such as life cycles, social stories and visual reminders that support the development of routines and understanding of how to react, behave and respond in a given situation, are useful approaches for children and young people with ASD.

Further detail on the use of social stories is provided on the National Autistic Society website.
www.nas.org.uk/nas/jsp/polopoly.jsp?d=1574

USEFUL RESOURCES AND CONTACTS

Resources and Websites

- Headon Productions produces the Body Board:
www.headonltd.co.uk
- FAIR Multimedia publishes a range of health leaflets specifically designed for people with learning disabilities:
www.fairadvice.org.uk/cleanbookmen.htm
www.fairadvice.org.uk/cleanbookwomen.htm
www.fairadvice.org.uk/periodsbook.htm
- KidsHealth website has useful information about toxic shock syndrome:
http://kidshealth.org/teen/sexual_health/girls/tss.html
- And the female reproductive system:
www.kidshealth.org/misc/movie/bodybasics/bodybasics_female_repro.html
- The BBC website also has lots of relevant useful interactive diagrams, eg:
www.bbc.co.uk/science/humanbody/body/interactives/lifecycle/teenagers/index.shtml?girlGenitalsGo
- The FPA produces a number of resources for use with young people:
www.fpa.org.uk/products/sex_and_relationships_education_publications
fpadirect@fpa.org.uk
- The following websites give information on sexually transmitted infections, although they are not specifically written for young people with ASD:

www.ruthinking.co.uk/the-facts/search/articles/stis.aspx

www.likeitis.org/love_bugs.html

- The following website gives information on Internet Safety, although not specifically written for young people with ASD:
www.thinkuknow.co.uk
- Factual and detailed information on different types of contraception available to women. Site includes pictures and a small video clip but is not specific to young people:
www.nhs.uk/conditions/Contraception/Pages/Introduction.aspx
- Link to Scottish Government website with summary information on Respect and Responsibility:
www.scotland.gov.uk/Topics/Health/health/sexualhealth/respect

Contacts

British Institute of Learning Disability
Wolverhampton Road
Kidderminster
Worcestershire
DY10 3PP

Tel: 01562 850251

National organisation which provides training, education and publications.

Brook Advisory Centres
153a East Street
London
SE17 2SD

Tel: 020 7708 1234

Ring the above number to find your nearest Brook Centre. Provides birth control advice and counselling for young people on all aspects of sexuality.

Caledonia Youth
5 Castle Terrace
Edinburgh EH1 2DP
Tel: 0131 229 1402
Fax: 0131 221 1486

Discern
Chadburn House
Weighbridge Road
Liittleworth
Mansfield
Notts
NG18 1AH

Tel: 01623 623732

Voluntary organisation providing information, counselling, education and research into sexuality and disability.

Down's Syndrome Scotland
158/160 Balgreen Road
Edinburgh
EH11 3AU
Tel: 0131 313 4225
Contact: info@dsscotland.org.uk

Family Planning Association
Unit 10, Firhill Business Centre
76 Firhill Road
Glasgow G20 7BA
Tel: 0845 122 8676
Fax: 0141 948 117

The FPA Speakeasy project works with parents and carers to give them the information and skills to talk to their children about sex and relationships. www.fpa.org.uk/Inthecommunity/Speakeasy

Fertility Care Scotland
196 Clyde Street
Glasgow
G1 4JY
Tel: 0141 221 0858

Gay Men's Disabled Group
PO Box 153
Manchester
M60 1LP
A support and campaigning network for gay disabled men.

Health Rights Information Scotland
Consumer Focus Scotland
Royal Exchange House
100 Queen Street
Glasgow G1 3DN
Tel: 0141 226 5261

Image in Action
Chinnor Road
Bledlow Ridge
High Wycombe
HP14 4AJ
Tel: 01494 481632

Incest Crisis Line
Tel: 020 8890 4732

Makaton Vocabulary Development Project
31 Firwood Drive
Camberley, Surrey
GU15 3QD
Tel: 01276 681368

National Autistic Society (Scotland)
Central Chambers
1st Floor
109 Hope Street
Glasgow
G2 6LL
Tel: 0141 221 8090
Fax: 0141 221 8118
Email: scotland@nas.org.uk

National Society for the Prevention of Cruelty to Children (Scotland)
(NSPCC)
2nd Floor
Tara House
46 Bath Street
Glasgow
G2 1HG
Tel: 0844 892 0210

Pregnancy Advisory Service (PAS)
Glasgow Consultation Centre
2-6 Sandyford Place
Sauchiehall Street
Glasgow
G3 7NB
www.sandyford.org/

Rape Crisis Scotland
1st Floor
Tara House
46 Bath Street
GLASGOW
G2 1HG
Helpline: 08088 01 03 02
*Counselling service for women who have been raped or sexually assaulted.
Ring for details of local rape crisis centres*

Royal Society for Mentally Handicapped Children and Adults
(MENCAP)
Golden Lane
London
EC1Y 0RT
Tel: 020 7253 9433

Sex Education Forum
8 Wakeley Street
London
EC1V 7QE
Tel: 020 7278 9441
Publishes a comprehensive guide to materials and services available.

The Scottish Society for Autism
Hilton House
Alloa Business Park
Whins Road
Alloa
FK10 3SA
Tel: 01259 720044
www.autism-in-scotland.org.uk

Terrence Higgins Trust
134 Douglas Street
Glasgow
G2 4HF
Tel: 0141 332 3838
Provides leaflets, posters and video cassettes about HIV and AIDS.

Young Scot
Rosebery House,
9 Haymarket Terrace
Edinburgh
EH12 5EZ

Appendix A

Sexual Health Outcomes of Young People in Scotland

Please note these figures are accurate as of June 2008.

Up-to-date information can be found at:

www.isd.co.uk

Teenage Pregnancy

It is well documented that Scotland has one of the highest rates of teenage pregnancy compared with most other Western European countries with reducing unintended teenage pregnancy a national target for the Scottish Government. The national target for teenage pregnancy reduction is:

- Reduce by 20% the pregnancy rate (per 1000 population) in under-16-year-olds from 8.5 in 1995 to 6.8 in 2010.

Key points

- Teenage pregnancy rates have remained steady over the past decade. In 2006 there were 57.9 pregnancies per 1000 females aged 15–19 and 8.1 pregnancies per 1000 females aged 13–15.
- Teenage pregnancy is linked to deprivation with the rates of teenage pregnancy in deprived areas more than treble those of the least deprived areas.
- The delivery rate and the rate of abortion among under-16-year-olds are similar for all years. In 2006 the delivery rate was 3.3 per 1000 and the rate of abortion was 4.8 per 1000.
- There are considerable variations in teenage pregnancy rates between different geographical areas.

The teenage pregnancy rate is counted as the number of deliveries combined with the number of abortions. It does not include miscarriages.

Sexually Transmitted Infections

Sexually Transmitted Infections (STIs) is a term that is used to discuss a range of infections that can be passed from person to person through sexual activity. Although they can affect people of all ages in Scotland, their incidence is particularly marked in those under 25. There is particular concern about the rise of particular STIs such as Chlamydia as people can contract and carry the infection without any obvious symptoms.

Key points

- Chlamydia rates are rising. In 2005 there was an increase in diagnosis by 8% (17,289) with over half managed in a non GUM setting. Diagnosis was highest among 16 to 25 year age group
- Gonorrhoea rates are rising. In 2005 there was an increase in diagnosis by 7% (904). Half of all cases were in men having sex with men.
- Genital herpes rates are rising. In 2005 there was an increase in diagnosis by 4% (1332). This had a clear gender split with an increase of 9% in women and a decrease of 4% in men.
- It is estimated that some, but not all, of the rising incidence of STIs can be accounted for because of better testing and more people coming forward for testing.

HIV/AIDS

In addition to the rise in Sexually Transmitted Infections there is particular concern about the increase of HIV cases in the UK.

Key points

- In 2005 there was an increase in diagnosis by 11% (2117): the highest number of cases on record.
- Statistics show that since 2003 more people diagnosed with HIV were infected through heterosexual sex (mainly those who had been to Sub-Saharan Africa or were from this origin). However, gay men are still at high risk of contracting HIV (because of the key transmission routes of the virus and the fact that proportionally there are fewer gay men).
- Huge stigma still surrounds diagnosis and HIV-positive status.

Views and Attitudes (Natsal Survey II (1999/2000) and I (1989/1990))

There have been a number of local surveys that have gauged the views and attitudes of young people towards sex and relationships. The Natsal survey is a national survey that has tracked the changing views of 16–44-year-olds from 1990 to 2000.

Key points

- In 2000 median age of first intercourse was 16 for males and females. This has changed from 17 for males and 18 for females in 1990.
- In 2000 sexual competence¹ increased among 16–29-year-olds **but** declined as age of first intercourse decreased.
- Men had more sexual partners than women, and were more likely to have more than one sexual partner at the same time.
- Women were more likely to have accessed the medical profession for contraceptives than men.
- A substantial minority believed homosexuality was always or mostly wrong.
- Pregnancy was the most important reason to use contraception.
- Most popular methods of contraception were condoms and oral pill.
- Sex before marriage largely accepted but sex outside regular relationship not viewed positively.
- Parents were not the main source of information **but** those who name school or parents as key source were less likely to report sex before 16 and more likely to report condom use.

Legal Issues

The law relating to sexual offences and consent in Scotland is complex and is subject to continuous change. The following information is not intended as specific legal advice and should be used as a guide only. Teachers and/or young people should contact a solicitor or the Scottish Child Law Centre if they require specific legal advice.

¹ Sexual competence is based on variables relating to first intercourse: regret, willingness, autonomy of decision and contraception use.

Consent to Sexual Intercourse

In law, the phrase 'age of consent' is used. This means the age someone needs to be before they can agree to have sex. Within Scotland the age of consent is 16 for everyone regardless of their sexual orientation.

Young people aged 13 to 15 are considered to have limited capacity to consent to sexual intercourse. If young people this age have sex they and their partner are running the risk of being prosecuted (or referred to the Children's Panel). Historically females have been offered greater protection under the law and the larger the age gap (particularly if male is over 18) the more likely prosecution becomes.

Children aged 12 and under are considered incapable of consenting to sexual intercourse. If a child this age is having sex their partner will be prosecuted for a statutory offence.

To help protect young people the age of consent rises to 18 if the partner is, or has been, in a position of trust, for example people in a caring/responsible position such as a parent, teacher or youth worker. In addition, the Sexual Offences (Scotland) Bill offers young people greater protection from activities such as 'grooming' on the internet and sexual activity that takes place when a person is lacking capacity due to the influence of alcohol and/or drugs.

Marriage and Civil Partnership

In Scotland it is legal to marry or become part of a civil partnership from the age of 16 without parental consent.

Consent to Medical Treatment

Young people under the age of 16 can consent to medical treatment if they have sufficient maturity and judgement to enable them fully to understand what is proposed, ie can demonstrate capacity. This provision is enabled through the Age of Legal Capacity (Scotland) Act 1991.

'A person under the age of 16 years shall have legal capacity to consent on his own behalf to any surgical, medical or dental procedure or treatment where, in the opinion of a qualified medical practitioner attending him, he is capable of understanding the nature and possible consequences of the procedure or treatment.'

Age of Legal Capacity (Scotland) Act 1991

This means that a girl under 16 can be prescribed contraception or have an abortion without her parents' consent. In practice, the doctor should seek to persuade the girl to inform her parents, or a trusted adult, but can proceed in prescribing contraception or agreeing to an abortion without the parents' consent or knowledge, provided that in the doctor's opinion:

- the girl understands the advice
- she is likely to have sex with or without contraception
- the girl cannot be persuaded to inform her parents
- her mental or physical health might suffer if she does not receive the treatment
- it is in her best interests to receive the treatment even without parental consent.

Assessing Capacity

When assessing a young person's capacity to consent to treatment or the refusal of treatment a practitioner should feel that the young person is aware of all the implications, both short-term and long-term, for example whether a girl understands the immediate effects of emergency contraception as well as the longer-term health implications it may have. If a young person bases their refusal on an anxiety such as a fear of needles, they are not in favour of non-treatment but are just refusing the needle. Perhaps other methods of giving the treatment could be discussed.

A practitioner may come across cases when a person requests treatment but in their view lacks legal capacity to consent to the treatment. This can be further complicated if the young person cannot be persuaded to inform their parents/carer. The GMC offers the following advice:

'Problems may arise if you consider that a patient is incapable of giving consent to treatment or disclosure because of immaturity, illness or mental capacity. If such a patient asks you not to disclose information to a third party, you should try to persuade them to allow an appropriate person to be involved in the consultation. If they refuse and you are convinced that it is essential, in their medical interests, you may disclose relevant information to an appropriate person or authority. In such cases you must tell the patient before disclosing any information, and, where appropriate, seek and carefully consider the views of an advocate or carer.' (BMA, p80)

The BMA highlights that this decision should not be taken lightly as a breach of patients' confidentiality can be detrimental to the doctor-patient relationship and may lead to that person not using services in the future.

Further reading

This document does not claim to be comprehensive and the reports included have not been quality assured.

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The Sexual Health Needs of Young People with ASD

Benson, Sarah (2005), ***Sex education and children and young people with autistic spectrum disorders***, London: National Autistic Society

A guide for parents on approaches to sexual health and relationship education (SHRE) for children with ASD. It includes useful tips on appropriate techniques, how to approach this topic at home and link with PSHE at school, links to resources and suggestions for working with children with ASD.

Topics: Puberty, Use of Language, Menstruation, Erections and Wet Dreams, Private/Public, Safety, Personal Hygiene, Sexual Relationships and Health, Relationships, Inappropriate Behaviour.

Blake, Simon and Muttock, Stella (2004), ***PSHE and citizenship for children and young people with special needs***, London: National Children's Bureau [Link](#)

This report looks at the importance of providing PSHE specifically tailored to meet the needs of children and young people with special needs in order to provide them with the relevant skills to keep them safe, include them in society and allow them to be independent and gain employment. The current situation in England and Wales where pupils with special needs have sometimes been removed from PHSE activities due to a lack of assessment and non statutory services is also discussed. It focuses on the important role that schools can play in providing children with the skills and support to cope with the bullying and prejudice they face in their lives. Additionally, it highlights key issues such as the increased vulnerability to sexual abuse and early pregnancy; difficulties in forming social relationships which can lead to isolation, problem behaviour at school and exclusion from school; and the impact that body image, for example, can have on self-esteem and emotional wellbeing.

Koller, Rebecca, 'Sexuality and Adolescents with Autism', *Sexuality and Disability*, Vol 18, Number 2, June 2000

Addresses the need for and challenges to providing sexuality education to individuals with autism. It summarises teaching methods and approaches which have proven to be successful with this population.

Stokes, Mark and Kaur, Archana, 'High-functioning autism and sexuality: A parental perspective', *Autism: the international journal of research and practice*, vol 9, Aug 2005, pp 266–289

A comparison of the sexual behaviours of people with high functioning autism within typical populations. The author concludes that there is a need for specialised sex education programmes for this group with a focus on social interaction.

Sullivan, Amanda and Caterino, Linda C, 'Addressing the sexuality and sex education of individuals with autism spectrum disorders', *Education and Treatment of Children*, 31(3), Aug 2008, pp 381–394

A review of existing research and programmes, with discussion of sexuality and sexual behaviours of individuals with ASD.

Tarnai B, and Wolfe P S, 'Social stories for sexuality education for persons with autism/pervasive developmental disorder', *Sexuality and Disability*, 26(1), Mar 2008, pp 29–36

Outlines the use of social stories in sex education. Highlights the need to address the unique social skill needs of people with ASD.

The Sexual Health Needs of Young People with Learning Disabilities

Devon Child Assault Prevention Project (2005), ***Special Needs CAP: Evaluation Report***, Totnes: Devon CAP [Link](#)

This report evaluates the special needs pilot programme in two Devon special schools in 2004/5. The programme aimed to reduce the children's susceptibility to sexual, emotional and physical abuse by implementing a school-based Child Assault Prevention Programme supported by school staff and parents. The programme was established on the basis that children with special needs are more vulnerable to abuse and yet least likely to benefit from conventional programmes. Given a lack of available UK research on the topic, statistics given are taken from a US study conducted in 2000. The vulnerability of children with special needs is related to their communication difficulties including inadequate access to appropriate vocabulary, lack of awareness of the vulnerability of special needs children and the likelihood that children from this group are less likely to be believed regarding abuse. The content of the programme is discussed as is the positive impact on the children and positive feedback from teachers.

Douglas-Scott, S (2004), 'Sexuality and Learning Disability'. In Burtney, E and Duffy, M (eds), *Young People and Sexual Health: individual, social and policy contexts*, Basingstoke: Palgrave Macmillan

Heer, Kuljit (2008), 'Teenagers, Pregnancy, Learning Disabilities: Wolverhampton City in context', *Journal of Health and Social Care Improvement*, vol 1, no.1, [Link](#)

This report was written in response to high teenage pregnancy rates in Wolverhampton City but it also reviews wider UK literature regarding teenage pregnancies amongst girls with learning difficulties and related disorders such as autism and Asperger Syndrome. The author acknowledges a lack of research into teenage pregnancies amongst this specific group but highlights the risk factors which can increase the possibility of girls in the group becoming pregnant. Factors identified include a lack of sexual knowledge/skills, poor social skills and susceptibility to abuse. Research reviewed indicated that youths with learning difficulties were more likely to be abused than their peers due to inadequate teaching and lack of knowledge of appropriate sexual behaviour and boundaries. It highlights that sex education in schools can often fail to meet the specific needs of the group, and with limited social skills they are also unable to gain adequate knowledge from their peers.

Fraser, Shirley and Sim, Judith (2007), ***The Sexual Health Needs of Young People with Learning Disabilities: Briefing Paper***, Edinburgh: NHS Health Scotland

This briefing paper summarises the key findings from an evidence review of the sexual health and wellbeing of young people with learning disabilities commissioned by Health Scotland.

Health Scotland (2008), ***A Review of Resources for People with Learning Disabilities***, Edinburgh: NHS Health Scotland

This review was developed through a peer-review process and provides detail of a range of resources that can be used to enhance the sexual health and relationship education of people with learning disabilities.

Sweeney, Liz (2007), ***Human Sexuality Education for Students with Special Needs***, Kansas: Marsh Media [Link](#)

This is a US resource which looks at the need for and benefits of providing students with special needs with sex education. Benefits discussed include improved social skills, assertiveness and independence; positive changes in behaviour such as more appropriate sexual behaviour; reduced risk of sexual abuse, sexually transmitted infections and teenage pregnancy. It discusses the reasons behind the reluctance to provide sex education for students with special needs such as anxiety on behalf of the parents and viewing the individual as childlike. The author emphasises that students with special needs do not have the same abilities to interact and learn appropriate sexual behaviour from their peers. The type of inappropriate behaviour students with inadequate sexual knowledge and social skills can exhibit is also discussed, as are the reasons why those with special needs are more vulnerable to sexual abuse and exploitation. Some measures to approach the teaching of sexual health to students with special needs are also briefly highlighted.

Sex Education Forum (2004), ***Sex and Relationships Education for Children and Young People with Learning Difficulties*** (Forum Factsheet 32), London: National Children's Bureau

Defines SRE, planning and delivery, including content and methods, assessment and evaluation.

Sim, Judith et al (2009), ***The Sexual Health and Wellbeing of Vulnerable Groups in Scotland: A Scoping Review of Research Literature (Main Report)***, Edinburgh: NHS Health Scotland [Link](#)

This review is the culmination of joint efforts between NHS Health Scotland and the MRC Social and Public Health Sciences Unit. It represents the first of its kind in Scotland: that is a view of current research and gaps across key populations who may experience sexual ill health due to their lifestyles and their limited access to services.

Barnard, Judith et al (2000), ***Inclusion and autism: Is it working?***, London: National Autistic Society [Link](#)

This report presents the findings of a survey carried out amongst members/users of the National Autistic Society in Scotland, England and Wales which focuses on issues around inclusion both in education and the wider society. The results from parents in Scotland and Wales were polarised regarding the satisfaction with the support their child was receiving in mainstream education. The overall rating of mainstream education was however lower than for the UK as a whole. For autistic adults, parents reported that their children experienced difficulties in forming relationships, socialising, taking part in educational or employment opportunities and being generally included in society. Adults with autism reported that their priorities included having relationships, making friends and finding a job.

Batten, Amanda and Daly Joanna (2006), ***Make School Make Sense – Autism and Education in Scotland: The reality for families today***, London: National Autistic Society [Link](#)

This report does not focus specifically on the provision of sex and relationship education for children with autism. However, it discusses the nature of autism and the results of a survey which sought to explore the wider provision of support in schools. The difficulties which autistic children experience with social communication and developing relationships are highlighted. Parent respondents revealed that they were unhappy with the level of support their child received and felt teachers and school staff lacked awareness and training. The lack of support and social skills provision was highlighted in discussions on the numbers of autistic children who are bullied as a result of insufficient social skills to handle difficult situations with their peers. Additionally, lack of access to programmes to assist with communication difficulties was linked to behavioural difficulties, deteriorating social relationships and an inability to fully participate in the curriculum.

Daly, Joanna (2008), ***I Exist: The message from adults with autism in Scotland***, London: National Autistic Society [Link](#)

This report is based on research into the lives of adults with autism and their families and surveys carried out with local authorities and CHPs in Scotland. One of the key themes in the report is the lack of support received and the resulting feelings of isolation, difficulties in making friends or forming relationships and links to autistic adults experiencing mental health issues such as depression. Findings from autistic adults and their families revealed that training in social skills, access to befriending services and greater support during the transition following school would lead to greater inclusion in the wider community. The report highlights the high numbers of autistic adults who are bullied or harassed, are unable to function independently in society and feel misunderstood.

National Autistic Society, ***Mental Health and Asperger Syndrome***, available at www.autism.org.uk [Link](#)

This article aims to provide information to relevant staff regarding the prevalence of mental health difficulties amongst late adolescents and adults with Asperger Syndrome. Produced by the Scottish branch of the National Autistic Society, the article states that depression can be common due to a growing awareness of being different and an inability to form social relationships and take part in social activities successfully. The difficulties which can be associated with a lack of understanding of social space and appropriate behaviour are also linked to the development of depression amongst individuals with Asperger Syndrome. The difficulties those with Asperger's can experience in expressing their emotions can also make the diagnosis of depression difficult. Another of the mental health issues discussed in the article is anxiety. A researcher with Asperger Syndrome described the onset of anxiety attacks at puberty following her first menstrual period and the triggering of attacks caused by changes in her school schedule. The impact of social demands can also be related to anxiety attacks.

National Autistic Society, ***National Suicide Prevention for England***, available at www.autism.org.uk [Link](#)

This is the response of the National Autistic Society to the National Suicide Prevention Strategy in England. As with the above article, this looks at the increased risk of vulnerability to anxiety and depression amongst those with autism or Asperger Syndrome and the difficulties in diagnosing the condition. One of those difficulties highlighted is the inability to communicate emotions effectively. Statistics from a 2001 National Autistic Society survey reveal the high percentage of autistic adults who have experienced mental ill health, depression and the percentage who have felt suicidal or have attempted suicide. Research also identified increased risk of bullying, unemployment and social isolation. This was supported by the National Autistic Society survey which revealed that only 6% of adults with ASD who responded were in full-time employment. An earlier survey in 2000 indicated that only 8% were in a long-term sexual relationship. The article acknowledges that accurate figures are however not available as suicide rates are highest amongst young unattached men and older men.

Smith Myles, Brenda and Hubbard, Anastasia (2005), ***The Cycle of Tantrums, Rage and Meltdowns in Children and Youth with Asperger Syndrome, High-Functioning Autism and Related Disabilities***, Glasgow: ISEC [Link](#)

This is a conference paper presented at the *Inclusive and Supportive Education Conference* in Glasgow in 2005. The authors discuss the frequency of stress and anxiety related problems amongst children and youth with Asperger Syndrome, high-functioning autism and related disabilities and link this prevalence to a number of factors. Factors include having to cope with challenging social situations without adequate social awareness, understanding or social skills. The emotional vulnerability of individuals in this group and common misperceptions of social events are also highlighted as contributing factors. The anxiety faced as a result can lead to withdrawal or aggressive behaviour and the individuals themselves, due to an inadequate understanding or awareness of their emotions, often do not realise they are anxious or angry. The various stages of rage which individuals in the group can go through are described before the authors discuss the need for and benefits of

interventions to help individuals cope with their anxiety and prevent such aggressive behaviour. The key interventions highlighted in the article focus on the need to increase social skills, understanding and awareness in order for individuals to be able to cope more effectively in their day-to-day lives and prevent anxiety developing into a rage.

National Autistic Society (2008), ***Criminal Justice System and ASDs***, London: NAS [Link](#)

An information sheet on the involvement of individuals with ASDs in the criminal justice system, which discusses the reasons why such individuals may become involved in the system and possible ways to ensure that the response of police and other relevant staff is appropriate. The offences which individuals with ASD are most likely commit relate to social naivety whereby the desire to make friends can lead to individuals becoming manipulated into becoming accomplices as they lack the social awareness to understand others' motives. Additionally, individuals may become aggressive due to anxiety and frustration, a misunderstanding of social cues and a rigid adherence to rules which may lead to frustration when others break them.

Macleod, Fiona (2007), 'Card scheme to put autistic people beyond suspicion', *Scotsman News*, Edinburgh: The Scotsman [Link](#)

This article focuses on the experience of one autistic man routinely questioned by police as a result of his lack of social awareness, understanding and communication skills. It is stated by experts from the National Autistic Society that people with autism are seven times more likely to come into contact with the criminal justice system as a witness or suspect due to their behaviour. Experts believe that the provision of social groups provides autistic individuals with greater social interaction and skills, increased confidence and greater independence.

Section 1: Keeping Clean

Learning Outcomes After this lesson pupils will:	Suggested Activity	Supporting Resources	Assessment Opportunities
Be able to identify which personal hygiene tasks need to be carried out and when.	1.1 How to make sure your body is clean	Provided - Label 1.1a 'Being Clean' – cut out for sorting baskets - Activity sheet 1.1a 'Being Clean' – cut out - Activity sheet 1.1b 'My Routine Checklist' Additional - Sorting baskets - Body Board and Hygiene Pack (Headon Productions) - Samples of toiletry products (soap, shower gel, shampoo, deodorant, shaving foam, razors) - Adverts of hygiene products aimed at teenagers (Teacher and young people could bring in adverts) - FAIR leaflets – 'Keeping Yourself Healthy' www.fairadvice.org.uk/cleanbookmen.htm www.fairadvice.org.uk/cleanbookwomen.htm 6 sorting boxes or baskets	
Understand the need to change their clothes regularly and will learn how to wash them.	1.2 Changing and washing clothes.	Provided - Label 1.2a 'How Often' – cut out for sorting baskets Additional 4 sorting baskets - Selection of clothing (actual or pictures) - Washing machine	- Contribution to discussion - Correct completion of sorting exercise
How to keep clean when they are menstruating.	1.3 Keeping clean during menstruation <i>Link to Section 2: Changing and Growing.</i>	Provided - Information sheet 1.3a 'sanitary pads' - Information sheet 1.3b 'tampons' Additional - Selection of different sanitary products (Teacher and young people could bring in samples) www.fairadvice.org.uk/periodsbook.htm	

Activity 1.1: How to make sure your body is clean

- Introduce activity by explaining to young people that they are going to explore ways to keep their body clean.
- Explore with the young people what they use for cleaning and washing different parts of their bodies. The discussion could be enhanced through the use of the BodyBoard and Hygiene pack and/or through examples of real products, e.g. soap, shampoo, toothpaste, deodorant etc.
- Ask the young people to match the part of the body with the product they use to keep it clean, i.e. body – soap; underarms – deodorant; hair – shampoo; face – soap or face wash; teeth – toothpaste, etc. This activity could be carried out using the BodyBoard or by asking pupils to draw an outline of their body on paper (flipchart) and labelling the different parts with the appropriate product.
- Ensure young people are aware of how the products are used, e.g. washing hair – wet hair, put on shampoo, etc).

Teacher's note: For further information refer to FAIR leaflets 'Keeping Yourself Healthy' at www.fairadvice.org.uk/cleanbookmen.htm www.fairadvice.org.uk/cleanbookwomen.htm

- Use Label 1.1a 'Being Clean' to label sorting baskets and the cut out 'Being Clean' statements from Activity sheet 1.1a.
- Provide the young people with the cut out 'Being Clean' statements and ask them to sort each activity into the boxes to show how often each activity should be carried out. Encourage discussion about why some activities will be done more often than others.

Teacher's note: Only provide pupils with the age-appropriate 'Being Clean' activity cards, i.e. if children are young in age do not include make-up cards, shaving cards, etc.

- Develop the pupils' understanding of the ways they can keep themselves clean and healthy by encouraging them to write their own storyboard which outlines their daily routine including how and when they keep themselves clean. This could be enhanced through activity sheet 1.1b 'My Routine Checklist'. This currently provides examples but should be tailored to the individual routine of each young person.

Label 1.1a: Being Clean Sorting Boxes



Every morning when I get up	Every night before bed
Every day	Twice a week
Once a week	Never



Activity sheet 1.1a: Being Clean

I brush my teeth	I cut my nails	I wash my hair
I wash my face	I have a bath or shower	I put on deodorant
I wash my feet	I take my make-up off	I shave my legs
I shave under my arms	I shave my face	I brush my hair

Activity sheet 1.1b: My Routine Checklist

When I do it	What I do	Why I do it	Tick if completed
Every morning	Have my shower	So I can wash my body with soap and my hair with shampoo. This keeps me clean	
Every morning	Put on deodorant	So I smell clean all day	
In the morning and at night before I go to sleep	Brush my teeth	So my teeth are clean and healthy	
Every other morning	Shave	So that I don't grow a beard	
Every morning	Change my underwear	So I am clean all day	

Activity 1.2: Changing and Washing Clothes

- Introduce activity by explaining to young people that they will now have the chance to explore how often clothes need to be changed and washed. This will include how to use a washing machine.
 - As a class discuss the different types of clothes that people wear, e.g. socks, pants, t-shirt, jeans, etc. Ensure that pupils are clear about what is meant by 'underwear', i.e. pants, vest (or bra).
 - Discuss why people need to change their clothes and how often they need to do this.
 - Using the labelled sorting baskets (label 1.2a 'How Often') ask pupils to sort clothes into baskets according to how often they need to be changed.
 - Facilitate discussion on why some clothes need to be changed more often than others. Ensure that pupils are clear that they should change their underwear and also their socks daily.
 - Encourage the young people to add 'change underwear' and 'change clothes' to their 'Keeping Clean: My Checklist'.
-
- Using a washing machine show young people how to read the care labels and set the machine accordingly.
 - Show young people where soap powder/liquid, etc go and how to switch on the machine.
-
- Further develop the pupils' understanding of washing and changing clothes through a visit to a chemist or supermarket to look at cleaning products. This could also be done using an online chemist/supermarket.



Label 1.2a: How Often

Every day
Once a week
Every two days
Once a month

Activity 1.3: Keeping Clean During Menstruation (link to Section 2: Changing and Growing)

Teacher's note: This activity should be carried out after Section 2: Changing and Growing, particularly activity 2.4: Menstruation.

- Introduce this activity by explaining to the young people that when they have a period it is especially important for them to keep clean. This activity will help them to recognise how girls can keep clean during menstruation.
- Explain that when girls and women have a period they need to use something to soak up the blood. They have an option of two things to choose from: a pad/towel or a tampon.
- Provide the young people with information sheet 1.3a 'Sanitary Pads' and information sheet 1.3b 'Tampons'. If possible ensure that examples of sanitary pads and different types of tampons are available for the young people to see and touch. Work through the information sheets as a group ensuring that the young people are clear about how to use both products.
- Finish this lesson by reflecting back with the pupils on the previous activities. Highlight that it is even more important to remember to wash every day and to change underwear when a girl has her period.

The following websites can be used to support this activity:

- www.fairadvice.org.uk/periodsbook.htm
- http://kidshealth.org/teen/sexual_health/girls/tss.html

Information Sheet 1.3a: Sanitary Pads

- Sanitary pads can also be called 'pads' or 'towels'.
- Pads/towels are made of absorbent material to soak up the blood.
- Pads/towels come in all sizes and thicknesses so that there will be one that is most comfortable for you.
- The pads/towel will have a sticky strip, which will stick to your pants and stop it from sliding around.
- The pad/towel must be changed every time you go to the toilet. Make sure you wash your hands afterwards.
- Pads/towels should be put in a sanitary disposal bin. These will be in the toilet in school or in public toilets. Ask your mum/carers what she does with pads at home.
- **If you have just started your periods and you are not sure when your period will come, you will want to carry a pad/towel with you in your bag.**

Information Sheet 1.3b: Tampons

- Tampons are made of thick cotton that has been squashed so that it is small enough to fit inside the vagina.
- They are useful to wear when playing sports or swimming.
- They are small enough to carry about and because they are inside your body they do not smell.
- They have a string on the end so that you can get them out easily. You can't 'lose' a tampon inside you.
- You will find instructions on how to insert tampons into the vagina in the tampon box. Some young women find tampons tricky to put in when they first try using them. This is something that you may need to practise.
- It is really important to take out your tampon every time you go to the toilet and then put in a new one. Make sure you wash your hands every time you go to the toilet.
- When you stop bleeding (finish your period) you need to take your last tampon out.
- You can use a tampon sometimes and towels at other times, e.g. if you are going swimming you would use a tampon.
- You can ask your mum or carer, an older sister, an aunt, or a female teacher if you are worried about what kind of pads/towels to use or about wearing tampons.

It is important to change your tampon regularly and never to leave a tampon in when your period has finished. Leaving tampons in can increase your risk of an illness called Toxic Shock Syndrome which can be very dangerous.

Section 2: Changing and Growing

Learning Outcomes After this lesson pupils will:	Suggested Activity	Supporting Resources	Assessment Opportunities
Section 2: Changing and Growing ▪ Understand and develop the skills required to nurture and grow seeds ▪ Be introduced to the lifecycle of creatures	2.1 What we need to grow	Provided • Activity sheet 2.1 'Lifecycles' Additional BBC schools website (plant lifecycle) www.bbc.co.uk/schools/scienceclips/ages/9_10/life_cycles.shtml	
▪ Be able to recognise the changes which occur as people grow from babies to children to adults	2.2 Growing up	Provided • Activity sheet 2.2a: 'Pictures of girls and women growing' • Activity sheet 2.2b 'Pictures of boys and men growing' • Activity sheet 2.2c 'Me as a baby' Additional • Photographs of young people and their family members at different stages in their lives	• Contribution to discussion around how people look different at different stages in their lives • Correct completion of age/stage groups

▪ Be able to identify the physical and emotional changes that take place during puberty ▪ Demonstrate an understanding of the links between puberty, menstruation and pregnancy	2.3 Puberty brings changes <i>Link to Section 3: Personal Body Part; Activity 3.1 and 3.2</i>	• Activity sheet 2.2a and 2.2b from Activity 2.2 • Activity sheet 2.3a: 'Changes at puberty' • Information sheet 2.3a 'Changes at puberty' • Activity sheet 2.3b 'Puberty quiz' • Activity sheet 2.3c 'Puberty quiz answers' • Activity sheet 2.3d 'Aunt Sue's problem page' Additional • Body Board (Headon Productions) Provided • Activity sheet 2.4a 'Periods flowchart' • Teacher's notes 2.4 'Menstruation' • Activity sheet 2.4b 'Social Story – Suzanne's first period' Additional • Body Board (Headon Productions) with diagrams showing the development and cycle of an egg. See also: www.kidshealth.org/misc/movie/bodybasics/bodybasics_female_repro.html	• Correct completion of sorting exercise • Correct completion of the puberty quiz. • Contribution to discussion on how the characters in the social stories reacted and why this might be.
▪ Understand what is happening during menstruation ▪ Understand how human life begins and how a baby is born	2.4 Menstruation <i>Link to Section 1: Keeping Clean; Activity 1.3</i>	Provided • Activity sheet 2.4a 'Periods flowchart' • Teacher's notes 2.4 'Menstruation' • Activity sheet 2.4b 'Social Story – Suzanne's first period' Additional • Body Board (Headon Productions) with diagrams showing the development and cycle of an egg. See also: www.kidshealth.org/misc/movie/bodybasics/bodybasics_female_repro.html	• Contribution to discussion around menstruation
▪ Know what wet dreams are and that they are a normal part of growing up	2.5 Wet Dreams	Provided • Activity sheet 2.5a 'Facts about wet dreams' • Activity sheet 2.5b 'Social Story – Peter's wet dream'	• Contribution to discussion around wet dreams

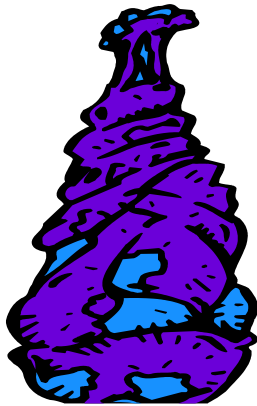
Activity 2.1: What we need to grow

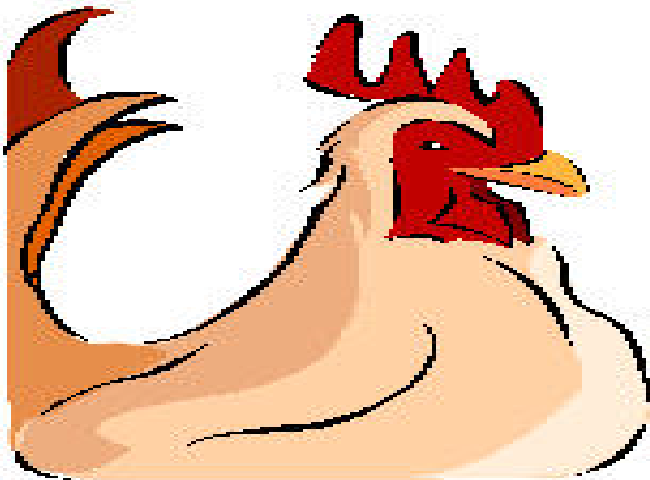
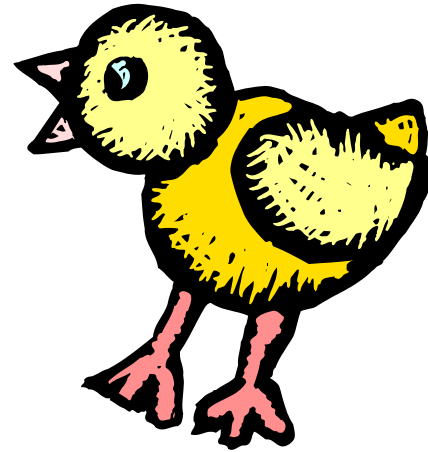
Teacher's note: This activity should be incorporated into broader work (science) that explores how living things develop from seeds and what seeds need to be nurtured and grow. See BBC website for interactive learning on this topic.

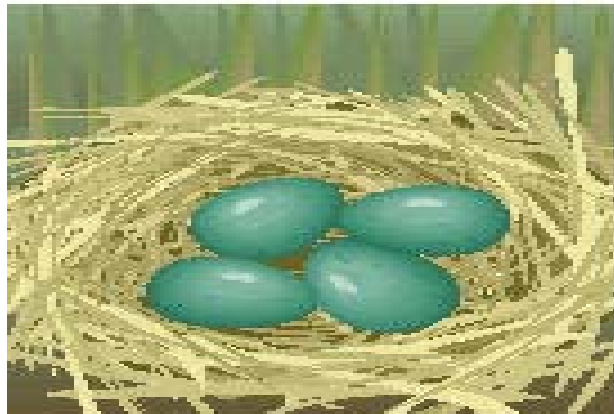
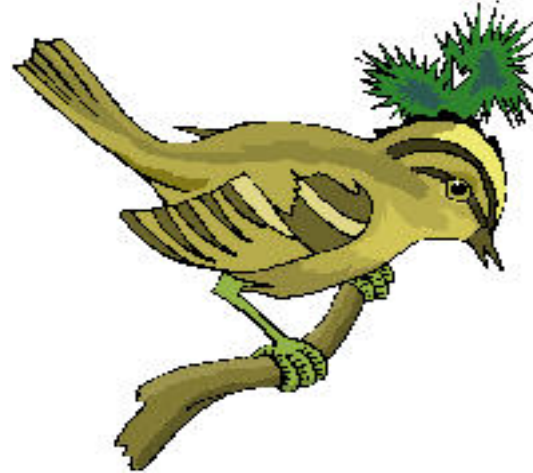
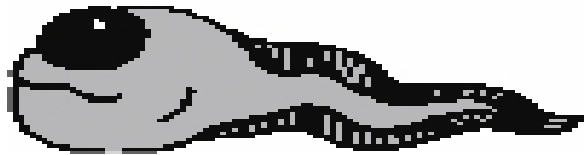
http://www.bbc.co.uk/schools/scienceclips/ages/9_10/life_cycles.shtml

- Recap with the young people what they have learned about the lifecycle of plants i.e. they need sunshine and water to grow into plants which flower, ultimately the flower will die but their seed goes on to create new life.
- Use activity sheet 2.1 and ask the young people to match the cards of the different lifecycles.
 - Caterpillar – Pupa – Butterfly
 - Egg – Chick – Chicken
 - Tadpole – Frog
 - Egg – Chicks – Bird
- Once the cards are matched discuss what each of the creatures needs to live and grow i.e. butterfly needs sunshine to be able to fly, chicken and birds needs food, water and shelter (barn or nest) etc.
- Develop the discussion into what the lifecycle is for humans. What do humans need to develop and grow throughout their lifetime? Does this change or remain the same?
- Finish by emphasising that all creatures are special and unique.

Activity sheet 2.1: Lifecycles







Activity 2.2: Growing Up

- Introduce this activity by explaining the learning outcomes to the young people.
- Provide the young people (in pairs or small groups) with activity sheet 2.2a 'Pictures of girls and women growing' and activity sheet 2.2b 'Pictures of boys and men growing'. Explain that these pictures show the lifecycle of people from when they are babies to when they are old.
- In their groups ask the young people to use the picture cards and list the differences between the drawings. They should look at differences in height, weight, shape, size, hair, and other body parts.
- Discuss the different types of groups within the life cycle i.e. babies, children, young people, adults and older people and how to tell what group each person currently fits into.

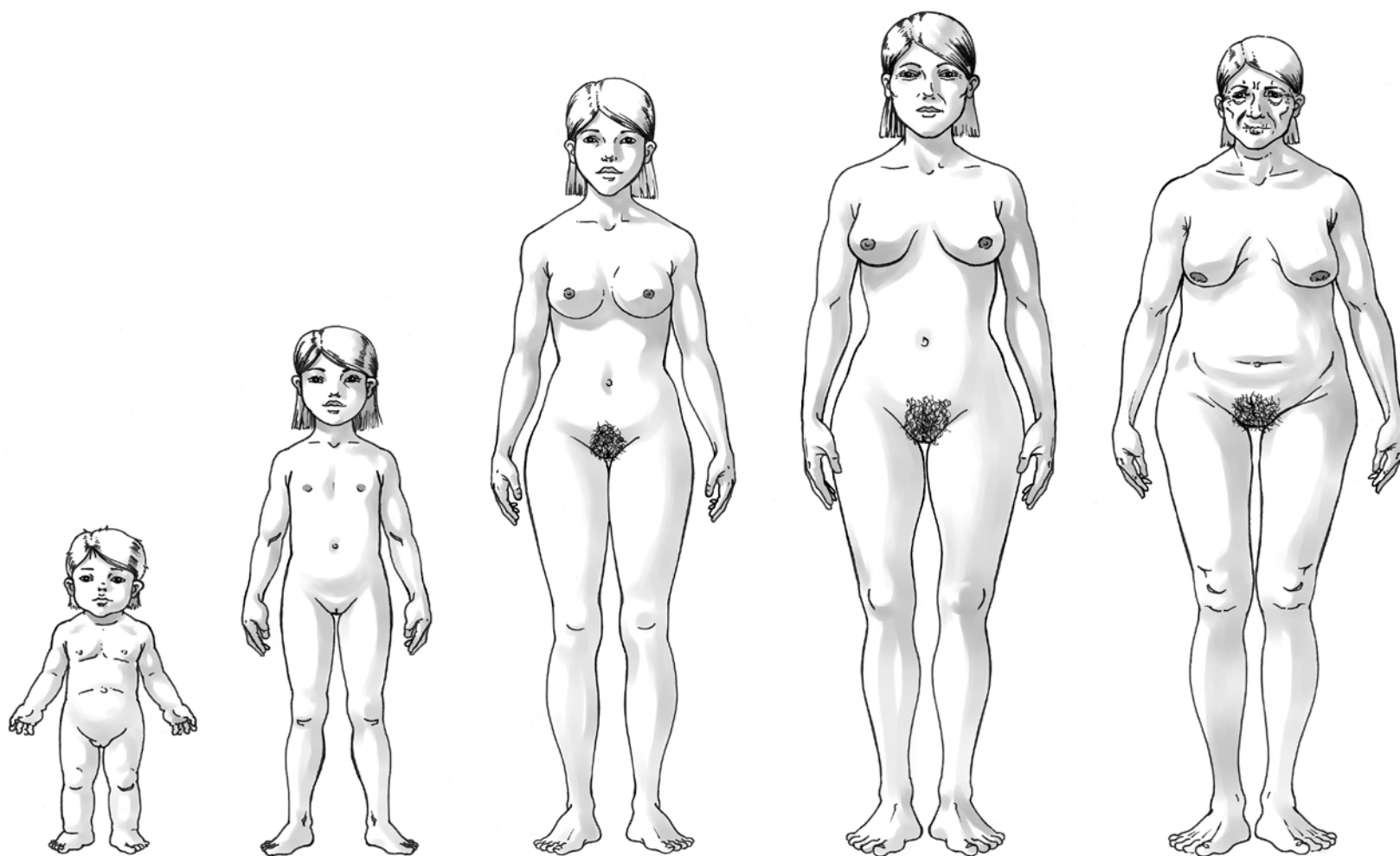
Teacher's note: if preferable carry out this activity in single gender groups with girls exploring the changes in the female picture cards and boys exploring the changes in the male picture cards.

- Expand this activity by introducing photos of people at different stages of life. Ideally this should include pictures of the young people's own family members. What are the differences in facial appearance, height etc of older or younger cousins, siblings? What about aunts and uncles and grandparents?
- As well as focusing on what physical differences there are between people of different ages, encourage the pupils to consider how their likes and dislikes may change. Are adults able to do things that young people can't do? Are young people able to do things that babies can't do? This is an opportunity to introduce the concept of changing feelings and emotions and how they develop as we mature and get older.

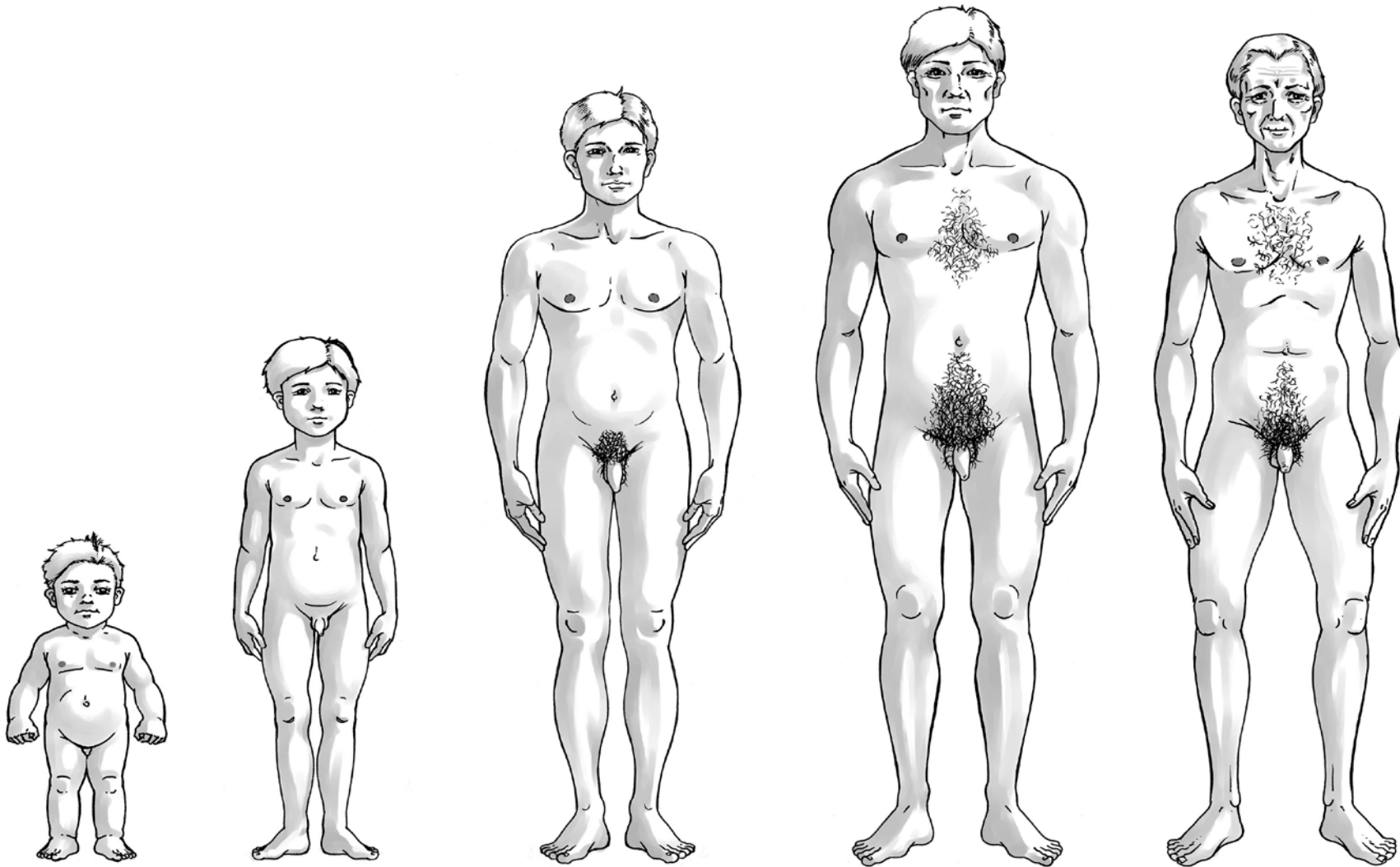
Extension Activity

- Provide each young person with activity sheet 2.2c 'Me as a Baby'. Explain that they should take this home and ask their parent/carer to help them fill it out. They should bring back all the information the following day.
- As a class create three collages: 'Us as babies', 'Us now' and 'Us as adults'. The 'Us as babies' could display the information collected in the 'Me as a baby' activity sheet. The 'Us now' could outline the pupils now i.e. average height, weight etc, what their likes and dislikes are etc. The 'Us as adults' collage could include information on what they will be able to do as adults that they can't do now e.g. vote, get married, drive a car etc. This activity should link to pupils' aspirations for the future and should focus on celebrating getting older.

Activity sheet 2.2a: Pictures of Girls and Women Growing



Activity sheet 2.2b: Pictures of Boys and Men Growing



Activity sheet 2.2c: Me as a Baby

My Name:
I was born in _____ on ____ / ____ / ____ @ _____ am/pm
Pictures
When I was born:
I weighed:
My favourite food was:
I needed:
.....

Activity 2.3: Puberty brings Changes (link to Section 3: Personal Body Parts)

Teacher's note: Before this section it is important to discuss the different names which people use for different body parts. See Section 3: Personal Body Parts, Activity 3.1 and 3.2. An outline of a male and female body (drawn on paper) or access to a BodyBoard is also required.

- Explain the learning outcomes for this activity.
- Ask the young people whether they have heard the term 'puberty'. If yes, explore their understanding of this. A working definition of puberty is:

'Puberty is a time in life when girls and boys grow and develop into young adults. During this time lots of physical and emotional changes take place for boys and girls. These changes can take place at different ages (usually between 11 and 17) and in different ways.'

- Using activity sheets 2.2a and 2.2b (from activity 2.2) ask young people to look at the pictures and drawings of the people who are going through puberty.
- Discuss what changes are happening to their bodies e.g. body hair, height, shape, voice, breasts etc.
- Using activity sheet 2.3a 'Changes at puberty sort cards', ask young people to match the changes to the part of the body. This will take place by sorting the cards on the appropriate part of the male and female outline (or BodyBoard if available).
- Discuss what changes happen to girls only, boys only or to boys and girls using information sheet 2.3a 'Changes at Puberty'.

Teacher's note: Before the next stage of this 'Puberty brings changes' activity, it would be useful to carry out activity 2.4: 'Menstruation' and activity 2.5: 'Wet dreams'.

- Explain to the young people that so far they have focused on the physical changes that happen during puberty. They will now look at the changing emotions and feelings that develop during puberty.
- This activity can be used and adapted throughout this SHRE pack. The 'problem page' cards within this section relate specifically to puberty and growing up. Rather than using the problem page cards in the pack opportunities could be made for young people to write their own concerns or worries anonymously. These could be used as the basis of the activity.
- Explain to the young people that they are now going to discuss the advice that could be given to young people who have written into a problem page column called 'Dear Sue' – using activity sheet 2.3d 'Aunt Sue's problem page'.

- Ask the young people to work in small groups and provide each group with one problem/worry from activity sheet 2.3d 'Dear Sue problem page'. Ask the group to come up with an appropriate response that they could give to help reassure the young person/make them feel better.
- Complete this activity by asking the class to come up with a top 10 list on what they have learned about puberty and growing up. This could include 'facts' or reassuring statements e.g. 'All young people change in different ways during puberty'.

Teacher's note: it is recognised that this activity may be difficult for young people with ASD. Due to this the pupils may need support to think through what advice would be appropriate for the different problems/worries.

Extension Activity

- The young people can be encouraged to recap on the new information they have learned about changes during puberty by using activity sheet 2.3b 'Puberty quiz' and activity sheet 2.3c 'Puberty quiz answer sheet'.
- Encourage the young people to work in small groups or pairs. Provide each small group with a quiz card (or use the PowerPoint presentation) and explain that in their groups they should discuss and decide whether the answer is true or false.
- After the quiz go through the answers and answer any outstanding questions the young people may have.



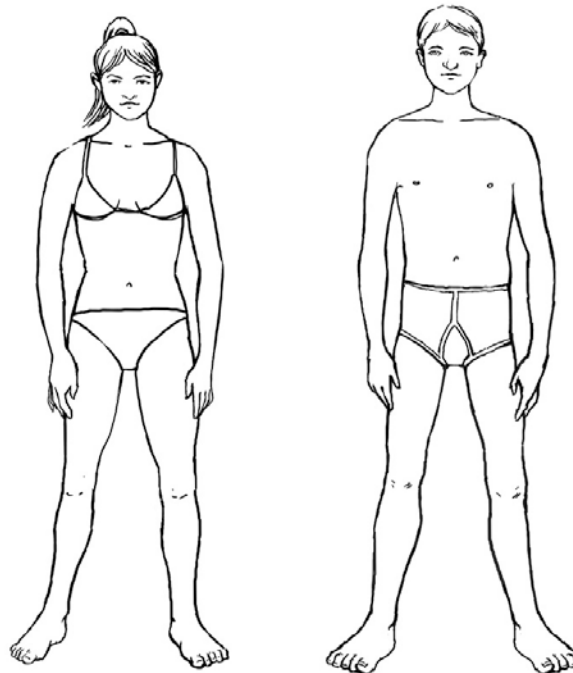
Activity sheet 2.3a: Changes at Puberty Sort Cards

hair gets greasy	feet get smelly	underarms get sweaty
face gets spotty	face gets hairy	underarms get hairy
back gets spotty	private parts get hairy	voice gets deeper
legs get hairy	breasts grow	hips get wider
shoulders get wider	periods start	height increases

Information Sheet 2.3a: Changes at Puberty

CHANGES IN GIRLS

- Feel new emotions
- Have mood swings
- Height increases
- Hair gets greasy
- Face gets spots
- Underarms get hairy
- Sweat and produce body odour
- Breasts start to grow
- Hips get wider
- Hair grows around the vagina (pubic hair)
- Periods start
- Feet get smelly



CHANGES IN BOYS

- Feel new emotions
- Have mood swings
- Height increases
- Hair gets greasy
- Face gets spots
- Underarms get hairy
- Sweat and produce body odour
- Hair will grow on chin - may start to shave
- Shoulders get wider
- Back gets spots
- Legs get hairy
- More hair on back and chest
- Voice gets deeper
- Hair grows around penis and testicles (pubic hair)
- Sperm produced in the testicles
- Penis gets larger
- Have wet dreams
- Feet get smelly

- Puberty is a time when lots of physical and emotional changes take place for boys and girls. These changes can take place at different ages.
- One important change is the development of feelings and emotions – particularly feelings of attraction.
- This may also be a time when some boys and girls are worried/confused about their sexual orientation and their attraction to members of the same sex.

Activity sheet 2.3b: Puberty Quiz

Puberty Quiz Card	TRUE	FALSE
1. Puberty starts as soon as you turn 12.		
2. A boy's body makes sperm in the testicles.		
3. A girl can get pregnant the first time she has sexual intercourse.		
4. A wet dream is when a boy pees in the bed at night.		
5. Puberty can change the way you feel towards other people.		
6. During puberty a girls hips widen to balance out her breasts.		
7. Puberty can last from one to six years.		

Activity sheet 2.3c: Puberty Quiz Answers

1. **Puberty starts as soon as you turn 12.** FALSE – puberty starts at different ages for different people. Usually between the ages of 11 and 17.
2. **A boy's body makes sperm in the testicles.** TRUE.
3. **A girl can get pregnant the first time she has sexual intercourse (sex).** TRUE – the only way to avoid pregnancy is by not having sexual intercourse.
4. **A wet dream is when a boy pees in the bed at night.** FALSE – a wet dream is when a boy ejaculates semen from his penis during the night.
5. **Puberty can change the way you feel towards other people.** TRUE – during puberty you can develop strong feelings of attraction.
6. **During puberty a girl's hips widen to balance out her breasts.** FALSE – a girl's hips widen so there is room for a baby to be born.
7. **Puberty can last from one year up to six years.** True – puberty happens at different times and speeds for different people.

Activity sheet 2.3d: Dear Sue Problem Page

Dear Sue



- Dear Sue

The boys in school all tease me about the fact that I still don't wear a bra. All of my friends have started to grow breasts and wear bras. My friends have also started their periods and I haven't. I am so embarrassed – will I ever grow up?

Ellie, 13

- Dear Sue

I feel really confused. My friends talk about the girls they fancy and who they have kissed all of the time. I don't think of girls like that; in fact if I'm honest I don't fancy them at all. I heard someone talk about 'queer guys' who don't fancy girls but fancy boys. Am I queer?

Barry, 13

- Dear Sue

My face is covered in loads of spots. I feel really ugly and don't want to go out. What can I do?

Abdul, 14

- Dear Sue

I wake up in the morning with an erection. I also sometimes get one when I am in school. I don't even have to look at a girl. What is going on? Am I weird?

Thomas, 12

- Dear Sue

Recently hair has started to grow under my arms and I sweat more. I wash all the time but I'm still really worried that I smell. How can I make sure that I don't smell?

Anonymous, 12

Activity 2.4: Menstruation

- Explain to the young people (boys and girls) that they are now going to look in more detail at what a period is.
- A working definition of a period is:

'A period is something that starts when girls go through puberty. Girls will know that they have started their period because blood will come from inside their vagina onto their pants. This is normal.'

- Ask whether the pupils have ever heard of a period. Have they heard of any other words used to describe this, e.g. menstruation, dabs, time of the month etc.
- Now ask the young people if they know why girls have periods. Explain that periods show that a girl's body is now able to make a baby.
- Provide the young people with activity sheet 2.4 'Periods flowchart' and discuss the menstrual cycle using the teacher's notes and the BodyBoard (if available).
- The following website has useful information:
www.bbc.co.uk/science/humanbody/body/interactives/lifecycle/teenagers/index.shtml?girlGenitalsGo

Teacher's note: For pupils to fully understand what a period is they need to know what is meant by sexual intercourse. At this stage it may be enough to state that 'sexual intercourse (also called sex) is when a man's penis enters a woman's vagina – this normally happens between two people when they care a lot about one another'. Highlight that they will learn more about sexual intercourse in the future. If required, further information (including a flowchart) is available within Section 8: Sexual Activity.

Extension Activity (girls only)

- Read through activity sheet 2.4b 'Social story – Suzanne's first period' with the girls in the class. Use the learning notes to discuss how the character in the situations responded and why.
- Follow this up by asking the girls to write their own social story of what they will do when they start their period. This should relate very closely to the lives of the pupils, i.e. use teacher's name, parents' name, etc.

Teacher's note: Follow this activity by carrying out (or recapping) the messages from the activity 'Keeping clean during menstruation' in the Keeping Clean module. This activity and 'Keeping clean during menstruation' could be enhanced through an input by a school nurse and/or other health professional.

Activity sheet 2.4a: Periods Flowchart

About once every month one egg leaves the ovary and goes down a tube to the uterus.

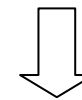


When this is happening the uterus makes more lining with extra blood.



If the egg meets and joins with a sperm a baby starts to grow inside the uterus.

A woman would have to have had sexual intercourse with a man for this to happen.



If the egg does not meet with a sperm it joins with the extra blood in the uterus.
This flows out through the vagina.



This is a period (sometimes called menstruation).

This normally happens every month and lasts for a few days.

Teacher's notes 2.4: Menstruation

- Most girls get their first period between the ages of 11 and 15, but it is not uncommon to be as old as 18 or as young as 9.
- For the first few years most girls have irregular periods; it is not unusual to miss a period for months at a time or to have two periods very close together.
- Periods work on 28-day cycles. The cycle begins on the first day of bleeding and continues up to, but not including, the first day of the next period. Women's cycles range from 21 to 40 days or more, with an average of around 28 days. This means girls can expect about 13 periods in a year.
- A period is the process of unfertilised eggs passing out of the body through the vagina. When a girl's body is mature enough she will produce an egg every month in an ovary. This is released at ovulation into the fallopian tube where it waits before travelling to the uterus. If the egg is not fertilised it breaks down while it is in the uterus and mixes with some extra blood and fluid in the soft lining of the uterus. As this soft lining is not needed it dissolves and passes out of the uterus, through the vagina and out of the body as a period.
- On average the amount of blood that leaves the body during a period is a few tablespoons. To soak up the flow a girl uses sanitary towels which are pads that are worn in the pants to soak up the flow or tampons which are inserted inside the vagina.
- Some girls will experience Premenstrual Syndrome (PMS – sometimes referred to as PMT or Premenstrual Tension). This usually occurs in the two weeks before a period and includes a number of physical and emotional symptoms. This often includes bloating, abdominal cramps, water retention, elevated body temperature, skin breakouts, mood swings and feelings of irritability.
- It is possible, although highly unlikely, for a girl to get pregnant if she has unprotected sex during her period.

Activity sheet 2.4b: Social Story – Suzanne’s first period

My name is Suzanne and I am 13 and live with my mum and little sister Julie, who is 8.

Today I was in class in school. I had a pain in my stomach which had been there since I woke up. During break I went to the toilet and noticed that I had some blood on my pants. I know this is my period. I had been told by a nurse in school that most girls get their period when they are growing up. I felt a bit scared and excited and was unsure what to do.

I decided to tell a teacher. My teacher told me not to worry and gave me some sanitary pads from the school office. I was told to place one sanitary pad on my pants to soak up the blood and to change it every time I went to the toilet.

When I got home I told my mum about my period. My mum said that I did the right thing by telling a teacher. She also told me that I could talk to her about any worries I have about my period or growing up. My mum gave me more sanitary pads and told me to keep them somewhere private in my bedroom. When I was going to bed my mum also gave me a hot water bottle to help soothe my stomach pain. My mum said that many women get sore stomachs when they have their period.

I am glad that I am growing up and that I can talk to my mum if I am worried or confused.

What have you learned from Suzanne’s story?

- When you start your period you may feel scared, worried or excited.
- If you start your period and do not have any sanitary pads it is important to tell your parent, a teacher or another trusted adult. They can help you get some sanitary pads.
- It is useful to tell a parent or trusted adult when you start your period. This can be a chance to talk through any feelings you may have.
- You should keep your sanitary pads in a drawer in your bedroom – somewhere private.
- You may get stomach pains when you have your period. If you do, this can be helped with a hot water bottle or by taking some medicine. You should always talk to a parent before you take medicine.

Activity 2.5: Wet Dreams

- Explain to the young people (boys and girls) that they are now going to explore what is meant by a wet dream.
- Ask whether the young people have heard of this term before. If yes, explore their understanding before explaining 'a wet dream is when a boy ejaculates sperm (comes) when he is sleeping. This is a normal part of growing up and can start to happen when a boy is going through puberty'.
- Using Activity sheet 2.5a 'Facts about wet dreams' discuss the topic with the young people and answer any questions they may have.

Extension Activity (boys only)

- Read through activity sheet 2.5b 'Social story – Peter's Wet Dream' with the boys from the class. Use the learning notes to discuss how the character in the situations responded and why.
- Follow this up by asking the boys to write their own social story of what they will do when they have a wet dream and/or change during puberty. This should relate very closely to the lives of the pupils, i.e. use teacher's name, parents' name etc.

Activity sheet 2.5a: Facts About Wet Dreams

- Boys usually start having 'wet dreams' from about 11 or 12 years old.
- A wet dream happens when a boy is sleeping.
- He will be having a nice or sexy dream.
- His penis becomes hard.
- His penis will ejaculate and sperm will come out.
- When the boy wakes up he may have wet pyjamas or covers.
- Wet dreams are normal for boys.
- All boys have wet dreams.
- After a wet dream it is important to clean your pyjamas and sheets.

Activity sheet 2.5b: Social story – Peter’s wet dream

My name is Peter. I am 14 and live with my mum and older sister Joanne who is 17.

Over the last few months I have noticed that my body is changing. I have got taller; hair has been growing under my arms and around my penis and my voice has got deeper. I am pleased about these changes because I know that it is part of growing up and going through puberty.

Some mornings I wake up with my penis hard and my pyjamas and bed sheets are wet. I usually can’t remember what my dream was but I know I felt nice. At first I wasn’t sure if this was okay and was embarrassed that my mum would notice stains left on my sheets and pyjama bottoms.

However I spoke to my uncle – who is my friend. My uncle told me that this was nothing to worry about. It is called a ‘wet dream’ and many boys experience it when they are getting older and going through puberty. I felt much better about having wet dreams after I spoke to my uncle.

What have you learned from Peter’s story?

- Changes such as getting taller, hair growing around the penis, your voice getting deeper etc are all part of growing up and are nothing to worry about.
- When boys grow up and go through puberty they can experience a wet dream.
- A wet dream is when your penis becomes hard and you ejaculate sperm during the night. This can make your pyjama bottoms or bed sheets wet.
- Wet dreams are a normal part of growing up.
- If you are worried about having wet dreams or about any other change happening you should talk to a person you trust.

Section 3: Personal Body Parts

Learning Outcomes After this lesson pupils will:	Suggested Activity	Supporting Resources	Assessment Opportunities
Understand that different names are used for sexual body parts including medical names and slang names and know which names can be used where	3.1 Names for personal body parts	Provided - Information sheet 2.3a from Activity 2.3 'Puberty brings Changes' (Section 2: Changing and Growing) - Activity sheet 2.2a and 2.2b from Activity 2.2 'Growing Up' (Section 2: Changing and Growing) - Label 3.1a 'Appropriate Words' – cut out for sorting boxes/baskets Additional - Five sorting boxes/baskets - Body Board (Headon Productions) with pictures of sexual body parts	- Contribution to discussion around names for sexual body parts - Correct completion of sorting activity
Have a basic understanding of what each sexual body part does	3.2 What are personal body parts for?	Provided - Teacher's notes 3.2a 'Female sexual parts' - Teacher's notes 3.2b 'Male sexual parts' Additional - Materials required from More Than A Game Pack http://mtagp.nhs.gov.uk/ - Male genital organs http://www.bbc.co.uk/science/humanbody/body/factfiles/male_genitals/male_genitals.shtml - Female genital organs http://www.bbc.co.uk/science/humanbody/body/factfiles/female_genitals/female_genitals.shtml Reference to most Standard Grade Biology text books will assist teachers in gaining any further information/explanations required. Access to 3D models from science departments may also be useful to illustrate body parts.	- Contribution to discussion - Correct completion of sorting exercise

Activity 3.1: Names for personal body parts

Teacher's note: Prior to starting this activity it is recommended that the class agree 'ground rules'. Suggestions for ground rules are provided within the introduction section of this pack. The ground rules are an opportunity to acknowledge that some young people may find this lesson amusing and fun, whilst others may feel embarrassed. Ensure that young people are reassured about these feelings and reminded that despite this it is important for them to be aware of the different words used for personal body parts.

- Prior to starting this activity recap with the pupils what they have learned about puberty so far. If required refer to information sheet 2.3a 'Puberty brings Changes' from activity 2.3. Key issues include:
 - Changing and developing female body i.e. breasts grow, hair grows around vagina, underarm hair, girls start to menstruate (get period) etc.
 - Changing and developing male body i.e. get taller, hair grows around penis, voice deepens, testicles start producing sperm etc.
 - Males and females start to develop new feelings towards others i.e. fancy them.
 - Changes during puberty mean that boys' and girls' bodies are now able to make a baby.
 - To make a baby males and females need to have sexual intercourse (sex). This is when a man's penis enters a woman's vagina.
- Explain that this session is going to explore the names given to the external male and female personal body parts.
- Explain to the young people that different people use different words for personal body parts. Using the pictures from activity sheet 2.2a and 2.2b from Activity 2.2 'Growing Up' encourage the pupils to 'ideas storm' all of the names they have heard for the different external body parts. Try to ensure that the following names in bold are included:

Female body

Breasts: boobs, tits

Vagina: fanny, flower, vulva, front bum, genitals

Bottom: bum, anus, bum hole

Other personal body parts: pubic hair, clitoris

Male body

Penis: willy, prick, foreskin, genitals

Testicles: balls, testes, scrotum, ball sack

Bottom: bum, anus, bum hole

Other personal body parts: pubic hair

- Discuss which words are appropriate to use at home, which can be used with friends, in the classroom/with doctors and nurses and the words which are thought to be rude and could be offensive to some people.
- Use label 3.1a 'appropriate words' to label five sorting boxes or baskets and ask the young people to place the names for sexual body parts in the appropriate box. This could be done by writing each of the suggested terms on scrap paper or post-it notes.
- It is suggested that words in the classroom and words with a doctor or nurse are those highlighted in bold above.
- **Teacher's note:** This section introduces a lot of new language that young people might struggle to cope with. The teacher may need to provide extra support and could try a 'Personal Word Book' where new language is recorded in a jotter which the young person could then discuss at home or in a tutorial group. Three columns can be created for each body part: Medical, Everyday, Slang. Pupils write the words under each heading to help them know when it is appropriate to use each term.

Label 3.1a: Appropriate Words



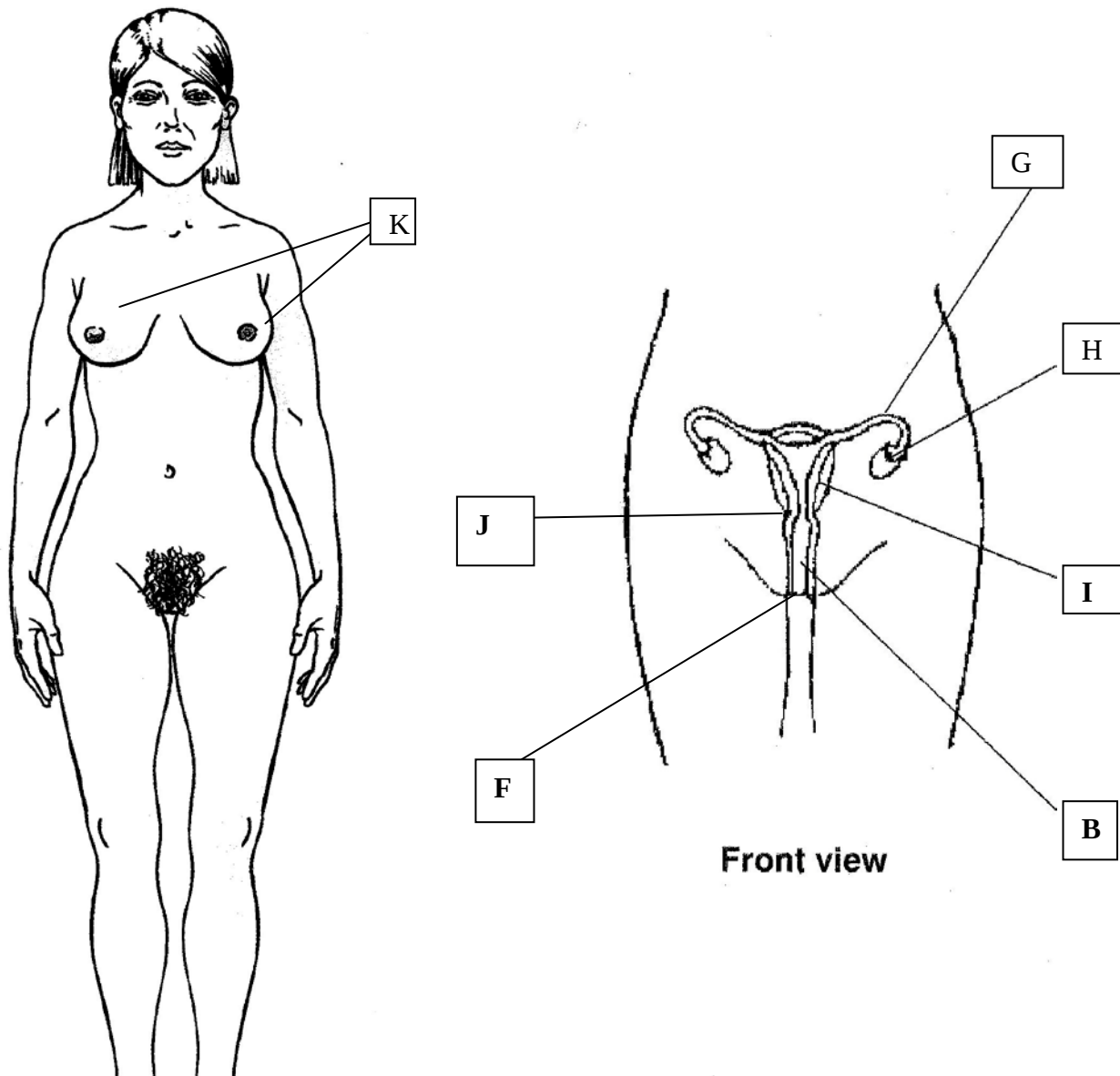
Words in the Classroom	Words at home	Words with friends
Words which people may think are rude	Words with a doctor or nurse	

Activity 3.2: What are Personal Body Parts for?

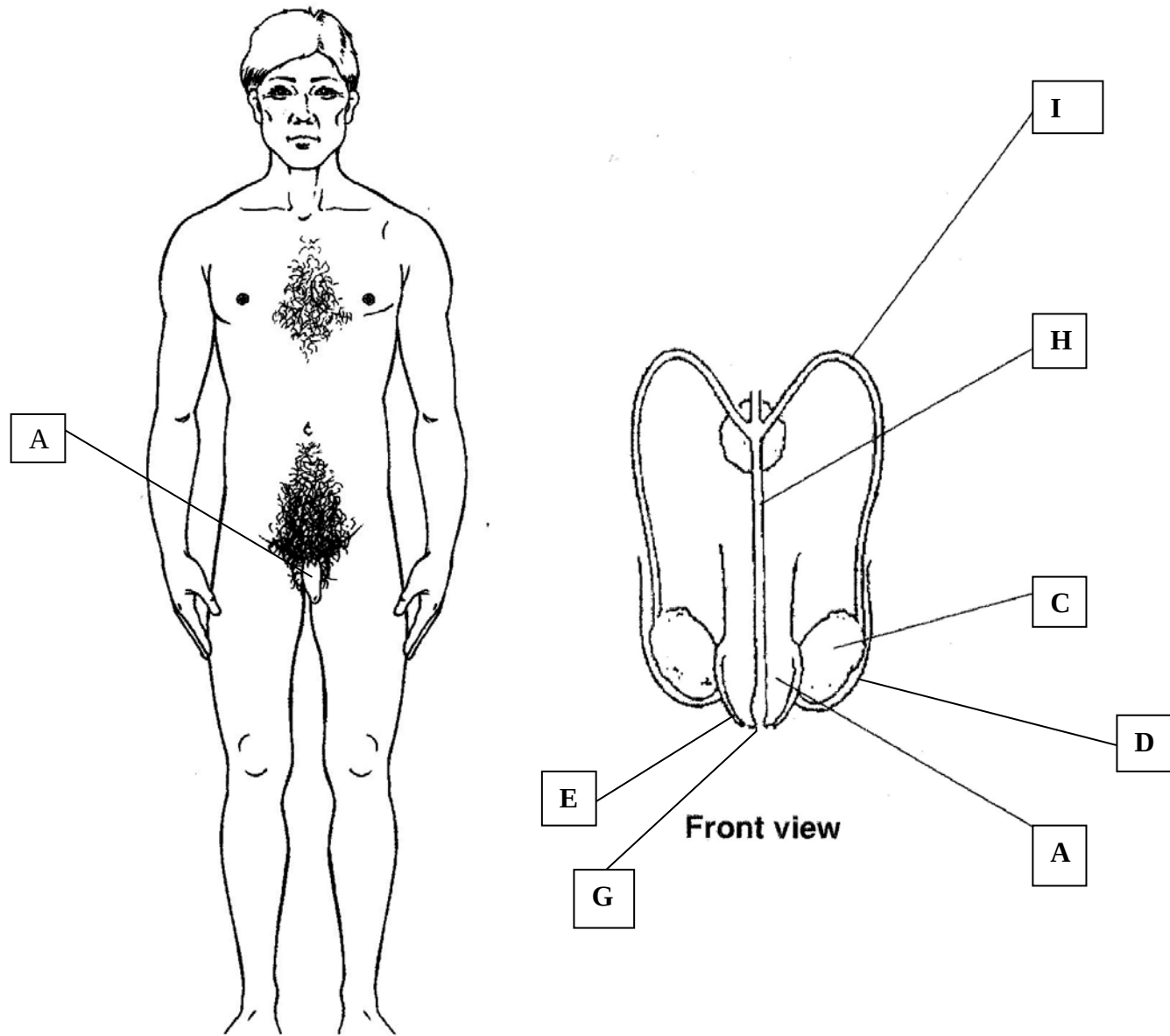
- Explain to young people that they are now going to explore in more detail the internal parts of the male and female body and what all personal body parts are for.
- Provide the young people with activity sheet 3.2a 'Female Sexual Parts' and activity sheet 3.2b 'Male Sexual Parts' and encourage them to correctly match the name of the sexual organ to the appropriate arrow on the body. Use the teacher's notes to correct their answers and to lead a discussion on what each part is for.
- Recap the new learning with the young people by carrying out one or more of the following:
 - Draw outline of human body (one female and one male) – young people have to draw and label the internal and external personal body parts and discuss what each is for.
 - Use the BodyBoard to correctly identify personal body parts and discuss what each is for.
 - Use 'Vegetable anatomy game' from NHS Greater Glasgow and Clyde More than a Game pack.
<http://mtagp.nhsggc.org.uk/>

Teacher's note: This lesson will potentially provide pupils with a lot of new information. Because of this it is important that pupils are offered the chance to work through the lesson at their own pace. It is suggested that this lesson could be enhanced by the involvement of an external agency – particularly school health services.

Activity sheet 3.2a: Female Sexual Parts



Activity sheet 3.2b: Male Sexual Parts



Teacher's notes 3.2a: Female Sexual Parts

- A **Urinary opening:** A small hole at the top of the vagina. This is connected to a tube called the urethra which is where urine (pee) leaves the body.
- B **Entrance to the vagina:** A bigger hole than the urinary opening in the middle of the vagina. The vagina is a passageway between the womb (uterus) and the outside of the body. This is where blood comes during a period. The entrance to the vagina is where a penis enters during vaginal sexual intercourse. If sperm is released this can lead to pregnancy. The vagina is also where a baby is born from.
- C **Inner and outer lips (labia):** The word labia means 'lips' in Latin. The labia are two folds of skin inside the vulva. The outer labia are covered with pubic hair after puberty and more or less hide the rest of the vulva. The inner labia sit within the outer labia and protect the vagina and clitoris. The labia can be large or small, short or long, and even (like breasts) two different sizes. This is all normal and part of what makes us each unique. They can be sexually sensitive and can swell a little when a woman gets turned on.
- D **Clitoris:** A small mound of skin located where the inner lips meet. This is the most sensitive sexual part of the female body so when it is rubbed or touched it can make the body feel good i.e. tingly, warm, nice – sexy. When this feeling becomes more intense a women can reach a peak which is called an orgasm.
- E: **Anus:** An opening through which faeces (poo) leaves the body.
- F **Vulva:** The name given to all of a female's sex parts that are outside of the body. In everyday speech, the term vagina is often used to refer to the female genitals generally, although, strictly speaking, the vagina is a specific internal structure.
- G **Fallopian tube:** There are two fallopian tubes. They carry the egg from the ovary to the womb (uterus).
- H **Ovary:** There are two ovaries; one on each side of the womb/uterus. The ovaries make eggs. When a girl reaches puberty an egg is released each month from one of the ovaries.

- I **Womb/uterus:** The womb is sometimes called the uterus. When a woman is pregnant a baby will grow and develop in the womb. If a woman is not pregnant the lining of the womb thickens, then breaks down and comes out as a period.
- J **Cervix:** This is also known as the neck of the womb as it is the lower narrow part of the womb where it joins with the top of the vagina. The cervix and the vagina form the birth canal through which a baby is born.
- K **Breasts:** Two bits of soft flesh that grow on the chest of girls. They get larger during puberty and when a woman is pregnant. Their primary purpose is to provide babies with milk that is produced inside the breast during pregnancy.

Teacher's notes 3.2b: Male Sexual Parts

- A **Penis:** The penis is the male organ used for urination (to pee) and for sexual intercourse. It is made of spongy tissue and blood vessels. The penis sits above the scrotum. The size of a penis can vary from man to man. Generally an un-erect penis is smaller than the erect penis.
- B **Erect penis:** When a man becomes sexually excited the penis becomes hard, longer and larger (due to more blood flowing to the penis). This is called an erection. When a man is so sexually excited that semen comes out this is called ejaculation or cumming.
- C **Testicles:** There are two testicles. Sperm are made in the testicles, as is testosterone. During sexual intercourse a man releases sperm into a woman's vagina. This can penetrate the egg within the ovary and starts the process of human life developing (a baby).
- D: **Scrotum:** The scrotum is the loose pouch of wrinkled skin that hangs behind a man's penis. The scrotum holds the testicles.
- E **Foreskin:** The skin which covers the penis of males who have not been circumcised. When the penis is erect the foreskin rolls back and shows the sensitive head. Some boys have this layer of skin removed by a doctor; this is called circumcision.
- F **Anus:** An opening through which faeces (poo) leaves the body.
- G **Urinary opening:** A small hole at the head of the penis. This is connected to a tube called the urethra which is where urine (pee) or sperm leave the body.
- H **Urethra:** A tube which is inside the penis which carries sperm or urine.
- I **Sperm tube:** A tube which carries sperm from the testes to the penis

Section 4: Relationships

Learning Outcomes After this lesson pupils will:	Suggested Activity	Supporting Resources	Assessment Opportunities
Know who the members of their family are and their need to take care of them	4.1 My family/The people I live with	Provided - Activity sheet 4.1a 'Who I live with' Additional - Photographs or drawings of family members - Paper, card, magazines	Contribution to discussion around who the young person lives with and the fact that these people will want to take care of the young person
Understand that a friend is someone they like to spend time with. You show friends care and respect	4.2 Friends	Provided - Activity sheet 4.2a 'Friends wanted' - Activity sheet 4.2b 'Who can be my friend? Flowchart' - Activity sheet 4.2c 'Circle of intimacy'	Contribution to discussion around what it means to be a friend
Understand the importance of showing respect for each other	4.3 Other young people at school	Provided - Activity sheet 4.2b 'Who can be my friend? Flowchart' - Activity sheet 4.2c 'Circle of intimacy' from activity 4.2 Additional - List of classmates	- Contribution to discussion around difference between a class-mate and a friend - Correct placement of people on the Circle of Intimacy
- Understand the importance of showing respect for each other - Recognise the importance of respect in all relationships including people who help them in their day-to-day lives	4.4 People who help us	Provided - Activity sheet 4.4a 'People who help us' - Activity sheet 4.2c 'Circle of intimacy' from activity 4.2	- Contribution to discussion around people who help us - Correct placement of people on Circle of Intimacy
Understand what is meant by a boyfriend or girlfriend and recognise the importance of trust and respect in this type of relationship	4.5 Girlfriends and boyfriends	Provided - Activity sheet 4.5a 'Facts about boyfriends or girlfriends' - Activity sheet 4.5b 'Quality cards' – cut out - Activity sheet 4.5c 'Scenario cards' – cut out Additional - Talking together about sex and relationships (FPA)	

Activity 4.1: My family/The people I live with

Teacher's note: This activity requires young people to bring in pictures of their family/people they live with. If pictures are not available ask the young people to draw different members of their family to use instead of pictures.

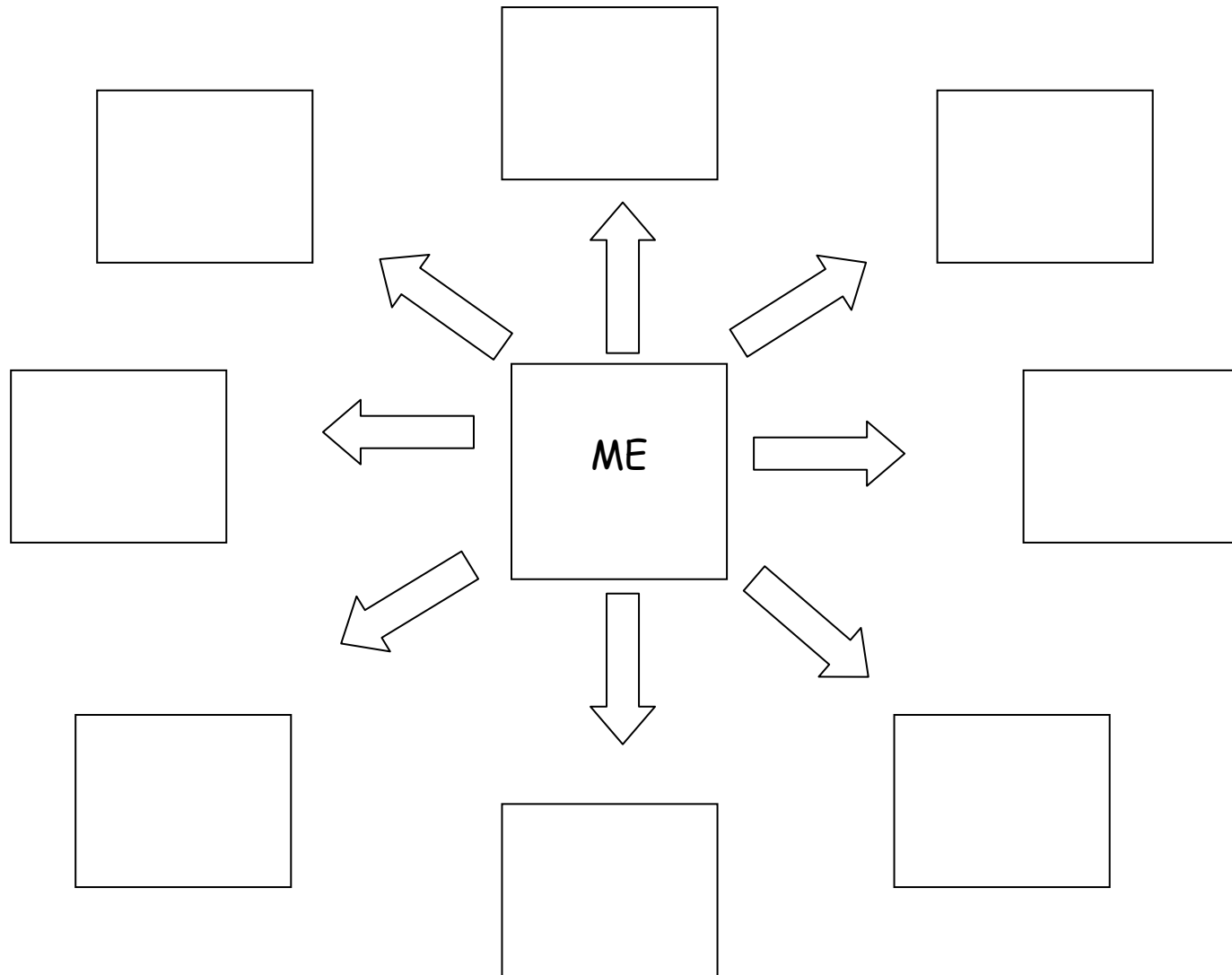
- Give each young person a copy of Activity sheet 4.1a 'Who I live with' (or use this as a template) and ask them to stick their family pictures onto the activity sheet.
- Ask the young people to make a list of some of the things they like to do with the members of their family. They could make a poster, list, diary or collage, to show what they do with their family.
- Develop this discussion by encouraging the young people to consider how they show that they care for and love their family members and vice versa, e.g. being nice to their sister, not shouting at one another, their mum helping them with their homework etc. It may be useful to introduce some key terms and how they are demonstrated in the family:

Respect in relationships: This is an attitude that is shown towards others. Respect develops when a person is kind and caring towards you, acknowledges your thoughts and feelings and is supportive of you. When showing respect to others it is useful to remember the phrase: 'Treat others the way you want to be treated.'

Trust in relationships: This is a feeling towards others. Trust grows when you respect a person, can depend upon a person and when the person is honest with you. Trust is usually a two-way thing i.e. we trust one another.

Love in relationships: This is a feeling towards another person when you really, really like them, trust and respect them. You can love your parent, brother, sister, friends, etc. People in 'special relationships', such as boyfriend/girlfriend, husband/wife, also love one another – in this relationship the love is different because as well as really liking, trusting and respecting them you also have strong feelings of attraction, i.e. fancy them as well.

Activity sheet 4.1a: Who I Live With



Activity 4.2: Friends

- Introduce this activity by explaining that the young people are now going to think about friends and friendship. If required it may be useful to have a working definition of a friend. A suggested working definition is:

‘A friend is a person you like to spend time with. You care for them and show them respect.’

- Ask the young people to think about a friend(s) they have. Discuss with the young people what it means to be a good friend. ‘Ideas storm’ the positive qualities of a good friend, e.g. they make me laugh, play good games, are kind to me, look out for me, keep my secrets etc.
- Ask the young people to write a story about a positive experience of being with a friend. They should include what they did with their friend, where they went and how they felt when they were with their friend.

Teacher’s note: For some young people this exercise may make them aware that they do not have close friends. The teacher will need to be sensitive to this possibility and encourage the young person to think about family members who may also be friends.

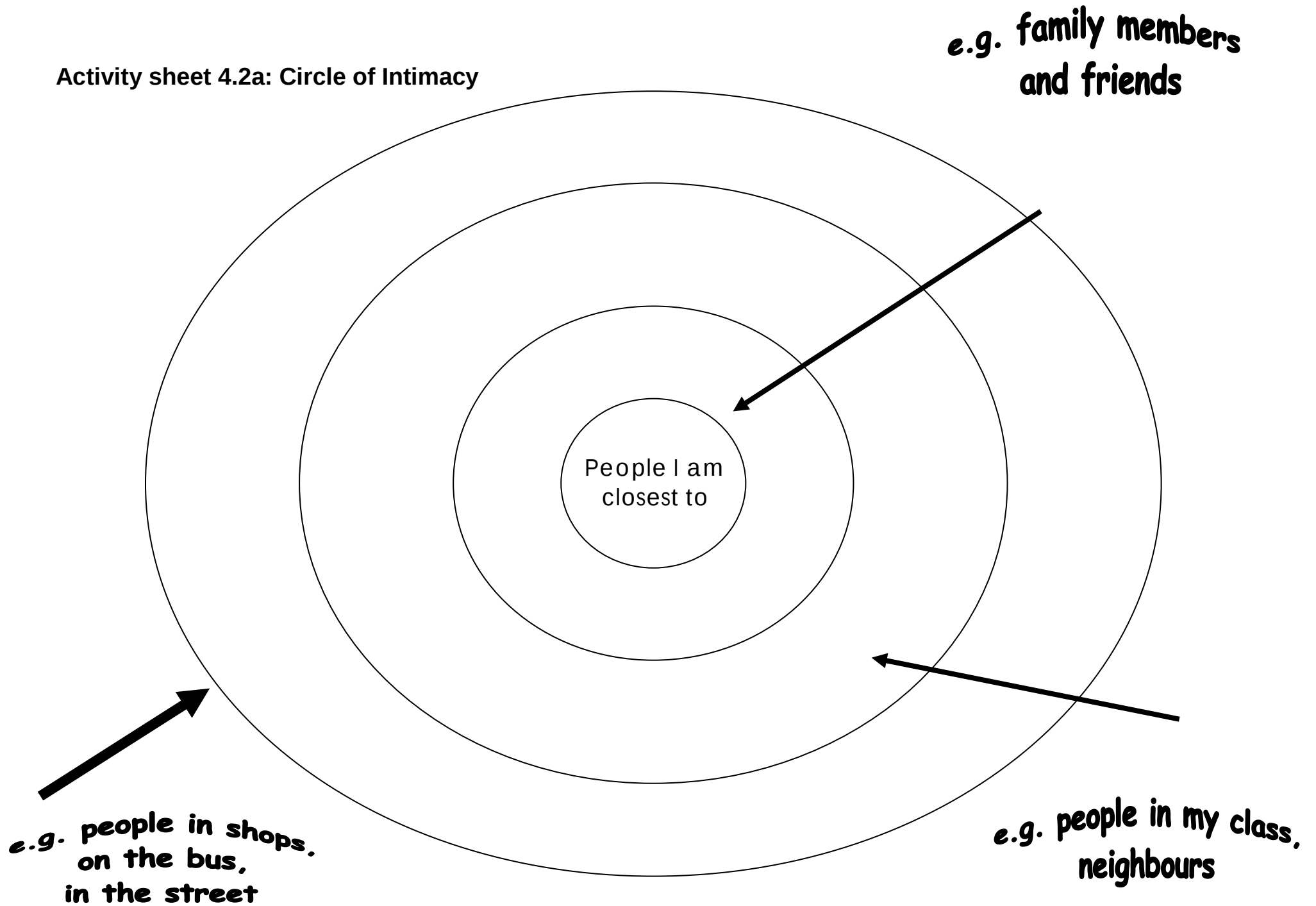
- Using Activity sheet 4.2b ‘Who can be my friend? Flowchart’ discuss with the young people how they can decide who can be their friend. Explore with whom they would discuss whether a person could be their friend.
- Introduce ‘The Circle of Intimacy’ (activity sheet 4.2a) to the young people. Encourage them (by writing names or using photographs) to identify where their family/people they live with and friends should be on the Circle of Intimacy.
- Discuss the importance of respect and trust among people who are in the inner circles of the Circle of Intimacy and the need to be polite to those on the outer circles.

Teacher’s note: The three pages of the flowchart on activity sheet 4.2b should be laid out side by side so the young people can see the complete flowchart.

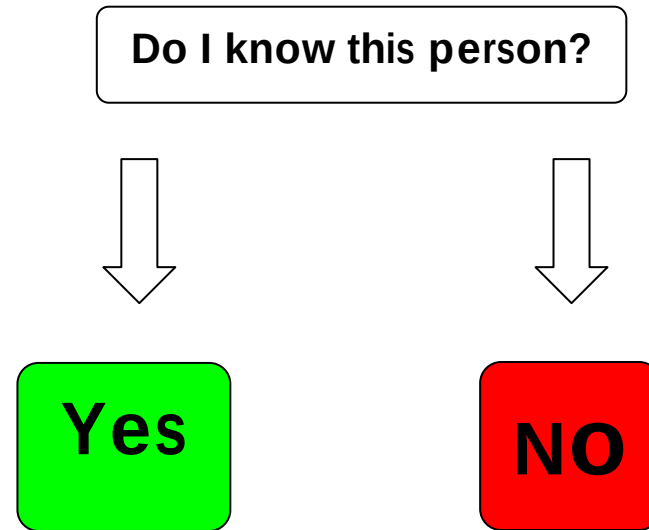
Extension

Using Activity sheet 4.2c ‘Friend wanted’, ask the young people to answer the questions and then make their own ‘Friend Wanted’ poster.

Activity sheet 4.2a: Circle of Intimacy



Activity sheet 4.2b: Who Can Be My Friend? Flowchart



Yes, I know this person.



Do I like to spend time with this person?

Yes



Talk with someone in my family or a teacher about whether it's ok for this person to be my friend.



Yes



Ask this person if they would like to be my friend.

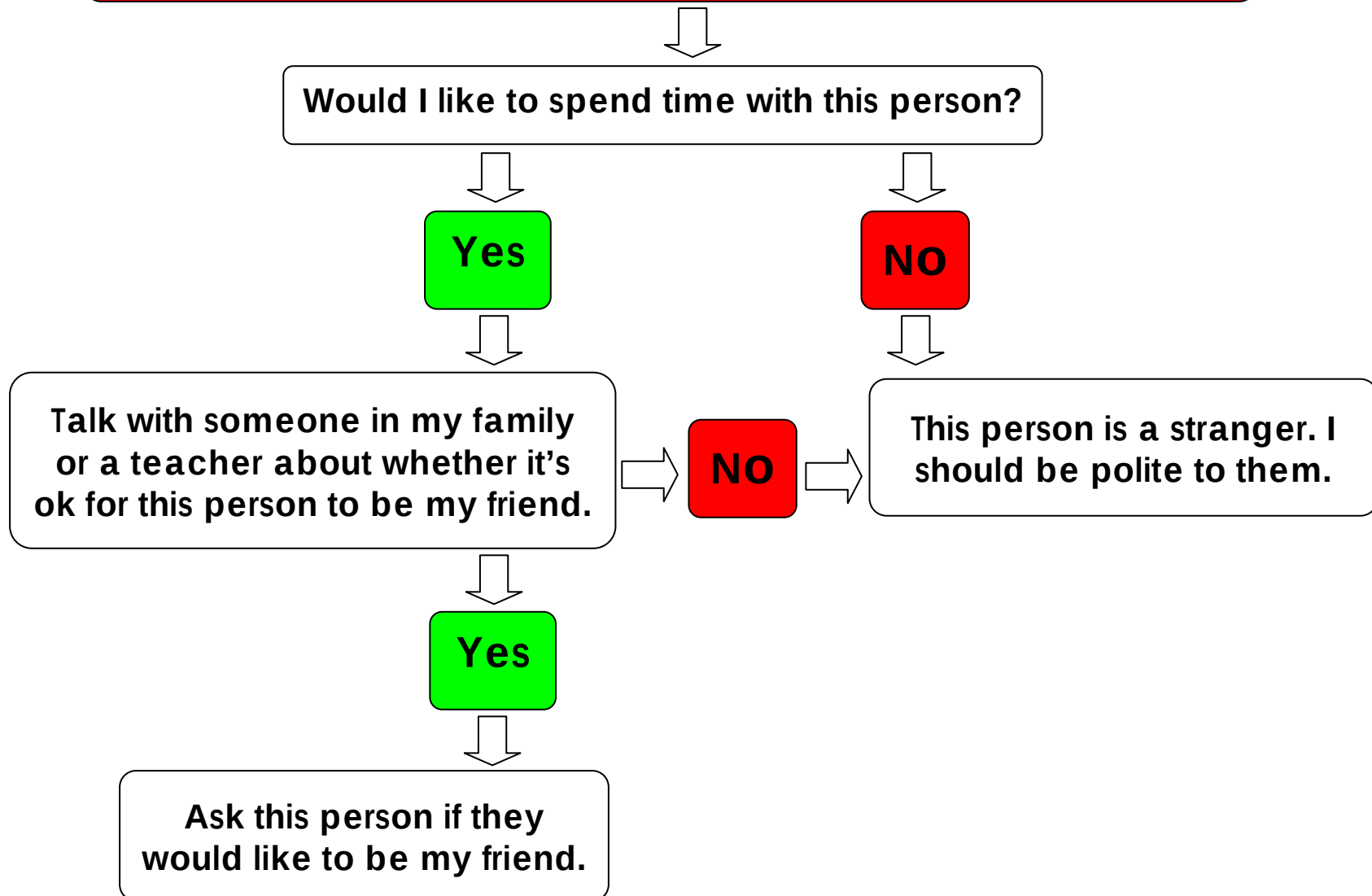


No



This person is not my friend, but I have to be polite to them.

No, I don't know this person.



Activity sheet 4.2c: Friend Wanted

- Would my friend be a boy or a girl?
- Would they be someone who likes to watch TV?
- Would they be someone who likes to play computer games/play station games?
- Would they be someone who likes to do sports?
- Would they be someone who is the same age/older/younger?
- Would they be someone who likes the same food as me?
- Would they be someone who likes dogs/cats/horses/pets or animals?
- Would they be someone who has the same interests as me?

FRIEND WANTED!

I would like this person to be:

Activity 4.3: Other young people at school

- Give each young person a list of their classmates and ask them to write the names in the appropriate circle in the circle of intimacy.
- Use Activity sheet 4.2b 'Who can be my friend? Flowchart' (from activity 4.2) to help decide which circle each person should be placed in.
- Discuss the difference between classmates and friends.

Teacher's note: This activity needs to be carried out with sensitivity, particularly if a young person in the class does not have many friends.

Extension activity

- This activity would link well with broader activities that celebrate being part of the school community where young people have the chance to explore the following:
 - What makes me healthy and happy in school?
 - How do we show respect to one another in school?
 - What are the characteristics of a happy and healthy school?

Activity 4.4: People who help us

- Recap with the young people some of the key messages from activity 4.1. In particular emphasise the role that parents/people they live with have in helping them and keeping them safe.
- Have an open discussion with the young people about other people who help them and/or have the job of keeping them safe.
- Ask the young people to look at activity sheet 4.4a 'People who help us'. Encourage them to add anyone else they can think of.
- Discuss each person's job and the way in which they help other people.
- Cut out the cards and encourage the young people to place the 'people who help us' onto their circle of intimacy (from activity 4.2 Friends).
- Finish the activity by recapping what is meant by respect. Encourage the pupils to consider how important it is to treat people with respect; emphasise that this is particularly important for people who help us.

Teacher's note: This activity could be expanded and developed through wider discussion on the rights of young people.



Activity sheet 4.4a: People Who Help Us

Teacher	Teaching assistant	Headteacher
Canteen staff	Janitor	School cleaners
Doctor	Nurse	Fire officer
Police officer	Befriender	Youth worker
	Social worker	

Activity 4.5: Boyfriends and girlfriends

- Introduce this activity by asking the young people what they think is meant by girlfriend/boyfriend. Discuss their views and encourage them to think about the differences/similarities between the things someone would do with friends and the things someone would do with a boyfriend/girlfriend. Emphasise that the main difference between a friend and a boyfriend/girlfriend is the feeling of attraction/fancying. Because of this they may kiss, hold hands and potentially do other sexual activities.
- It may be useful to introduce a working definition of what is meant by boyfriend/girlfriend. A suggested working definition is:

‘A boyfriend/girlfriend is someone I like to spend time with. As well as liking, trusting and respecting them I also fancy them.’

- Use activity sheet 4.5a: ‘Facts about Boyfriends and Girlfriends’ to further discuss the types of things some people want to do with their boyfriend/girlfriend with whom they want to be affectionate.

Teacher’s note: *Some young people may enjoy developing a social story in place of activity sheet 4.5a. For some young people this may not end up with having sex so it would be important to stop at the right point for the individual young person.*

- Provide the young people with copies of the ‘Qualities’ cards. Explain that the qualities cards represent different qualities you may want from a boyfriend/girlfriend. The young people should rank the quality cards on a scale of importance from 1 = unimportant to 10 = very important. Discuss the responses and encourage the young people to give reasons for their answers.

Teacher’s note: *This provides an opportunity to introduce a discussion on the role of monogamy in relationships and whether the young people feel that this is important.*

- Use the scenarios to encourage the young people to consider different types of relationships, how they make people feel and the importance of respect in relationships.
- Discuss their responses using the ‘Issues to consider’ notes.
- Encourage the young people to compile a ‘top dating tips’ list. This could be their own suggestions or those of friends and family. The emphasis of this should be respecting other people and being treated with respect.

Teacher's note: This is an opportunity to discuss who people can be attracted to. It would be helpful at this point to make sure that the young people understand that not everyone is heterosexual, i.e. attracted to someone of the opposite gender.

- Some women are lesbians, i.e. they are attracted to other women.
- Some men are gay, i.e. they are attracted to other men.
- Some people are bisexual, i.e. they are attracted to both men and women.

Extension

This activity could be extended by encouraging the young people to read a book that explores relationships. Suggested books include the FPA book 'Talking together about sex and relationships'.

www.fpa.org.uk/Shop/Learningdisabilitiespublications/Talkingtogetheraboutsexandrelationships

Activity sheet 4.5a : Facts about Boyfriends and Girlfriends

- You may sometime have a friend who is someone you share things with – a boyfriend or a girlfriend.
- This is someone you like to spend time with, e.g. go to the cinema, go on walks, watch TV, play games and share food with.
- Sometimes you and your boyfriend or girlfriend would like to be alone to tell things to each other, talk about things you like and don't like.
- Sometimes you and your boyfriend or girlfriend may spend time with other people you know such as your family or friends.
- Your boyfriend or girlfriend makes you feel happy and safe when you are with them.
- Sometimes you and your boyfriend or girlfriend will disagree about something. This is okay. This does not mean that you are not friends any more.
- You should show respect towards your boyfriend or girlfriend. This includes respecting their opinion even if you disagree with them.
- A boyfriend or girlfriend is someone you are attracted to. You may have sexual feelings for your boyfriend or girlfriend.
- You may want to hold hands, hug and kiss or do other sexual activities with your boyfriend or girlfriend. It is important to talk to them about this first and make sure that they also want to do these things.



Activity sheet 4.5b: Quality Cards

Can keep a secret	Is easy to talk to	Is pretty/good looking
Wears nice clothes	Makes me laugh	Is understanding
Has lots of friends	Enjoys the same things as me	Treats me nicely



Activity sheet 4.5c: Scenario Cards

Jennifer's Story

My name is Jennifer and I am 14. I have a boyfriend called Liam. I really like him. We go to the cinema together and sometimes hold hands. Liam asked if he could kiss me last night. I said yes. It felt great to kiss Liam.

Discuss the following:

How does Jennifer feel about Liam?

What do they do together?

Do Jennifer and Liam have a relationship based on respect?

Issues to consider:

It is clear that Jennifer really likes Liam and that they do nice things together. It is important that Liam asked Jennifer if he could kiss her. This shows that Liam respects Jennifer. Because of this Jennifer trusts and respects Liam. Jennifer and Liam are in a happy and safe relationship that is based on respect.

Darren's Story

My name is Darren and I am 14. Amy and I sit next to one another in English class. We get on really well and make one another laugh. I also really fancy her. I'm not sure whether Amy fancies me. I am going to tell Amy how I feel and ask her to the school disco.

Discuss the following:

What does Darren like about Amy?

He does he feel about her?

How can Darren and Amy show respect to one another?

Issues to consider:

It is clear that Darren and Amy are friends. However, it is important that Darren recognises that he won't know whether Amy fancies him, i.e. would like him as a boyfriend, unless he asks. It is important that Darren asks Amy out in a polite and friendly way and respects her decision. Amy should show respect to Darren by being polite and friendly to him – even if she doesn't fancy him and doesn't want to go to the disco.

James's Story

My name is James and I am 15. I go out with Sabrina – she is the most popular girl in the class. This week I kissed Sabrina and tried to feel her breast. She pushed me away and said that she didn't want me to do that. I was annoyed with Sabrina. The next day I told all my friends at school about what we had done.

Discuss the following:

What does James like about Sabrina?

How does James feel about Sabrina?

How might Sabrina feel about James?

Do James and Sabrina have a relationship based on respect?

Issues to consider:

It would seem that James likes Sabrina because she is popular rather than what she is like as a person. This isn't a good basis for a relationship. It is not clear how James feels towards Sabrina as he has treated her very badly. Sabrina may feel hurt and angry towards James. James has not treated Sabrina with respect. Sabrina would be right to no longer go out with James.

Carla's Story

My name is Carla and I am 16. I have a boyfriend called Ali. Ali is really good looking. Although I care for him he sometimes makes me feel bad. He often makes jokes about me in front of his friends and tells me to 'get over it' if I ask him not to. I feel confused because when we are on our own he is really nice to me. He recently said that if I really liked him I would have sex with him. I don't feel ready for sex but I don't want to lose him.

Discuss the following:

What does Carla like about Ali? How does she feel about him?

How might Ali feel about Carla?

Do Carla and Ali have a relationship based on respect?

Should Carla have sex with Ali?

Who could Carla talk to about how she is feeling?

Issues to consider:

Although Carla fancies Ali it is clear that he is not treating her with respect. Carla feels confused about Ali because although she cares for him he makes her feel bad. It would seem that Ali is using Carla to get what he wants out of the relationship i.e. sex. Carla should not have sex with Ali as he doesn't respect her and this is not a good basis for a relationship. Carla could talk to a friend or a trusted adult about how she is feeling. This could include a school nurse.

Section 5: Keeping Safe

Learning Outcomes After this lesson pupils will:	Suggested Activity	Supporting Resources	Assessment Opportunities
▪ Be able to demonstrate that they know the difference between a stranger, a helper and a friend ▪ Be able to identify the people they can share information with about their personal life	5.1 Strangers, helpers, friends	Provided • Activity sheet 4.2c 'Circle of intimacy' (from Section 4) • Activity sheet 5.1a 'Who can be my friend? Flowchart' • Activity sheet 5.1b 'Information cards – cut out and multiple copies required • Label 5.1a 'What can I tell...' – cut out • www.thinkuknow.co.uk Additional • Three sorting baskets/boxes	• Contribution to discussion around the Circle of Intimacy • Correct working through flowchart on 'Who Can Be My Friend?' • Contribution to discussion around the kinds of things people might need to know about us • Correct completion of sorting activity
• Be able to identify the people they can share information with about their personal life	5.2 Talking about sex	Provided • Activity sheet 5.2a 'Who can I tell about the changes I experience?' – cut out and multiple copies required • Activity sheet 5.2b 'Who to tell? Flowchart'	• Contribution to discussion around the kinds of things people might need to know about us • Correct completion of sorting activity

Activity 5.1: Strangers, helpers, friends

- Start this activity by recapping the personalised 'Circle of Intimacy' with each young person (from Section 4: Relationships). In particular focus on where they placed 'family', 'friends' and 'people who help us' on the Circle of Intimacy.
- Discuss why it is appropriate to place each person (group of people) in the ring that they occupy.

Teacher's note: if required use activity sheet 5.1a to remind pupils of how they can identify who can be their friend. Ensure the young people are clear that this flowchart is applicable not only to people their own age but people of different ages whom they may want as friends.

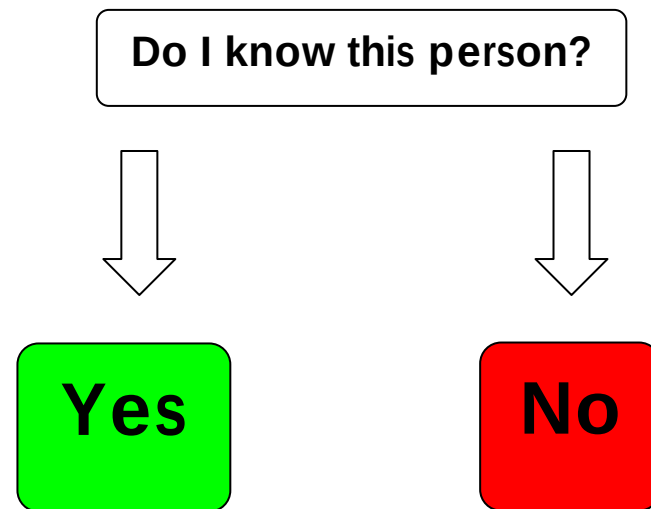
- Discuss the difference between strangers, helpers and friends. It may be useful to agree working definitions for each term.
- Highlight the problems with internet safety using the website www.thinkuknow.co.uk resources. Pupils should be made aware that people online may not be genuine friends.

Teacher's note: If required, encourage the young people to develop a social story that demonstrates the difference between strangers, helpers and friends. This could be based on their journey to school in the morning, e.g. if they get the bus they would see friends on the bus, the driver would be a helper, they may pass people in the street who are strangers, etc.

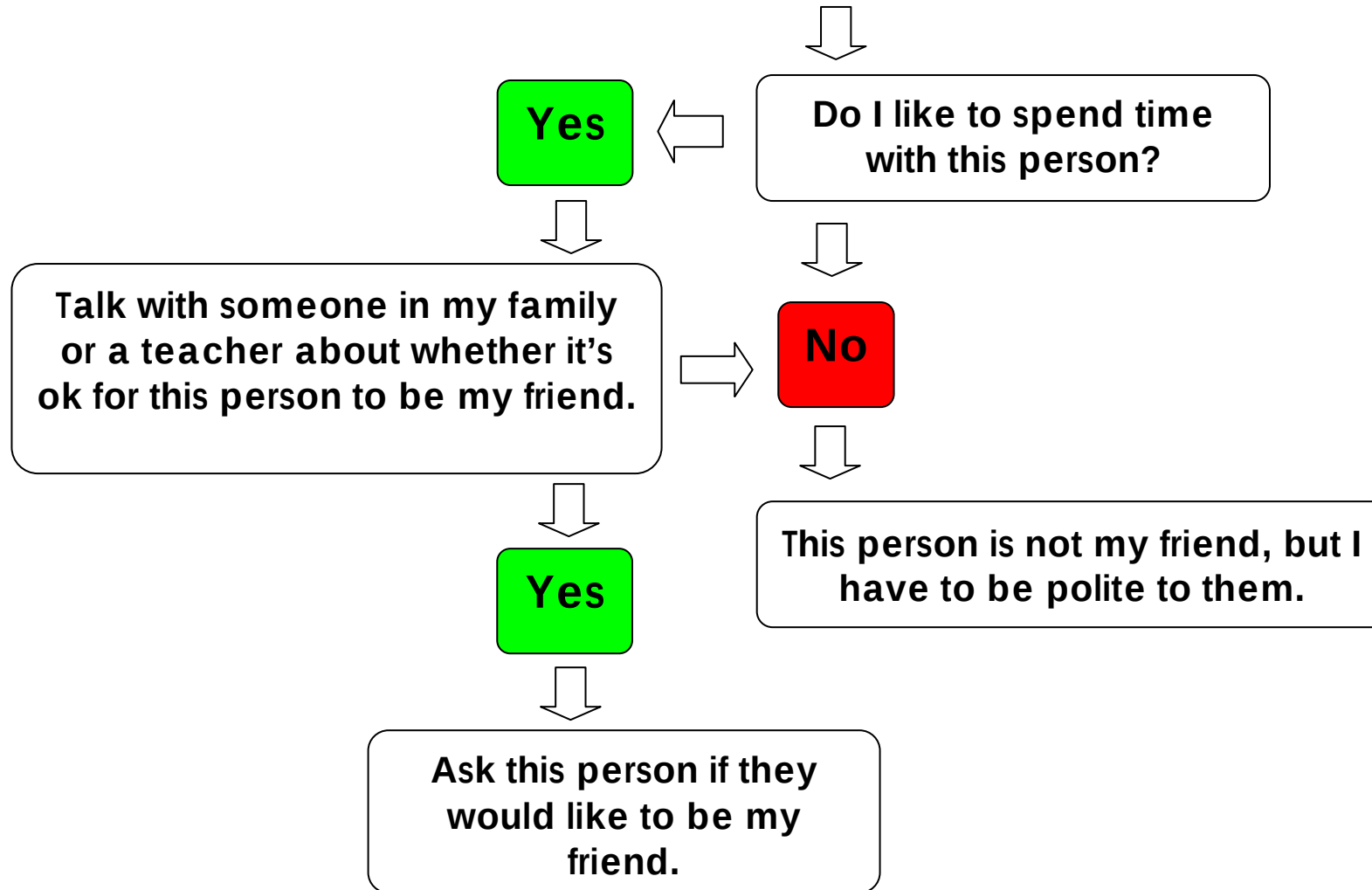
- Ask the young people 'Why might people need to know information about you?' Discuss the importance of providing information if a person is trying to help you or if a person is becoming your friend.
- Explain that they are now going to consider what kinds of things people might need to know about them.
- Use activity sheet 5.1b 'information cards' (some are blank for own ideas) and the labelled baskets/boxes (using label 5.1a 'What can I tell...') to encourage the young people to sort what information they can tell people and why.

Teacher's note: If available use pictures of people in the lives of the young people who are helpers and friends to emphasise the information they can give to these people.

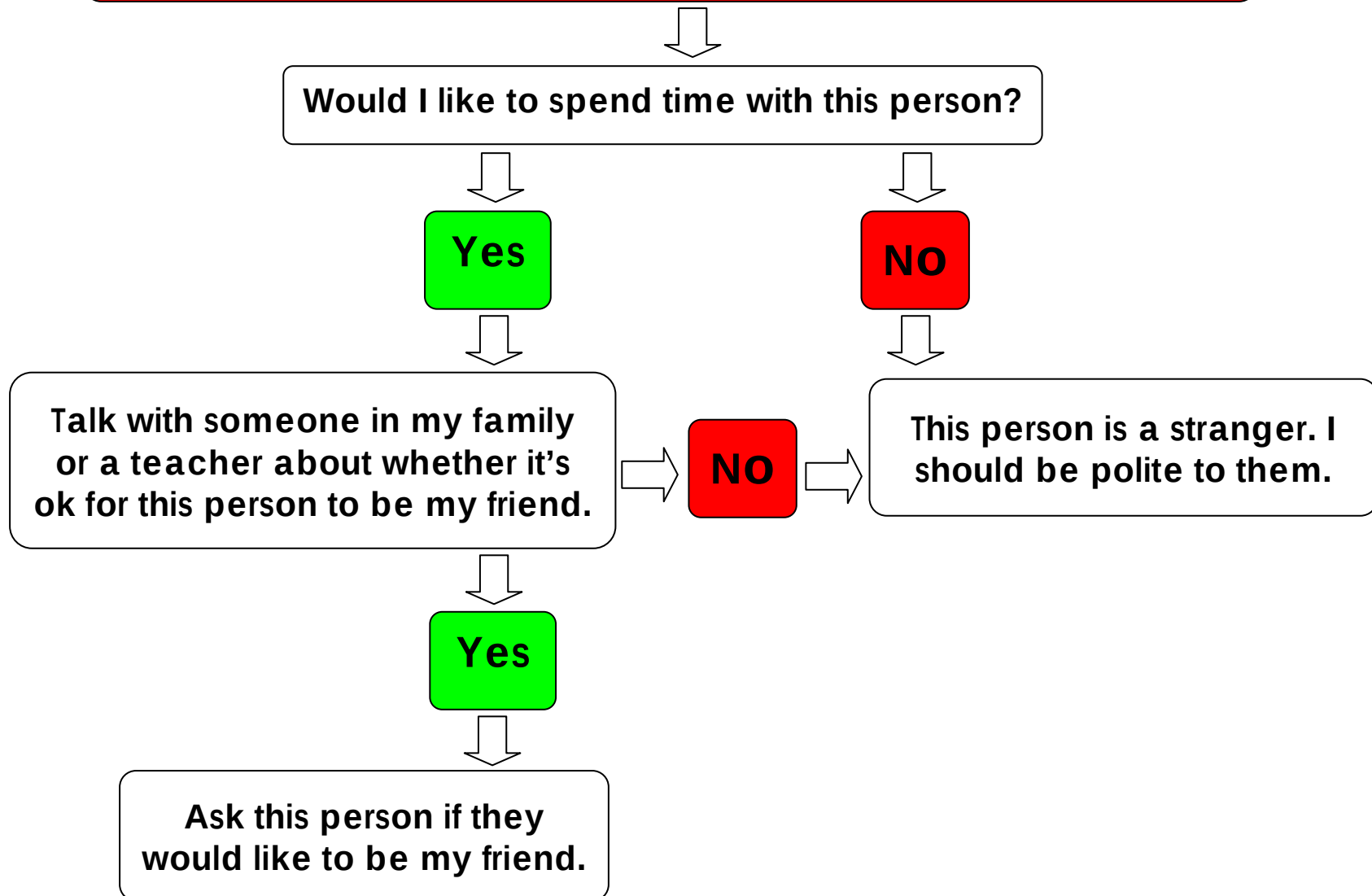
Activity sheet 5.1a: Who Can Be My Friend?



Yes, I know this person.



No, I don't know this person.



What I can tell strangers

What I can tell friends

What I can tell helpers

Activity sheet 5.1b: Information Cards

My name	My address	My age
My date of birth	My mum and dad's name	My school
My phone number	My favourite colour	My favourite football team
My favourite food	My favourite things	My favourite film
Which TV programmes I like to watch	About my sister	About my brother
My teacher's name	My favourite subject	What I am good at in school
My favourite PS2 game	How tall I am	A DVD I like to watch
My favourite band	My shoe size	My email address
My best friend	About my pets	When I have my periods

Activity 5.2: Talking about sex (link to Section 4: Relationships and Section 8: Sexual Activity)

Teacher's note: This activity has been developed for young people who are sexually aware. It should be carried out after Section 4: Relationships; Activity 4.5 'Boyfriends and Girlfriends' and Section 8: Sexual Activity

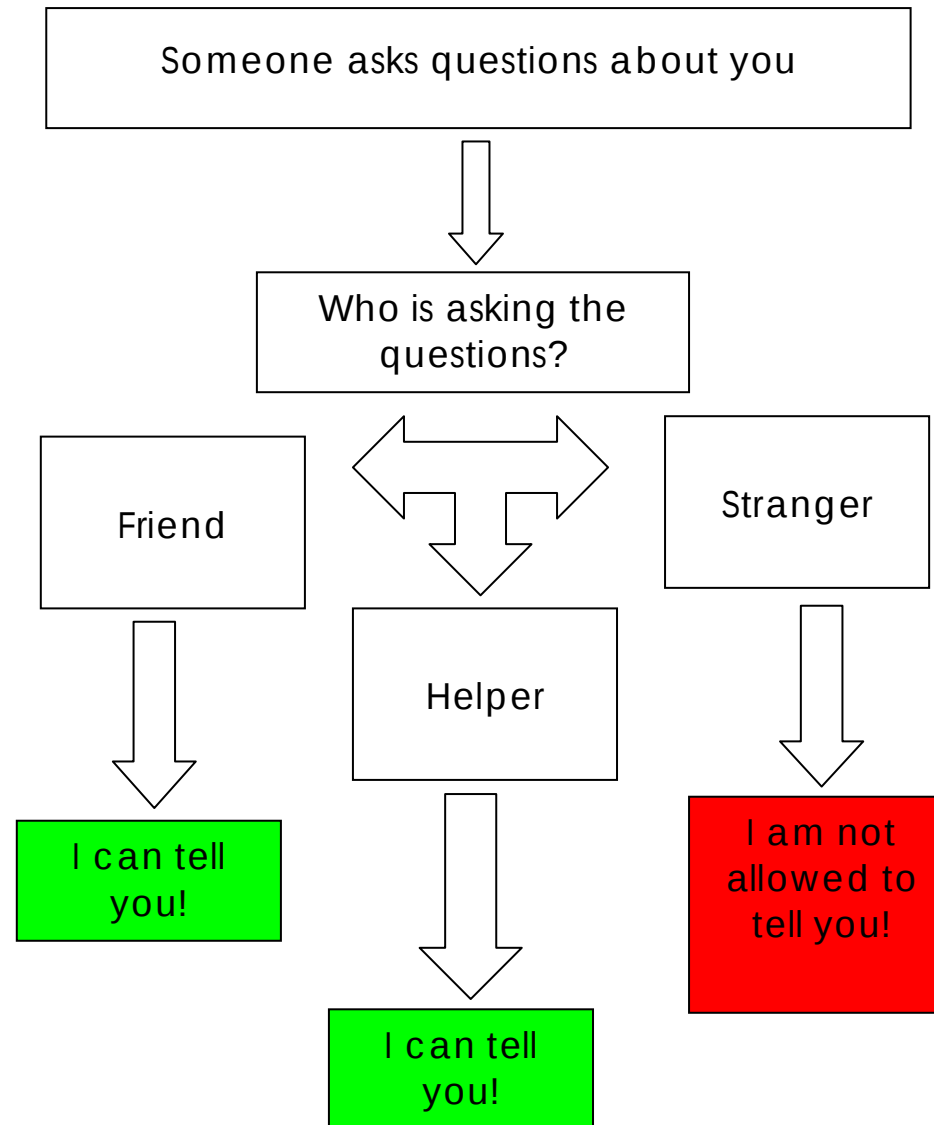
- Introduce this activity by asking young people whether they can think of personal things that they shouldn't discuss with everyone.
- Using activity sheet 5.2a: 'Who can I tell about the changes I experience?', cut out and match up the people cards with the appropriate information cards (some are blank for your own ideas).
- Use activity sheet 5.2b: 'Who to tell flowchart' to assist young people in checking who they can talk to about their personal information. Use the flowchart to help the young people identify the differences between strangers, helpers and friends.

Activity sheet 5.2a: Who can I tell about the changes I experience?

Wet dreams
Who I fancy
When I have sex with myself
When I am naked
When I am worried or upset
When I have sex with someone else
When I have my period
When I have an erection
When I have kissed someone
When I have hair starting to grow on my body
When my breasts start growing
When I have feelings I don't know how to deal with

Parents and Carers	Grandparents	Aunts and Uncles
Brothers	Sisters	Neighbours
Friends	My Boyfriend or Girlfriend	Teacher
Shop Assistant	Youth Worker	Escort
Pupil Support Assistant	Bus Driver	Foster Parent
Stranger	People who help me	Social Worker

Activity sheet 5.2b: Who to tell flowchart



Section 6: Places to be Naked

Learning Outcomes After this lesson pupils will:	Suggested Activity	Supporting Resources	Assessment Opportunities
Be able to demonstrate an understanding of what it means to be naked	6.1 Being Naked	Provided Label 6.1a 'Naked and Clothed' – cut out Additional - Magazine pictures showing people clothed. Copies of activity sheets 2.2a and 2.2b which can be cut up - BodyBoard (Headon Productions) with underwear and clothes - Two sorting boxes	- Contribution to discussion around being clothed and naked - Correct completion of dressing of BodyBoard
Understand that there are times when people need to be naked	6.2 When should we be naked? <i>Link to Section 2: Puberty</i>	Provided - Label 6.2a 'Clothes on and Clothes off ' – cut out Additional - BodyBoard (Headon Productions) with underwear and clothes - Mirror - Photographs of young people when they were younger (young people will need to bring these in to school) - Two sorting boxes	Contribution to discussion around seeing yourself naked
Understand where and when they can be naked and how to keep themselves safe when they are naked.	6.3 Places to be naked	Provided - Label 6.3a 'Private and public' - Label 6.3b 'Clothes on/okay to be naked' - Activity sheet 6.3a 'Social story: My trip swimming' - Activity sheet 6.3b 'Social story: My private space' Additional - Pictures of different rooms in young person's house - Pictures of places the pupil might visit e.g. school, the park, shops, friend's house, swimming pool, the street - Two sorting boxes	- Contribution to discussion around public and private places - Correct completion of sorting activity around places to be naked

Activity 6.1: Being Naked

- Start this activity by asking the young people why people wear clothes. Some suggestions could include: to keep warm and dry; to express our individuality and uniqueness; because it is not culturally acceptable to be naked.
- Show young people the drawings and pictures of people who are naked and people who are clothed – Pictures from magazines can be used to show a variety of types of clothing. Copies of Activity sheets 2.2a and 2.2b can be used to show people naked.

Teacher's note: If reinforcement is required, ask young people to sort pictures and drawings from Activity 1 into two sorting boxes – Naked or Clothed? – and/or use the BodyBoard with underwear and clothes to show how people dress from underwear out.

- Ask the young people to 'ideas storm' all of the different types of clothes that people wear. Discuss the similarities and differences between what girls and boys wear. Ensure that the young people are clear that underwear includes pants, bra and tights for girls and boxer shorts (and vest) for boys. Underwear is for wearing over personal body parts.

Extension

- Provide magazines and pictures of different situations/types of clothes. Encourage young people to discuss the different clothes people wear in different situations, e.g. playing sport, swimming, outside, indoors, etc.



Label 6.1a : Naked or Clothed

naked

clothed

Activity 6.2: When should we be naked?

- Introduce this activity by asking the young people when they think it is okay to be naked. This should be used as a myth-busting activity where incorrect examples are fully discussed and explored.
- Explain that the most common times to be naked are: when you need to wash your body; when you are getting changed; when you want to look at yourself.
- Firstly discuss washing parts of the body.
- Agree with young people which parts of the body can be washed with your clothes on and which parts can only be washed with your clothes off.
- Using an outline of a body encourage the pupils to use two different colours of pen to indicate which parts of the body can be washed with clothes on and which parts of the body can only be washed with clothes off.

Teacher's note: If preferred this could be demonstrated using the BodyBoard and the labels from activity sheet 6.2a.

- Secondly discuss the need to be naked when you are getting changed.
- Encourage the young people to give examples of times they will get changed, e.g. when they go swimming or when they are going to bed and need to take clothes off to put on swimsuits or pyjamas.
- Explain that they are only naked for as long as it takes to change their clothes. They should always get changed in a private place.

Teacher's note: This discussion could link back to the activities in Section 1: Keeping Clean, in particular the need to change underwear daily and other clothes regularly.

- Thirdly discuss why it is important to see yourself naked.
- Using the mirror, encourage young people to look at their own faces.
- Ask them to discuss how they have changed since they were younger (if available use pictures to reinforce this).
- Discuss that it is not just their faces that will change as they get older. Recap some of the key messages from Section 2: Changing and Growing.
- Explain that they may want to look at their own body and how it is changing. Emphasise that this is normal and okay to do as long as they are alone and in a private place. They can use a mirror in their bathroom or bedroom.

Teacher's note: This discussion links into the next activity that explores more fully the concept of private and public.



Label 6.2a: Clothes off; Clothes on

clothes off

clothes on

Activity 6.3: Places to be naked

Teacher's note: This activity requires pupils to have pictures of different rooms of their house and potentially other places they may visit. If pictures are not available ask the young people to draw (or write if preferred) a picture to represent different rooms in their house and/or places they may visit. It is also useful to have pictures of local public buildings and spaces.

- Collect pictures of different rooms in a young person's house and other buildings the young people might visit as well as pictures of public places, e.g. swimming pool, sports centre, local park, school, etc.
- Ask the young people to sort the pictures in boxes labelled 'public' and 'private' (Label 6.3a).
- Discuss the fact that certain places, e.g. swimming pool changing areas and showers, can have both public and private areas. If appropriate a trip to look at the local swimming pool may be useful.

Teacher's note: This activity provides the opportunity to link with parents. It is suggested that young people decorate the 'public' and 'private' labels and take them home to stick on doors of identified 'private' and 'public' rooms.

- Take the pictures that have been sorted into the 'private' box and sort them according to the labels 'It is okay to be naked' and 'I need my clothes on' (Label 6.3b).
- Discuss the fact that even in private it is not always okay to be naked, e.g. if the young person is in their bedroom and then someone comes to the door. Encourage the young people to develop rules for private places. This should include always knocking on the door of a private room, i.e. bedroom, bathroom etc, and putting clothes on before you open the door of a private room.
- Recap the new information the young people have learned by using activity sheets 6.3a and 6.3b (social stories) and encouraging the young people to write their own social story that clearly distinguishes the private areas they can be naked and the public areas where they can not.
- Ask the young people, 'Which people is it okay to be naked in front of?' This is another opportunity to myth-bust any incorrect responses with the young people and encourage them to explain why they think it is okay for a specific person to see them naked. Ensure that the focus of this discussion is that only people whom they trust should see them naked. It may be useful to use the 'Circle of Intimacy' to encourage the young people to name specific people that it is okay to be naked in front of.

Teacher's note: This discussion links to Section 5: Keeping safe and Section 7: Appropriate touching.



private

public



**I need my
clothes on**

**It is okay to be
naked**

Activity sheet 6.3a: Social Story: My Swimming Trip

My name is Mhari and I am 14. My favourite thing is going swimming with my dad. We go every Thursday after school at my local swimming pool. This is a public swimming pool – this means that everyone can use it.

My dad and I get separate changing cubicles at the swimming pool – they are next to each other so my dad can help me if I need it. When I am in the changing cubicle I need to get naked so that I can change from my outside clothes into my swimming costume. My dad tells me that it is important to get changed in a cubicle because it is private – this means that no-one (except me) can see me naked at the swimming pool. Once I am changed I go into the pool and have fun swimming.

After my swim I go back into the changing cubicle where I dry myself and get changed back into my outside clothes.

What have you learned from Mhari's story?

- When you go swimming there will be public and private places.
- A changing cubicle is a private place – this is where you can get naked and change into your swimming costume.
- It is important only to be naked in private places.

Activity sheet 6.3b: Social Story: My Private Space

My name is John and I am 16. I live with my mum, dad and little brother Simon who is 14. I have my own bedroom but share a bathroom with the rest of my family.

In my house my mum has told us that we need to knock on the door of the bathroom and bedrooms before we enter. This is because they are private rooms. I always knock on the door of private rooms before I enter. If no-one is in the room then I can go in. If someone is in the room I wait until they tell me I can come in before I enter.

What have you learned from John's Story?

- There are private rooms within your home. These are usually the bathroom and bedrooms.
- It is important to always knock on the door of a private room before you enter.
- If no-one is in a private room then you can go in; if someone is in the room then wait until they tell you to come in before entering.

Section 7: Appropriate Touching

Learning Outcomes After this lesson pupils will:	Suggested Activity	Supporting Resources	Assessment Opportunities
Will know whom they are allowed to touch. For each person they can touch, young people will know which parts of that person's body it is appropriate to touch	7.1 Touching other people	Provided - Activity sheet 7.1a 'Circle of Intimacy' (or previously developed Circle of Intimacy from Section 4: Relationships) - Activity sheet 7.1b 'Rules for touching other people' - Activity sheet 7.1c 'Stop/Go cards' Additional - BodyBoard (Headon Productions) with underwear and clothes	- Contribution to discussion around circle of intimacy - Correct placing of Stop/Go cards on the BodyBoard
Know who is allowed to touch them and where it is appropriate for them to be touched	7.2 Others Touching Me	Provided - Activity sheet 7.2a 'Rules for touching me' - Activity sheet 7.2b 'Who can touch me? Flowchart' Additional - BodyBoard (Headon Productions) with underwear and clothes - Pictures of people who may need to touch young person to help them - Feel, Think, Do pack aimed at younger pupils P6/P7/S1 on sexual abuse may be useful www.nhsforthvalley.com/home/Services/healthpromotion/teams/sexual_health/seh_developments.html	- Contribution to discussion around who we can touch and who can touch us - Correct completion of examples using the flowchart
- The young people will understand what the word masturbation means - Know where and when it is appropriate for them to touch themselves i.e. masturbate	7.3 Touching myself Link to Section 6: Places to be naked; Section 2: Changing and Growing and Section 8: Sexual Activity	Provided - Activity sheet 7.3a 'Information about masturbating' - Activity sheet 7.3b 'Pictures of people masturbating' - Activity sheet 7.3c 'Masturbation flowchart' Additional - BodyBoard (Headon Productions) with underwear and clothes	- Contribution to discussion around difference - Correct completion of age/stage groups

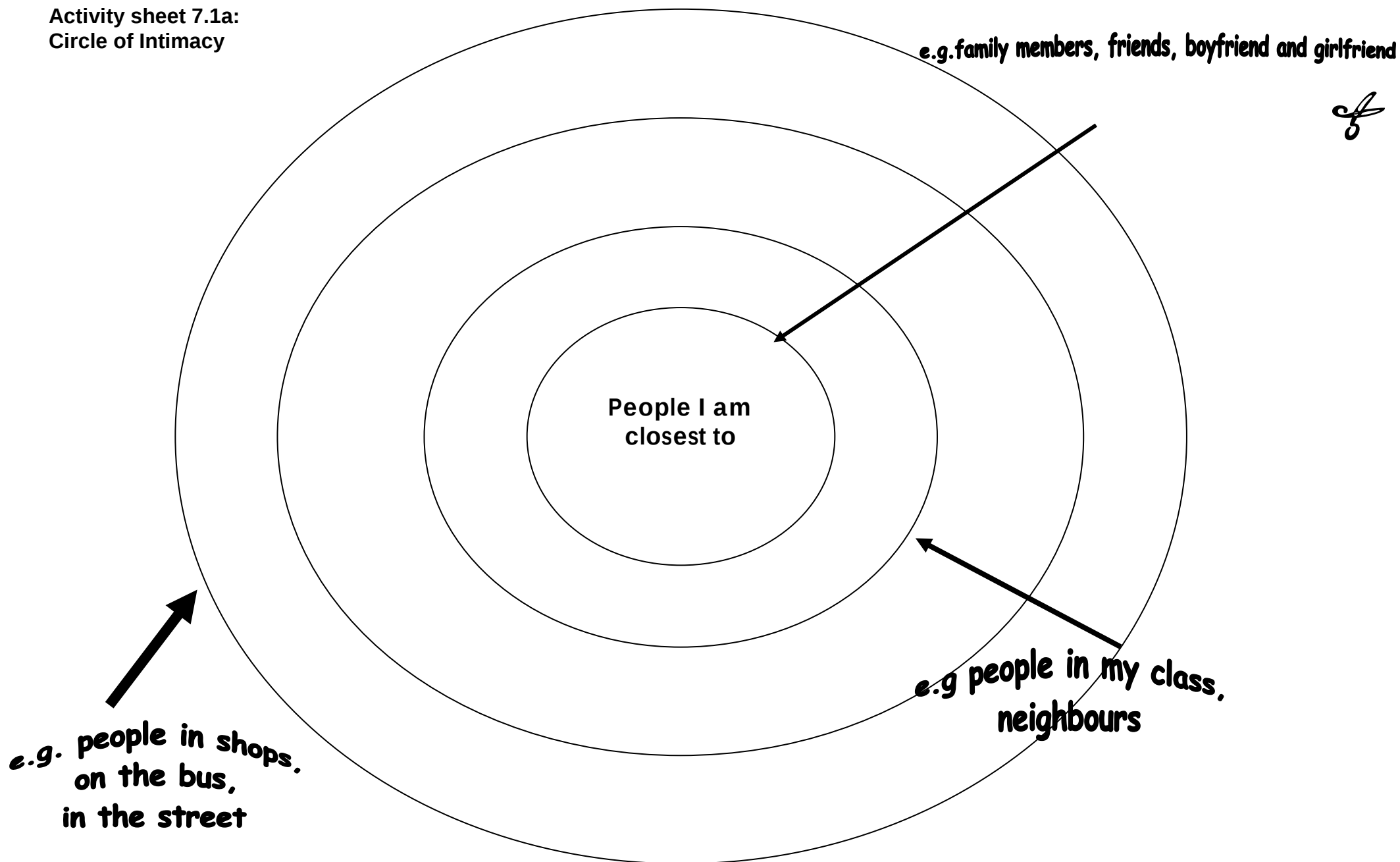
Activity 7.1: Touching Other People

- Introduce this activity by going over the learning outcomes.
- Recap with the young people the different people that are in their lives, i.e. friends, family, people who help them, people in school, etc. Do this by using the young person's Circle of Intimacy that was developed in Section 4: Relationships (if not available use template to develop new Circle of Intimacy).
- Ensure that all the people in the lives of the young people are plotted on their Circle of Intimacy. Discuss with young people that the people in the centre of their Circle of Intimacy are likely to be their family members/carers and any very close friend(s) they have. Check out with the young people what they would call their close friend, e.g. a boyfriend or girlfriend.
- Using the personalised Circle of Intimacy take each person in turn (from outside ring in) and discuss if and where the young person can touch them.
- Use Activity sheet 7.1b 'Rules for touching other people' to reinforce where they can touch people. If available further reinforcement can be given by using the BodyBoard and Activity sheet 7.1c 'stop/go cards'.

Teacher's note: It may be useful to link into a wider activity that explores the concept of 'touch' and different types of touch, i.e. nice and not nice sensation of things such as rain, sunshine, cream, a person's hand, a pin etc touching us.

- Further develop the topic of touching other people by discussing why we touch other people. Encourage the young people to develop scenarios that explore different types of touch, e.g. handshake – to introduce yourself; a hug – to make a person feel better and/or to say hello, etc.
- If it would be helpful, young people could be asked to develop their own personal Top Tips for touching other people – this could include who, where and when it is okay to touch other people.

Activity sheet 7.1a:
Circle of Intimacy



Activity sheet 7.1b: Rules for touching other people

- You never touch the people in the outside ring of your 'Circle of Intimacy' except maybe accidentally, e.g. someone might bump into you in the street or you might touch a shop worker's hand when giving them money.
- You would not normally touch the people in the second ring of your 'Circle of Intimacy' – however, sometimes if you were playing a game you might bump into them – or have to touch them if the rules of the game tell you to. If they fell over, were upset or crying **you could ask** if they wanted a hug.
- The people in the next ring are good friends and may be family members. These people you would maybe hug when you meet them – this is something **you can ask** them if they would like.
- The people in the inside ring are close friends, i.e. boyfriend or girlfriend and family. These are people you can hug and kiss if you are in a place where it is okay to do that and if the person you want to hug and/or kiss is happy for you to hug and/or kiss them. This is something **you can ask** them.
- Normally you never touch people on the places covered by their underwear.
- However, sometimes if you have a boyfriend or girlfriend who is someone you share things with you may want to touch them on their personal body parts. In this case it is okay for you to touch them in the places that are covered by underwear. This is something you would talk about and ask them before you did it. It is something that you would both want to do.

- You should only touch places covered by underwear when you are in a private place.

Activity sheet 7.1c: Stop/Go Cards



Activity 7.2: Others Touching Me

- Introduce this activity by explaining that they are now going to explore who can touch them.
- Recap the key messages they learnt from activity 7.1. Point out that the same rules apply for who can touch them. Use Activity sheet 7.2b 'Who can touch me? Flowchart' and people from their personalised Circle of Intimacy to work through examples of who can touch them and who cannot.
- Emphasise that people can only touch you if you are happy for them to do so. (This rule only changes if someone needs to touch you to help you – link to Activity 4 'People who help us' in Section 4: Relationships.)
- If appropriate encourage discussion by giving the young people example situations – which are relevant to their age and stage – and asking them to decide (using the flowchart) whether the person can touch them or not:
 - young person at school (name) bumps into me accidentally
 - my mum hugs me when I get home from school
 - the school nurse touches my leg whilst putting a plaster on my cut knee
 - my girlfriend/boyfriend touches my personal parts when we are alone in my bedroom
 - a friend of my dad shakes my hand when we meet
 - a stranger hugs me
- Use Activity sheet 7.2a 'Rules for people touching me' to reinforce learning and ensure that the emphasis is on their right to say NO to touching they do not want or like. The stop card can be used to emphasise this. Inform the young people about who they can talk to if someone touches them in a way that they do not like or want.

Teacher's note: This activity links to wider concepts such as personal space and boundaries. It would be useful to encourage the young people to think about how they feel if a person stands too close to them. Do they have their own special place that they don't like others to go and/or a special belonging they don't like others to use? Use their experience to discuss how it feels when a person invades personal space. Highlight the importance of saying NO to touching they do not want or like. This should also reinforce the importance of them not touching others in an inappropriate way and/or when they say NO.

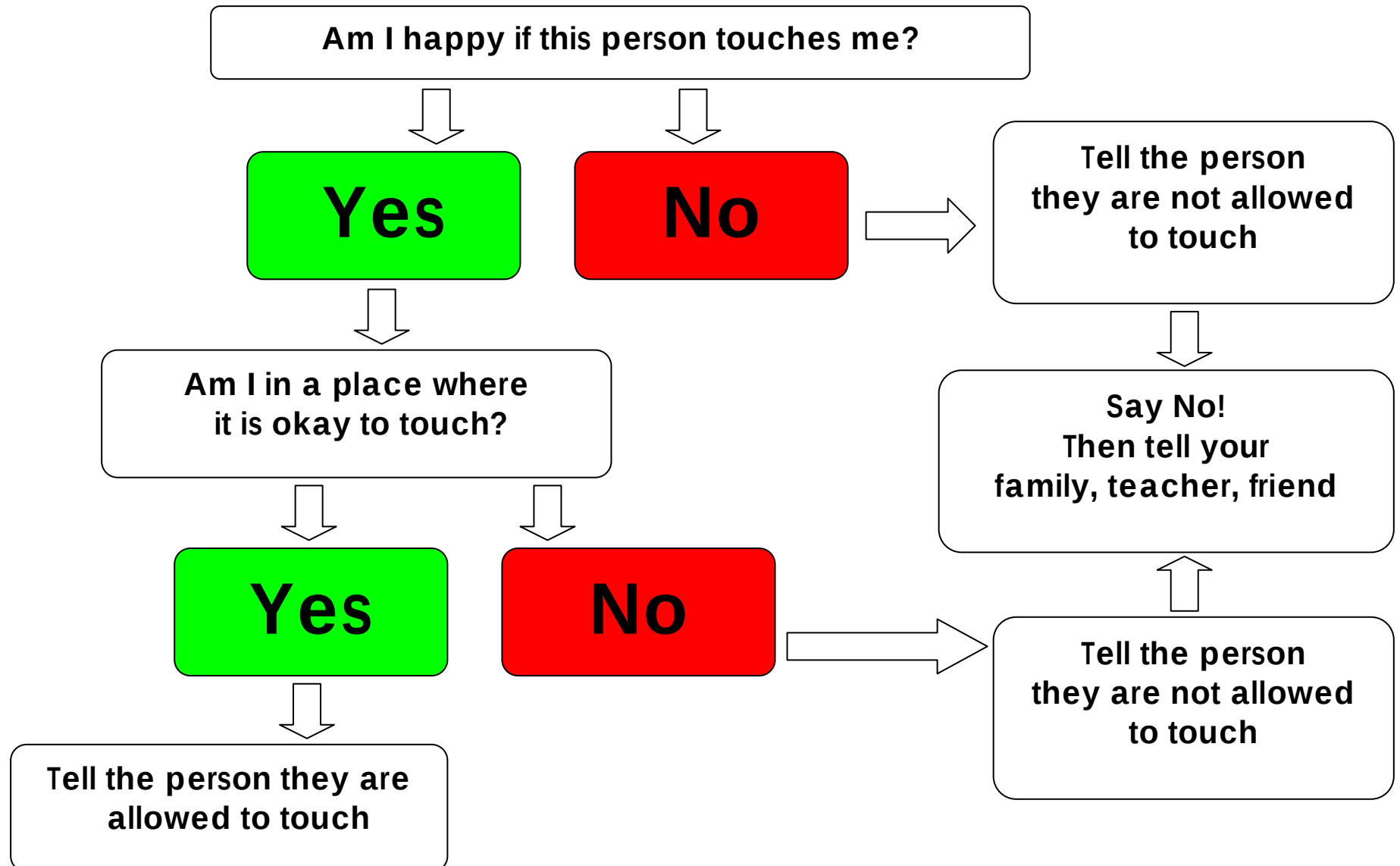
Activity sheet 7.2a : Rules for people touching me

- Most people whom I know wouldn't touch me unless they wanted to help me or shake my hand or give me a hug if they have not seen me for a long time. This is okay if I am happy for them to do so.
- People may touch me every day when I have my clothes on if they:
 - pat me on the back to say well done!
 - bump into me in the corridor or class or street
 - help me put my jacket/coat on.
- Some people in my inner Circle of Intimacy may want to give me a hug or kiss at different times. If I am happy for them to do this, this is ok.

Very few people should touch me in the places that my underwear covers. The people who may want to do this are:

- my parents if they need to see if I am hurt or to make sure I am clean
 - doctors/nurses/paramedics if they need to check if I am hurt or if I am having a medical examination
 - boyfriends or girlfriends.
- Anyone wanting to touch me in the places covered by my underwear should ask first. If I don't want them to I should say No!
 - Places covered by underwear should only be touched when I am in a private place.

Activity sheet 7.2b: Who can touch me? Flowchart



Activity 7.3: Touching Myself (link to Section 6: Places to be naked; Section 2: Changing and Growing and Section 8: Sexual Activity)

- Look at Activity 6.3 'Places to Be Naked' (from Section 6). Revise what is public and what is private. Using an outline of the young person's own body (or BodyBoard if available) and label 6.3a 'public/private' to encourage the young people to label the parts (of their body outline) that they can touch in public.
- Stress that this is anywhere apart from areas covered by underwear.
- Explain that they are now going to explore when and where it is okay to touch the areas covered by underwear.

Teacher's note: The remainder of this activity should be carried out after Section 2: Changing and Growing.

- Ask the young people whether they have heard of the term 'masturbation'. Explore what terms/information they have heard about masturbation. Other names they may be aware of include 'wanking', 'tossing off', 'playing with yourself', 'having sex with yourself'. It may be useful to introduce a working definition of masturbation. A suggested definition is:

'Masturbation is when you touch your own personal body parts. This will make you feel nice. You can only masturbate when you are in a private place.'

- Using Activity sheet 7.3a 'Information about Masturbation' and Activity sheet 7.3b 'Pictures of people masturbating' to discuss masturbation with the young people and answer any questions they may have.

Teacher's note: if further reinforcement is required ask the young people to write down what they think masturbation is or is not. Write down their answers on the blank cards and then sort the cards into two boxes/baskets: 'This is masturbation' / 'This is not masturbation'.

- Use Activity sheet 7.3c 'Masturbation flowchart' to discuss with the young people when and where it is appropriate to masturbate. Ensure that they are clear that they must be in a private place if they want to masturbate.
- Finish this activity by informing the young people that masturbation is not something people talk about in public. If they are worried about this and/or would like to talk more about it they could talk to the following people:

Mum
Dad
Carer
Guidance Teacher
Sister
Brother
Doctor
Nurse
Friend
Social Worker
Youth Counsellor
Youth Worker

Activity sheet 7.3a: Information about Masturbation

Information box 1

When people are growing up their sex organs become more active. Many teenagers begin to have nice and exciting feelings about their own bodies.

Information box 2

Boys and girls, teenagers and grown-ups experience sexy feelings. Some people decide to masturbate because they like these feelings. Masturbation is touching or rubbing any part of the body's sex organs because it feels good.

Information box 3

When people masturbate they get a warm, tingling and excited feeling. This feeling gets stronger and stronger. Sometimes when they masturbate:

- A boy may ejaculate – have an orgasm – when sperm comes out of his penis
- A girl will get an exciting feeling through her body and around her vulva – this is a girl's orgasm.

Information box 4

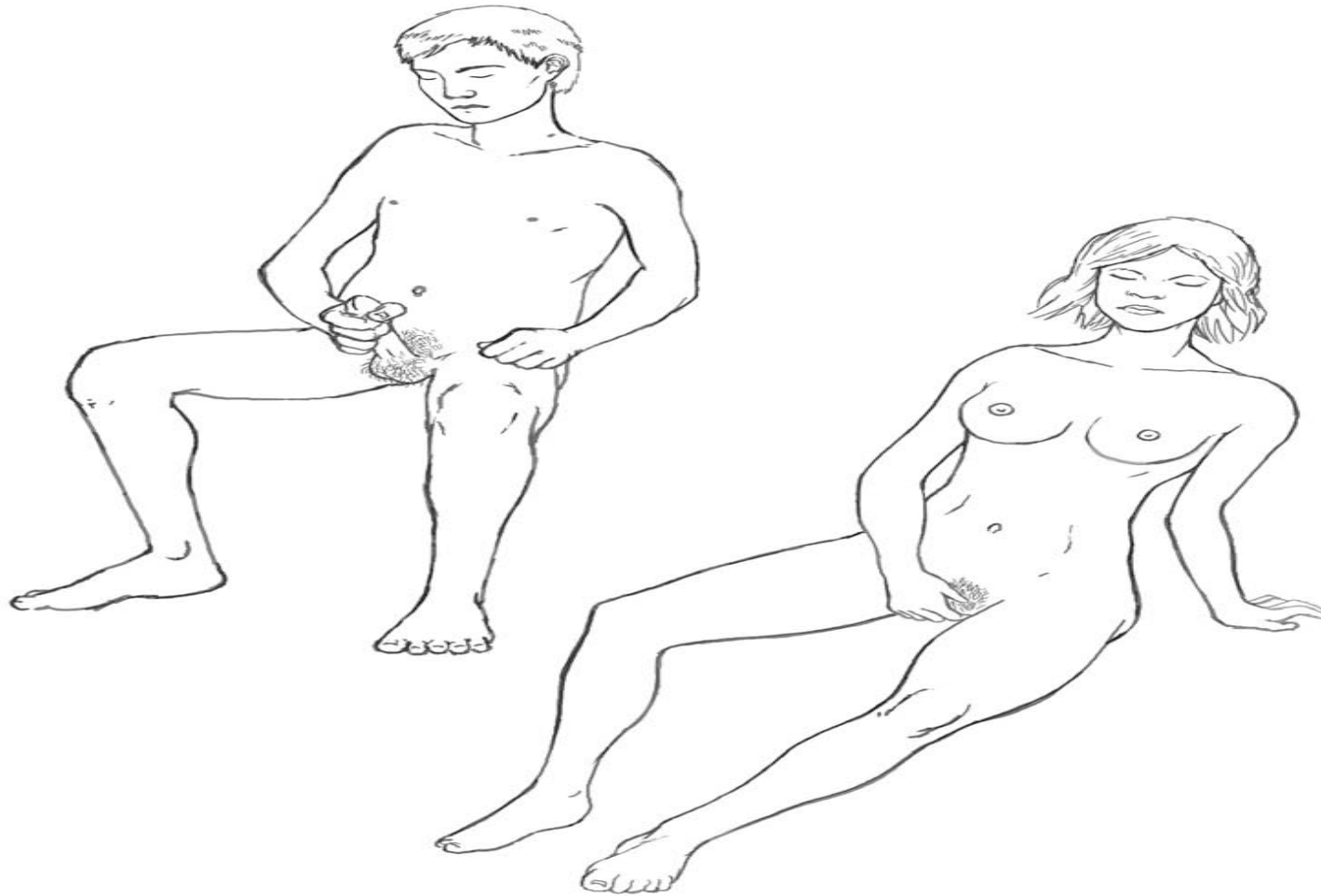
Masturbating cannot hurt anyone. Other key things to remember are:

- Lots of people masturbate
- Girls and women cannot get pregnant by masturbating
- People can't get any infections by masturbating.

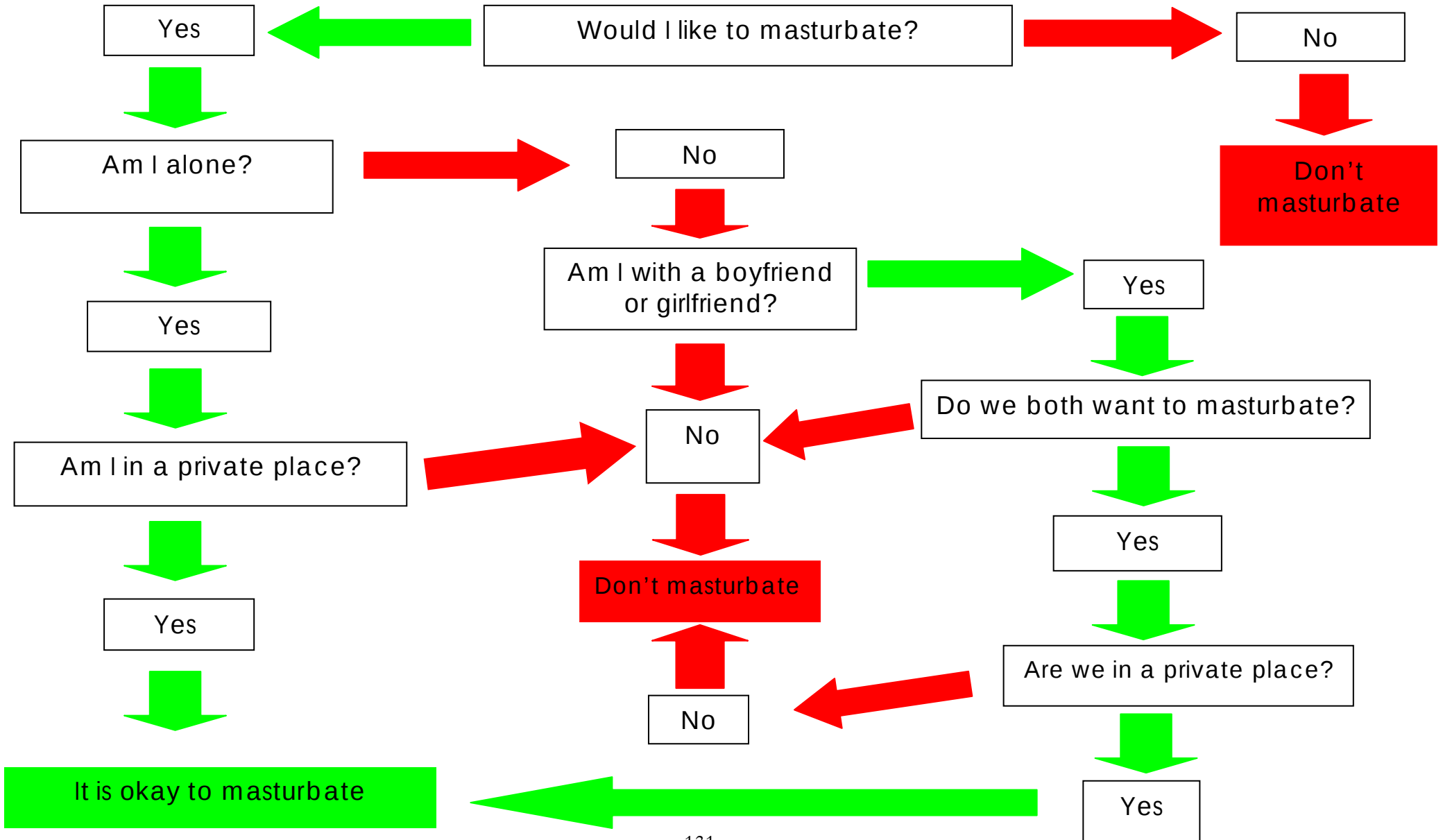
Information box 5

A person usually masturbates by themselves. The only exception to this is if a person has a boyfriend or girlfriend and they want to do this to each other. It is important that you ask your boyfriend or girlfriend if they want to do this before you touch them or yourself.

Activity sheet 7.3b: Pictures of People Masturbating



Activity sheet 7.3c: Masturbation Flowchart



Section 8: Sexual Activity

Learning Outcomes After this lesson pupils will:	Suggested Activity	Supporting Resources	Assessment Opportunities
Know what sexual intercourse is and other ways to be intimate with a person	8.1 What does it mean to be intimate?	Provided - Activity sheet 8.1a 'Stages of intimacy cards' - Activity sheet 8.1b 'Sexual intercourse between a man and a woman' - Activity sheet 8.1c 'Sexual intercourse between two men or two women' Additional - Two sorting boxes/baskets - Access to relevant video/DVD clips would be appropriate to illustrate sexual intercourse - DVD which may be useful to illustrate topics covered in this section e.g. www.fpa.org.uk/Shop/Learningdisabilitiespublications/Allaboutus	Contribution to discussion around what sex is
Know how to have safer sex and what a sexually transmitted infection is	8.2 Sexually Transmitted Infections	Provided - Activity sheet 8.2a 'Sexually transmitted infections – cards' - Activity sheet 8.2b 'Sexually Transmitted Infections cards – The Answers' - Teacher's notes 8.2 'Sexually Transmitted Infections' Additional - Two sorting boxes/baskets	- Contribution to discussion around STIs - Correct completion of sorting activity
Know how to use a condom	8.3 Condoms	Provided - Activity sheet 8.3a 'Using a condom, step by step' - Activity sheet 8.3b 'Picture demonstration of using a condom' Additional - Variety of condoms - Condom demonstrators	- Contribution to discussion around condoms - Correct completion of ordering exercise - Correct demonstration of putting on a condom

▪ Know that there are a number of different methods of contraception ▪ Have detailed information about the contraceptive pill and the contraceptive injection	8.4 Types of contraception	Provided • Activity sheet 8.4a 'The contraceptive pill' • Activity sheet 8.4b 'The contraceptive injection' Additional • Link to NHS leaflet on long-lasting contraception: www.healthscotland.com/uploads/documents/10131-LLC_Leaflet.pdf	• Contribute to discussion around contraception
▪ Understand what services are available to them locally ▪ Know how to access services locally	8.5 Accessing services	Provided • Activity sheet 8.5a 'What is available to me?'	• Contribute to list of people available – pros and cons

Activity 8.1: What does it mean to be intimate?

This activity links to the following:

Section 6: Places to be Naked

Section 3: Personal Body Parts

Section 4: Relationships, Activity 4.5 'Boyfriends and Girlfriends'

Section 7: Appropriate Touching; Activity 7.3 'Touching myself'

Teacher's note: Prior to starting this activity it is recommended that it is acknowledged that some young people may find this lesson amusing and fun, whilst others may feel embarrassed. It may be useful to recap the class 'ground rules'.

- Before moving into this activity recap with the young people what they have learned about being in a relationship. Explain that this activity is going to explore the types of things a person may want to do when they are in a relationship with a boyfriend/girlfriend; wife/husband.
- Ask the young people what they think is meant by the term 'being intimate', i.e. physically close with a boyfriend/girlfriend. They can answer this verbally or they can write, draw or use pictures.
- Gather the responses of the young people. If they aren't sure, prompt using activity sheet 8.1a 'Stages of intimacy cards'. Write any new suggestions on the blank cards.
- Provide the young people with one of the 'Stages of intimacy' cards and ask them to place it on a continuum ranging from '0 = least intimate' to '10 = most intimate'. Discuss the order they place the cards. Ideally you want 'having sexual intercourse' at 10 and 'getting walked home' close to 0.
- **Highlight to the pupils that it is important to remember that although some young people may move through the stages of intimacy quickly many young people will choose never to move beyond kissing and cuddling until they are in a long-term, stable relationship and/or are married. This is their choice and should always be respected.**
- Discuss with the young people what is meant by the term 'sex'. Do this by using activity sheet 8.1b 'Sexual Intercourse between a man and a woman' and activity sheet 8.1c 'Sexual Intercourse between two men or two women'. Ensure the young people are clear that 'sex' is a shortened name for 'sexual intercourse' (Ensure distinction is made between penetrative sexual intercourse and masturbation or oral sex). Discuss each point with the young people and answer any questions they may have.

Teacher's note: This activity offers an opportunity to discuss what it means to be in love. Although this concept can be very difficult for people with an autism spectrum disorder, it is important that teachers using this resource open up the topic for discussion.

Extension Activity

One or more of the following suggestions could be used to help encourage the young people to think about what it means to be in a long-term loving relationship (including marriage).

- Ask the young people if they know people who have been in a relationship for a long time? If yes, the young people could be tasked with 'interviewing' this person/people to find out how they met, how they knew they wanted to be in a long-term relationship (marriage) with the other person, what is important in their relationship, how they feel about the other person etc.
- Ask the young people to think about couples who feature in soaps (or celebrity couples) that have been together for a long time. They should write a short newspaper article about the couple. This could include how the couple met, what the couple do together, e.g. places they go etc, how long they have been together, whether they have children, whether they are married, why it seems they want to be together, etc.

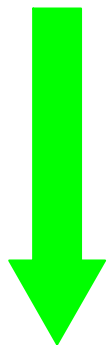


Activity sheet 8.1a: Stages of Intimacy Cards

Getting walked home by a person that fancies you
Holding hands and cuddling
Kissing
Touching a person under their clothes
Being naked with a person
Heavy petting i.e. touching penis, breasts or vagina with your hands
Oral sex i.e. kissing and licking the sexual organs (penis, vagina)
Having sexual intercourse i.e. sex

Activity sheet 8.1b: Sexual Intercourse between a Man and a Woman

- When a man and women have a 'special relationship' they may want to kiss, cuddle or have sex.
- Both people in the special relationship must want to do this.
- Both people should be over 16 years old.
- The man and woman will talk about having sex before they do it. This will make sure they are both happy to have sex.
- The couple will find a place where it is okay to have sex.
- If they decided they want to have sex they will take their clothes off.
- This will be somewhere that only the two of them will be – a private place. Most people will choose their bedroom.
- When the couple is alone they will kiss and cuddle each other.



Some people will only want to kiss and cuddle. They will not want to do anything else. This is okay. They can enjoy kissing and cuddling. They do not have to have sex.

- If they decided they want to have sex they will take their clothes off and kiss and cuddle.
- They might use their fingers to rub each other's sexual organs (masturbate each other).

- They might kiss and lick each other's sexual organs. This is called oral sex.
- The man's penis becomes hard.
- He places it inside the woman's vagina, and gently moves it in and out.
- This creates friction which both the man and the woman enjoy.
- After a while, this friction will usually cause the man to have an orgasm and ejaculate.
- It may also cause the woman to have an orgasm.
- You can have sex in lots of different positions, but one of the most common and intimate ways is for the man to lie on top of the woman, so that they can kiss and cuddle while having sex.

Activity sheet 8.1c: Sexual Intercourse between Two Men or Two Women

- When two people have a 'special relationship' (some people refer to this as being in love) they may want to kiss, cuddle or have sex.
- As well as the two people being a man and a woman it can also be two women (sometimes called lesbians) or two men (sometimes called gay men).
- Both people in the special relationship must want to do this.
- Both people should be over 16 years old.
- The two people will talk about having sex before they do it. This will make sure they are both happy to have sex.
- The couple will find a place where it is okay to have sex.
- This will be somewhere that only the two of them will be – a private place. Most people will choose their bedroom.
- When the couple is alone they will kiss and cuddle each other.



Some people will only want to kiss and cuddle. They will not want to do anything else. This is okay. They can enjoy kissing and cuddling. They do not have to have sex.

- If they decided they want to have sex they will take their clothes off and kiss and cuddle.
- They might use their fingers to rub each other's sexual organs (masturbate each other).
- They might kiss and lick each other's sexual organs. This is called oral sex.
- If the couple are both men, one man may put his penis in his partner's anus and gently move it in and out. This is called anal sex.
- After a while, this friction will usually cause the man to have an orgasm and ejaculate.

Activity 8.2: Sexually Transmitted Infections

- Introduce this activity by asking the young people what the consequences can be when two people have sex, i.e.
 - they can make a baby
 - they can catch an infection.
- Explain that the way to avoid both of these consequences is through using a condom or not having sex. However, before exploring how to use a condom they are first going to learn about sexually transmitted infections.
- Ask the young people if they have heard of or know anything about sexually transmitted infections. They may mention names of different infections and ways in which you can catch sexually transmitted infections, symptoms, etc.
- Provide young people with the cut out cards from activity sheet 8.2a 'Sexually Transmitted Infections'. Ask them to sort the cards into 'True' and 'False' boxes when asked 'You can catch a sexually transmitted infection by...'. The answers can be found on activity sheet 8.2b. Use Teacher's notes 8.2 'Sexually Transmitted Infections' to answer any questions the young people may have about sexually transmitted infections.

Extension

- If it is felt that young people would benefit from knowing more facts about specific sexually transmitted infections, provide them with a set of STI cards. Explain that they should use websites and/or any available booklets on sexually transmitted infections to match the eight STIs: NAME, CAUSE, SYMPTOM and TREATMENT.
- The following websites give information for young people on STIs although they are not specifically for young people with ASD.
www.ruthinking.co.uk/the-facts/search/articles/stis.aspx
www.likeitis.org/love_bugs.html



Activity sheet 8.2b: Sexually Transmitted Infections Cards

You can catch a sexually transmitted infection by...

touching someone else's sex organs	sitting next to someone
hugging	kissing someone on the mouth
holding hands	having sex with different partners
having unprotected sex	having sex and using a condom
sitting on a toilet seat	touching yourself (masturbating)
having sex without a condom	

Activity sheet 8.2b: Sexually Transmitted Infections Cards – The Answers

You can get a sexually transmitted infection by....

TRUE

- Having sex without a condom
- Having sex with different partners

FALSE

- Sitting on a toilet seat
- Holding hands
- Hugging
- Sitting next to someone
- Touching yourself (masturbating)
- Kissing someone on the mouth
- Touching someone else's sex organs
- Having sex and using a condom

Teacher's notes 8.2: Sexually Transmitted Infections

- Sexually Transmitted Infections (STIs) are infectious diseases that spread from person to person through intimate contact. Two of the most common STIs are genital warts and Chlamydia.
- Chlamydia is particularly concerning as there are often no symptoms – however, if left untreated it can lead to permanent damage to health (including infertility).
- STIs are spread among people of all ages who have unprotected sex, i.e. sex without a condom. However, it is also possible to get some STIs – particularly genital warts – through sexual organs touching even if not having sex.
- STIs can be diagnosed by doctors. This is usually through a urine sample, a swab or in some cases a blood test.
- Some STIs are easily treatable through antibiotics, e.g. Chlamydia. However, others cannot be treated once contracted but symptoms can be aided by medicines.
- If having sex, the best way to avoid getting a sexually transmitted infection is to use a condom.
- If a person is starting a new relationship it is recommended that they and their partner have a sexual health check-up.

Activity 8.3: Condoms

- Remind the young people that if two people who are in a relationship decide that they want to (and are ready) to have sex, they should use a condom. This will help to protect them against sexually transmitted infections and also against having a baby, i.e. getting a girl pregnant.
- Show the young people a selection of different condoms. Discuss any other names for condoms they may have heard of. Check that they know where to get condoms, i.e. pharmacist, supermarkets, garages, vending machines in many public toilets, doctors (GP), sexual health and/or youth health clinic (often free).
- Use activity sheet 8.3a 'Using a Condom, Step By Step' and activity sheet 8.3b 'Picture demonstration of using a condom' to show the young people how to put on a condom.

Teacher's note: This activity would be strengthened by the facilitator showing the young people how to use a condom by working through the information on the activity sheets and demonstrating it using a condom and condom demonstrator.

- Cut up activity sheet 8.3a into sections and ask the young people to arrange the sections in the correct order.
- Give the young people a condom and demonstrator and ask them to show you how to put on a condom following the instructions in activity sheet 8.3a and activity sheet 8.3b.

Extension Activity

- This activity can be further developed to stimulate different types of situations they may be in when trying to put on a condom. For a dark room ask a volunteer to put a condom on a demonstrator whilst wearing an eye mask. For being drunk ask a volunteer to put a condom on a demonstrator whilst wearing 'drunk' eye goggles.
- Discuss the additional difficulties of using a condom in these situations.



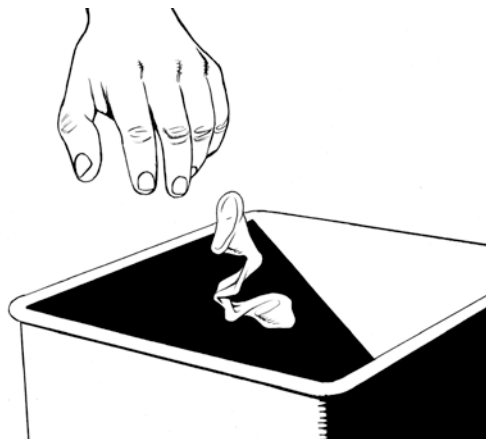
Activity sheet 8.3a: Using a Condom, Step by Step

Check the condom use-by date and for a safety kite mark
Open the packet carefully, making sure not to tear the condom
Make sure penis is hard
Place condom on the tip of the penis, squeezing the teat on the end of the condom
Unroll the condom down the length of the penis, making sure no air is trapped between the condom and the penis
Place penis (covered by condom) into vagina
After sex carefully remove the penis from partner's body
Remove the condom from the penis
Throw the condom in a bin

- **Remember:** Use a new condom every time you have sex.

Activity sheet 8.3b: Picture Demonstration of Using a Condom





Activity 8.4: Methods of contraception

Teacher's note: A contraceptive display kit may be available from your local health board or youth information service. Your local person responsible for health and wellbeing will be able to advise. This activity could also be supported by an input from school health.

- Introduce this activity by explaining that they are now going to have the chance to explore other ways that a couple can avoid pregnancy if having sex.
- Ask the young people if they have heard of 'contraception'. If yes, explore their understanding of this.
- Using the contraception display kit (or referring to appropriate website) explain to the young people that there are many contraceptive methods to prevent pregnancy. Highlight that they have already seen an example of one, i.e. condom.
- Use activity sheets 8.4a 'The contraceptive pill' and 8.4b 'The contraceptive injection' to explain in detail about the contraceptive pill and injection – two of the most common types of contraception. Further information on other methods of contraception can be found within Teacher's notes 8.4 'Methods of contraception'.

Extension Activity

- Encourage young people to carry out their own research on one type of contraception. Provide the young people with activity sheet 8.4c 'Research on contraception' to use as a template for their research. Encourage them to present their findings to the wider class.
- A planned visit to a local family planning/sexual health clinic may be helpful if this can be arranged. The pupils can be given a tour and a run-down of the procedures/events which would take place. Parental permissions would need to be sought for such a visit.
- Information on the 'morning after pill' or emergency contraception could be made available to the young people. However, it is important to stress that this is not a normal mode of contraception and should be used in circumstances where unplanned or unprotected sex has occurred. The aspects of responsibility should be stressed when discussing this topic.

Teacher's notes 8.4: Methods of Contraception

Contraception type	How does it work?	How reliable is it?	Where can you get it from?	Good points	Bad points
Combined pill	Contains two hormones – oestrogen and progestogen. These two hormones stop ovulation (releasing an egg) each month. Taken orally by women for 21 days. They then have a weekly 'break' during which they will have their period.	The combined pill is the most common type of contraception used in the UK. If used carefully fewer than 1 in 100 women get pregnant.	Doctors, family planning clinic, sexual health clinic, youth health clinic.	Easy to use. Doesn't interfere with sex. Can reduce PMT (pre-menstrual tension). Get regular periods.	Initially women can experience minor side effects such as headaches, nausea, breast tenderness and slight weight gain. On rare occasions it can have serious side effects. Not suitable for some women who have specific health risks. Only effective if women remember to take it again after their week's break and at roughly the same time during the 21 day cycle (at least within 12 hours).
Mini pill	Contains one hormone – progestogen. Stops sperm entering womb/makes it harder for fertilised egg to settle in the womb. Taken orally by women every day with no breaks (even when on period).	Less widely used than the combined pill. If used carefully fewer than 2 in 100 women get pregnant.	Doctors, family planning clinic, sexual health clinic.	Easy to use. Doesn't interfere with sex. Fewer health risks than the combined pill – and suitable for women who would be advised not to use the combined pill e.g. older women.	Fewer side effects than combined pill but some women may experience minor side effects such as headaches, tender breasts, and weight change. Doesn't regulate periods. Needs to be taken at the same time each day – within 3 hours.
IUD/Coil	Very small plastic or copper device that is place in the womb. The device makes it difficult for sperm to enter the womb.	Approximately 2 in 100 women get pregnant using the coil.	Doctors, family planning clinic, sexual health clinic.	Don't have to think about contraception every day. Lifetime of between 5 and 10 years. Doesn't interfere with sex. Works as soon as it is inserted.	Can come out. Heavier and more painful periods. Risk of pelvic infection.

Diaphragm	Put in vagina before sex. The spermicide forms a barrier to sperm.	Approx. 92–96% effective i.e. 4 to 8 women in every 100 will fall pregnant if it is used correctly.	Doctors, family planning clinics, sexual health clinics – need to be prescribed correct size and given clear advice on how to insert it.	Good for women who dislike condoms and cannot go on the pill.	Effectiveness significantly reduced if not inserted properly or not used with a spermicide. Need to plan ahead. Can interrupt sex. Can be messy. Needs to remain in place up to 6 hours after sex but be taken out soon after this (ideally within 24 hours).
Skin patch	A sticky patch placed on a woman's dry skin. Releases two hormones that stop you from getting pregnant – almost a 'skin' version of the combined pill. Each patch lasts one week. Needs to stick to skin for three weeks with one week break.	If used correctly less than 1% failure rate i.e. less than 1 woman in 100 will get pregnant if it is used correctly.	Doctors, family planning clinics, sexual health clinics. Recent guidance to doctors in Scotland stated that the patch should only be given to women who don't comply with other methods, therefore it may be difficult to get.	Don't have to remember to take the pill every day.	Similar side effects to the combined pill – some research indicates that it slightly increases the risk of blood clotting. Patch can come off accidentally. Some women experience skin irritation. Doesn't control periods in same way as the combined pill.
Male condom	Thin rubber that fits over the penis and prevents sperm from entering women's vagina.	If it is used correctly approximately 2 in 100 women will get pregnant.	Free from some doctors, family planning clinics, sexual health clinics and youth health clinics – many health boards run condom card schemes that provide access to free condoms. Also available to buy in chemists, supermarkets, toilet vending machines etc.	Easy to get and use. Can protect against sexually transmitted infections including HIV (not 100% effective). Can get latex free condoms if allergic.	Effectiveness is considerably reduced if not used correctly and/or it slips off. Can split occasionally. Can interrupt sex.

Female condom	Less well known than the male condom. Soft polyurethane sheath (not latex) that fits into the vagina to form a barrier to sperm.	Approximately 95% effective i.e. if used correctly 5 women in every 100 will get pregnant.	Available from some family planning clinics, Sandyford clinics. Can also be purchased from some chemists.	Can protect against sexually transmitted infections including HIV (not 100% effective). Good if either partner has allergy to latex.	Not as widely available as male condom and more expensive. Can be awkward to insert initially i.e. important the penis is placed inside.
Injection	Injection given every 8 to 12 weeks (depending on type) that stops ovulation (release of egg).	Very effective. Estimated at 99%. i.e. 1 woman in every 100 will get pregnant.	Doctors, family planning clinics.	Very effective. Can forget about contraception until next injection is needed. Offers some protection against cancer of the womb lining.	Some side effects including irregular, prolonged or heavy periods, headaches, tummy upset. Once injection is given cannot do anything about fertility. Fertility can take some time to come back after stopping injections. As with all chemical contraception there are rare cases of more serious side effects and it won't be suitable for all women.
Implant (implanon)	Implant – usually inserted in the arm – that releases a steady stream of the female-type hormone etonorgestrol into your bloodstream. The hormone reaches the ovaries and prevents them releasing eggs.	Very effective. At least 99% – maybe more like 100%.	Doctors, family planning clinics, sexual health clinics.	Very effective. Can forget about contraception. New implant is required every three years.	Some side effects including frequent and/or prolonged vaginal bleeding, headaches, weight gain, breast tenderness, dizziness, and very rarely changes in sexual desire and movement of the implant. Unlike injection, experience of side effects will cease quickly after implant is removed.

Natural methods	Includes a range of techniques that use the natural rhythm of a woman's menstrual cycle to understand when she is more and less likely to fall pregnant. Techniques include monitoring temperature, calendar dates and times and looking at vaginal fluid to help decide when and when not to have sex.	Not very effective as a method of contraception. Between 2 and 20 women in 100 will get pregnant if methods are used correctly.	Further information available from doctors, family planning clinics, and books.	No side effects. Can be useful for a woman to know when likely to get pregnant as well as when less likely to get pregnant. Useful for couples who have strong moral or religious feelings about other types of contraception.	Need to plan carefully – usually used in long-term relationships where the potential to fall pregnant will not be too disruptive. Need to avoid sex outwith less fertile times or use other type of contraception. Not good for women who have irregular periods.
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Activity sheet 8.4a: The Contraceptive Pill

- The pill is a tablet that a woman takes every day.
- This stops her ovaries from releasing eggs.
- This means that when a man and a woman have sexual intercourse, the sperm and egg can't meet and make a baby.
- The woman has to remember to take the tablet every day.
- The tablets come in packets labelled with the days of the week so the woman knows when she has taken her pill.
- If the woman takes the tablets every day the man and woman can have sexual intercourse and a baby will not be made.
- Men cannot take the pill. It only works if a woman takes it.
- The pill will not stop sexually transmitted infections.

Activity sheet 8.4b: The Contraceptive Injection

- If a woman finds it hard to remember to take pills she can get a contraceptive injection from her doctor.
- This means that she can have sex for about three months without making a baby.
- The jag stops her ovaries from releasing eggs.
- This means that the sperm and egg can't meet and make a baby.
- This means the man and woman can have sexual intercourse and a baby will not be made.
- Men cannot get the jag. It only works if a woman has it.
- The jag/injection will not stop sexually transmitted infections.

Activity sheet 8.4c: Research on Contraception

Use the following grid as a guide for the type of information you should research on your contraception type. You should use a range of leaflets to gather the information required. After you have researched your contraception type your group should prepare to present the information to the wider class. How you present your information is up to your group. Some suggestions include a quiz on your contraception type, a PowerPoint presentation, a flipchart presentation etc.

CONTRACEPTION TYPE:	
QUESTION	INFORMATION
How does this contraception work?	
How reliable is it?	
Where can you get it from?	
What are the good points of the contraception?	
What are the bad points of the contraception?	

Activity 8.5: Accessing services

- Introduce this activity by outlining the learning outcomes.
- Provide the young people with activity sheet 8.5a 'What is available to me?'. In a group the young people are encouraged to write in the first column all the people/services they could go to if they had a problem and/or wanted further information on issues relating to sexual health e.g. mum, dad, friends, brother/sister, teacher, nurse, doctor, helpline. If you are aware of specific youth health services (or youth sexual health services) in your area ensure the young people include these in the list.
- Now invite the young people to list all the benefits and drawbacks of talking to the different people e.g. one benefit of talking to a friend is that you trust them but a drawback could be that they don't have accurate information you need. A drawback of using a helpline could be that it costs money to access (not all do, e.g. ChildLine is free), but the benefit could be that it is confidential and isn't embarrassing (as not face to face).
- Discuss whether they would go to different people for different things. Why is that? Are there any ways of overcoming some of the drawbacks?
- Ensure that the young people are clear about some key elements of youth health service provision locally, for example: they can go for advice on any issue, including sexual health issues; access to services is confidential, i.e. parents aren't always informed although they can be a great support; some services offer free condoms and other contraception; services are non-judgemental and won't laugh at you, no matter what your problem or concern.

Teacher's note: This lesson would be enhanced by external agencies coming into the class to explain in more detail what their service offers to young people. This could include local youth health services, sexual health service, local GP, local pharmacist, etc.

Extension

Develop this lesson into a research project where young people are encouraged to create a map of their local area which outlines local services. This could include a 'key' that indicates whether a service is free, has disabled access, is for young people only etc.

Activity sheet 8.5a: What is available to me?

People I can talk to	Positive points	Negative points
ChildLine (0800 1111)	Free/confidential/over phone so less embarrassing	No doctor or nurse so they can't diagnose a health concern
Parent/carer		

Section 9: Influences and Decision Making

Learning Outcomes After this lesson pupils will:	Suggested Activity	Supporting Resources	Assessment Opportunities
- Have explored different decision making styles - Recognise that a number of factors influence the decisions a person makes	9.1 Decisions and Influences	Provided - Label 9.1a 'Decision making style' - Teacher's note 9.1 'Decision making style' Additional - Sorting boxes	Contribution to discussion on how they make decisions and what influences their decision making
- Have explored what influences their views and attitudes towards men and women and what makes a person attractive - Have reflected on how the media influences their views on gender stereotypes	9.2 What is attractive?	Additional - Range of magazines - Pens/scissors/glue - Flipchart paper (or equivalent)	Contribution to the development of the collages and discussion about stereotypes
Be able to identify questions that will help them to make decisions about who to have sex with	9.3 Making decisions about sex	Provided - Activity sheet 9.3a 'Questions to ask before having sex' - Activity sheet 9.3b 'Thinking about having sex flowchart' - Activity sheet 9.3c 'Sexual decisions scenario cards'	Contribution to the discussion about and use of the flow chart

Activity 9.1: Decisions and Influences

- Introduce this activity by going over the learning outcomes.
- Invite the young people to 'ideas storm' the different issues people make decisions about. Potential suggestions include:
 - What to eat for breakfast/lunch/dinner
 - What type of mobile phone to buy
 - What to wear to school/to a party
 - What film to see at the cinema
 - Whether to do homework
 - Who to vote for (elections, class rep, etc)
 - Whether to go on a date with someone.
- Discuss how they make their decision about these issues and introduce the four approaches to decision making:
 - Considered decision – based on information available, past experience, etc
 - Considered decision – based on other people's opinion/advice
 - Instant decision – based on instinct
 - Instant decision – based on what other people decide/want to do.
- Using the issues raised by the young people encourage them to select the decision making style that best describes how they would make a decision about the issue. Encourage discussion on whether there are 'good' and 'bad' ways of making decisions – particularly in situations where the decision can have a huge impact on the future.

Teacher's note: If further reinforcement is required use label 9.1a 'Decision making styles – sorting labels' and encourage the young people to sort each issue into the boxes which best describe how they would make their decision.

- Develop the discussion on decision making by asking the young people to consider who/what influences the decisions they make.
- Choose one decision making issue and write it in the middle of the board/flipchart paper (or young person's jotter).
- 'Ideas storm' all of the different people/ agencies that have an influence on a young person making that decision and write them down separately onto a post-it note (or scrap sheet of paper).
- Think about the influence these people/agencies have on a young person making this decision.

- Place the name onto the board/flipchart paper depending on how they relate to the decision, e.g. the bigger the influence the closer to the middle, less influence further out.
- Use the teacher's notes to prompt the young people to think as widely as possible.

Label 9.1a: Decision Making Style

**Think about information/past
experience, then decide**

Ask others' opinion, then decide

Go with your instinct

Go along with what others decide

Teacher's notes 9.1: Decision Making Style

Suggestions to prompt the pupils with when they are considering who influences the decisions of young people include:

- Yourself – how you feel about yourself will impact on the decisions you make and how much you let others make decisions for you
- Parents, siblings and wider family
- Friends and boyfriend/girlfriend
- Teachers and/or youth or sport leaders
- Magazines, newspapers, television including MTV and other music channels
- Advertising executives
- Celebrities including movie stars, singers and sports people
- Councillors, MSPs and MPs
- Religion and/or religious leaders

How people might influence the decisions made by young people is wide and varied. Below are some examples of the types of things you could use to prompt the pupils to think as widely as possible:

• What football team to support

Who influences this? Family (often father – team he supports and his father before him etc); Friends (what team they support); Religion (more controversial but within Scotland at least still an influence); Team and players (how well they perform, what level they are at e.g. First division or Champion's league); Television executives (how much they pay for games – how much money the club has to spend on players, etc).

• What to wear to a party

Who influences this? You (What is available, what you can afford, how you feel about your body); Friends (what they wear, what is the 'trend'); Boyfriend/girlfriend (what style they have, what they like you wearing?); Parents (if they give you money – what they can afford, what you are allowed to wear?); Advertising (what the style is, what shops you buy from); Shops (what stock they have); Celebrities/MTV (what is being worn, current style etc).

• What type of mobile phone to buy

Who influences this? Friends (what ones they like); Advertising/celebrities (if advertised by David Beckham?); Shops (what stock they have available) etc.

• Whether to go on a date with someone

Who influences this? You (feelings towards person, i.e. if you like them, fancy them etc); The 'someone' (type of person they are etc); Friends (their views towards the 'someone', whether they are going on dates etc); Parents (their views towards you going on a date, whether allowed to go etc)

Activity 9.2: What is attractive?

Teacher's note: This lesson requires a wide range of magazines that represent different images of women and men. Ideally these would be collated in advance and laminated so that young people can select from a range of pre-cut pictures. Alternatively young people can be encouraged to bring in magazines – however, these should be checked for appropriateness.

- Introduce this activity by explaining that they are going to explore the idea of what makes a man and a woman attractive.
- In small groups/individually (potentially same gender) provide one piece of flipchart paper and a selection of pictures or magazines (with scissors, pens, glue).
- Explain that they have 20 minutes to develop a collage of pictures and words that represents their views on an attractive man and woman. They should create their man collage on one half of the flipchart paper and their woman collage on the other half of the flipchart paper.
- After 20 minutes collect each of the collages and pin them up for all to see. Ask each group/individual to explain their thinking behind their collages. What made their men and women attractive? Did they base it solely on looks? Or did they think about character traits, e.g. funny, sincere, happy, respected, etc, or other factors, e.g. wealth?
- Discuss whether the images and words on the collages include some stereotypical views on what is attractive and beautiful. Discuss what the stereotypes of men and women are, e.g. **Women:** young, thin, petite, long hair, large breasts, passive, doesn't hold strong opinions, etc. **Men:** muscular and athletic, tall, strong, tanned, rich, powerful job, etc.

Teacher's note: Ensure young people understand what is meant by the term 'stereotypes' i.e. when we simplify our prejudgements about a certain group of people so that we see all members of that group as having certain characteristics. In our society there are stereotypical views of what men and women should look like and how they should act.

- Encourage the young people to explore what impacts on their views of what is attractive. What role does the media have on influencing these views? Incorporate the following points:
 - The role of airbrushing in magazines
 - The underrepresentation of 'normal' sized women in advertisements – inform them that the average size of women in Britain is a 14 to 16
 - The underrepresentation of older men and women in magazines and television (particularly women).
- Finish by encouraging the young people to discuss what impact stereotypical views of what is attractive have on the majority of people that don't live up to these images. Explore what young people and society as a whole can do to challenge the stereotypical views of what is attractive.

Teacher's note: To emphasise the above you could encourage the young people to compare their 'ideal' man and woman (or a favourite celebrity) with people in their lives who they love and care about. Do they look the same? How do they differ? This could help to emphasise that many people do not look like the idealised images of what is attractive that are portrayed through the media – this doesn't affect how we care about them.

Extension Activity

- Encourage the young people to explore how ideas about what is attractive have changed over time and differ from country to country.
- This could be done by developing a PowerPoint presentation/picture resource that compares and contrasts images of people over time, e.g. modern actress with actress from early 20th century; sport stars from different eras, etc.

Activity 9.3: Making Decisions about Sex

Teacher's note: Before carrying out this activity it is important to re-emphasise that many young people (and older people) choose not to have sex. This includes people who are in relationships and those who are not. This is their decision and it should always be respected.

- Introduce to the young people that having sex with a person is a very big decision. Because of this it is something they should think about before they do it. 'Ideas storm' with the young people what/who might influence their decision about whether to have sex with someone or not. This is an opportunity to introduce a wide range of factors:
 - You – including how you feel about yourself; how confident you feel about saying what you feel; whether you are under the influence of drugs or alcohol (impaired judgement), etc
 - Boyfriend/girlfriend – whether they want to have sex, their feelings, pressure they put on you
 - Friends – their views about sex; whether they have had sex; pressure they place on you to also have sex
 - Parents – their views about sex; information they give you about sex; the values they pass on to you about respect and responsibility for yourself and others
 - Teachers – information they give you about sex; skills and attitudes they help to develop such as confidence, how to use a condom, etc
 - MTV and magazines – the influence this has on your values; how having sex is viewed socially and portrayed, etc
 - Situation – are you in a private place? Do you have a condom?
- Use activity sheet 9.3a 'Questions to ask before having sex' and activity sheet 9.3b 'Thinking about having sex flowchart' to explore in detail the questions individuals should ask themselves before deciding to have sex with someone. If a young person says no to any of these questions this indicates that they are still not sure if they want to have sex with someone. In this situation they can talk to one of these people, when they are alone with them:

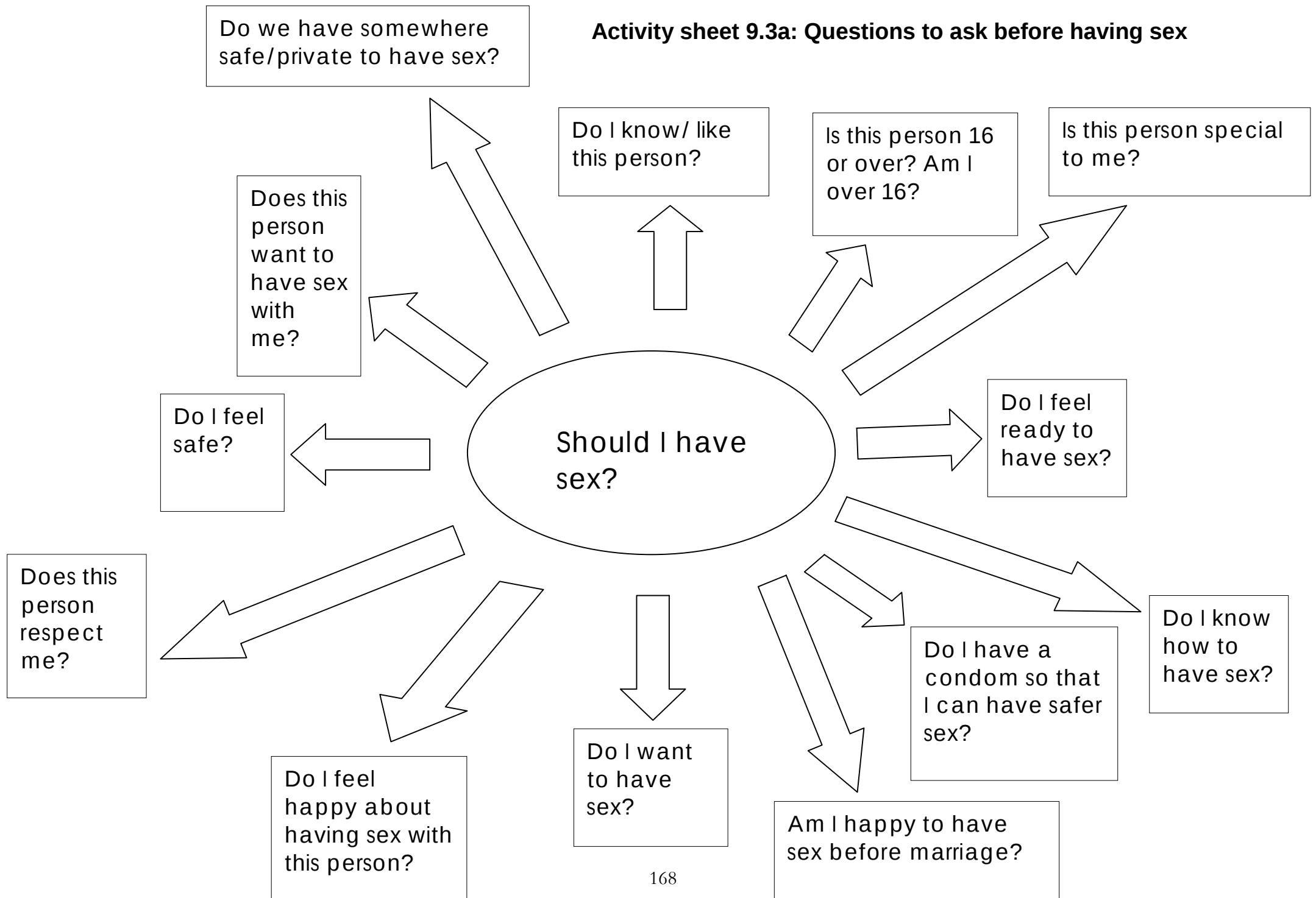
- Mum	- Doctor
- Dad	- Nurse
- Carer	- Friend
- Guidance Teacher	- Social Worker
- Sister	- Youth Counsellor
- Brother	

Teacher's note: if a young person is in a situation where they are thinking about having sex with a specific person, encourage them to use the questions sheet in a practical way. They could colour in the questions they say 'yes' to in green and colour in red the questions they say 'no' to. This could help them to make their decision or indicate that they need to talk to someone about whether to have sex.

Extension Activity

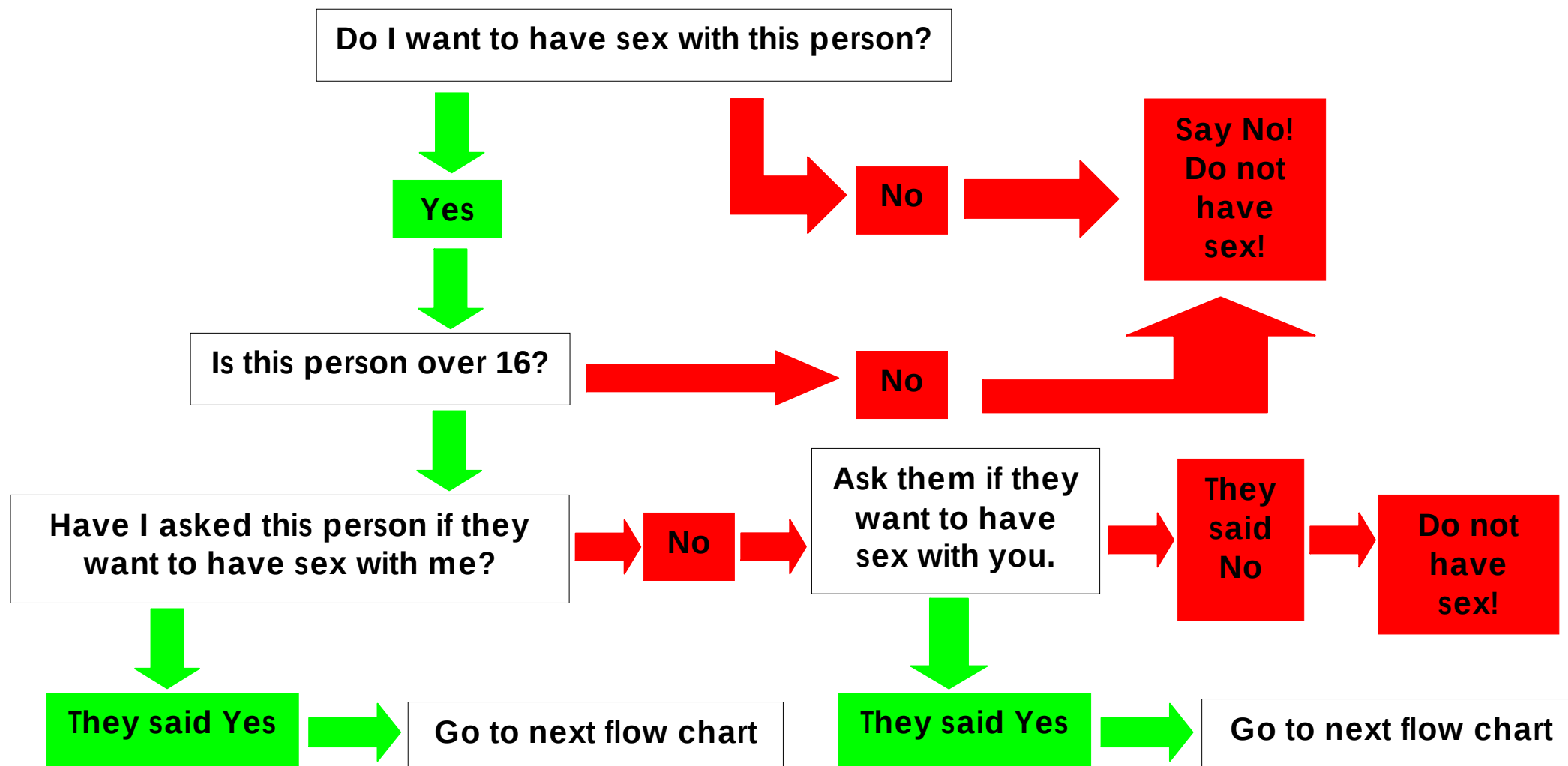
- Use the scenarios outlined in activity sheet 9.3c to further develop the young people's ability to make positive sexual decisions and recognise situations that could be harmful. Use the discussion points to prompt discussion.

Activity sheet 9.3a: Questions to ask before having sex



Activity sheet 9.3b: Thinking about having sex flowchart

Trying to decide who to have sex with can lead to you having lots of questions. The main things you have to know are:



- Do we have condoms to let us have safer sex?
- To prevent pregnancy?
- To prevent getting a sexually transmitted infection?

Yes

Is there somewhere
safe and private to
go?

Yes

It is okay to have sex.

No

**Do not have sex
or
get a condom before
having sex**

No

**Do not have sex
or
find somewhere safe and
private before having sex**



Activity sheet 9.3c: Sexual Decisions Scenario Cards

Encourage the young people to consider the following questions for each of the scenarios.

- What risks are involved in the situation?
- What issues might prevent the character(s) from practising safer sex?
- What advice could they give the character(s) to ensure that they have a safe sexual experience?

Susie is 16 and in her first proper relationship with Steve who is 17. Last weekend Steve and Susie discussed taking things further. Steve asked whether Susie felt ready to have sex – it would be their first time for both of them. Susie wasn't sure at the time but now thinks that she is ready to have sex with Steve. Her only worry is getting pregnant. They did not discuss using condoms.

Discussion points: Susie and Steve seem to have a good open relationship where they can discuss important decisions such as having sex. Because of this it shouldn't be a problem discussing contraception. The most obvious type of contraception to use would be condoms; this would protect against pregnancy. They could also explore longer-term contraception such as the pill or the contraceptive injection. However, it is important for them to be aware that this would not protect against any sexually transmitted infections – a potential problem if one of them is unfaithful at any time.

Joe is 17 and about to go on his first holiday abroad with his friends. Joe has never had sex before and would like to wait until he gets married. However, his mates have said that they are going to 'get him laid' when on holiday.

Discussion points: It is important that Joe stays true to his values and doesn't have sex just because he is pressured by his friends. However, it is recognised that this could be difficult – particularly on holiday when inhibitions are often lowered due to alcohol and a new sense of freedom. If Joe was worried he could talk to his friends (or at least one of them with whom he has a close relationship) about his concerns. His friends also never need to know about what he does with girls!

Martin is 18 and has recently met Robert. Both Martin and Robert have been openly gay for a number of years. Martin and Robert have decided that they would like to have sex with one another; neither knows much about each other's sexual past.

Discussion points: It would seem that Martin and Robert have a good open relationship where they can discuss important decisions such as having sex. As they have decided to have sex it is important that they use a condom – this will protect against sexually transmitted infections. It would also be a good idea for them to go to a sexual health clinic for a sexual health check-up so that they can be sure they haven't contracted an STI from a previous sexual experience.

Jenny is 17 and often goes out and gets drunk. Sometimes when drunk Jenny has sex with men she meets when out. Jenny would like a boyfriend but the men she has sex with whilst drunk never phone or ask her out. She often regrets having sex with men she doesn't really know.

Discussion points: It is important to consider whether Jenny is having sex for the right reasons. It would seem that she is currently not valuing herself by having sex with men she doesn't know. Is she doing this because she wants a boyfriend? It would be useful for Jenny to talk about her behaviour with a person she trusts and figure out whether she would be able to cut down on her drinking to avoid having sex. She may also want to think about other ways she could meet people (potential boyfriends) – when she is sober. Finally it is important for Jenny to go to a sexual health clinic for a sexual health check-up. If Jenny is very drunk when she is having sex she may not be using condoms – this is increasing her risk of pregnancy and STIs.

Debbie is 15 and is going out with Paul, who is 20. They have started to have a sexual relationship and usually use condoms. Paul has started to say that he doesn't want to use condoms as he prefers sex without them. Debbie generally goes along with whatever Paul says.

Discussion points: There is a significant age gap between Debbie and Paul. Although in some instances this is okay it is important for Paul and Debbie to be aware that Paul could get into trouble with the law because Debbie is not 16 (age allowed to have sex). It is also worrying because it sounds as though Debbie lacks confidence and simply goes along with what Paul wants. In addition it is clear that Paul is not thinking about the best for Debbie when saying that he doesn't want to use condoms. This could indicate that there is a power imbalance in their relationship. It is important for Debbie to talk to someone she trusts about how she feels about Paul and tries to develop her self-confidence and self-esteem. In the meantime Debbie has to protect herself against pregnancy and STIs. Condoms are the only contraception that protect against both – however, Debbie could go on the pill (or get a jag) for added protection against pregnancy.