HIV AND EDUCATION: GUARANTEEING LESSONS FOR ALL

Research into the provision of relationships and sexual health education in Scotland

SEPTEMBER 2017
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EXECUTIVE SUMMARY

Comprehensive sexuality education is essential for young people to be able to protect themselves from unwanted pregnancy, HIV and sexually transmitted infections, to promote values of tolerance, mutual respect and non-violence in relationships, and to support a safe transition into adulthood.1

– United Nations Educational, Scientific and Cultural Organisation (UNESCO)

Education is the fundamental tool in equipping young people with the information they need to reduce their risk of HIV infection, and a means of combatting the stigmatising attitudes towards people living with HIV that continue to prevail within society. UNESCO places access to sexual health education as of the utmost importance and is the organisation’s number one strategic priority. Article 17 of the United Nations (UN) Convention on the Rights of the Child also states that children have the right to information that is important to their health and wellbeing.2

Despite this right to information being embedded within international human rights protections, sexual health lessons in Scotland are not compulsory. These lessons are delivered through Relationship, Sexual Health and Parenthood (RSHP) education. Inconsistencies exist across Scotland’s 32 local authorities on how lessons are taught, the resources that are used and the level of content related to HIV.

There is now consensus among Scotland’s third sector children’s rights, women’s rights and young people’s and equality organisations that RSHP lessons urgently need to be improved.

Evidence demonstrates that young gay and bisexual men in Scotland are at higher risk of HIV as a consequence of having poor knowledge about HIV risk.3 There has been no long term decrease in the number of people being diagnosed with HIV and prevention remains a public health challenge. Scotland’s Sexual Health and Blood Borne Virus Framework identifies RSHP as key to ensuring young people have the information to make healthy choices regarding their sexual health.4

This report brings together the voices of people living with HIV and existing evidence from the third sector, as a foundation to conduct a unique piece of research on how each local authority delivers RSHP lessons.

Findings have highlighted that young people do not have consistent access to information about HIV, RSHP lessons do not have parity with other areas of the curriculum and pressures within education mean teachers are not having time to participate in training.

First Minister, Nicola Sturgeon MSP, has identified improvements to standards in schools as a priority for the Scottish Government, “the defining mission of this Government will be education.”5

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1 HIV and Sexuality Education, UNESCO
2 A summary of the rights under the Convention on the Rights of the Child, UNICEF
3 HIV Prevention Needs Assessment of Men Who Have Sex With Men, Scottish Government, 2014
4 Sexual Health and Blood Borne Virus Framework, 2015 – 2020, Scottish Government
There is now clear political will and policy to drive forward change in education. In order for Scotland to ensure its young people enter the world with the knowledge they need to minimise their risk of HIV, RSHP lessons should be a priority in the Government’s ambition of Getting it Right for Every Child.

This resource is intended for use by local and national policy makers, health professionals, teaching professionals, voluntary sector and those with an interest in how we can get RSHP education right for every young person in Scotland.

SUMMARY OF RECOMMENDATIONS

> There should be a 21st century understanding of HIV, with resources providing information on the latest HIV prevention and treatment strategies, for example references to the availability of PrEP.

> The national review of Personal and Social Education should identify a best practice model for schools and local authorities to share RSHP resources and training opportunities.

> Updated RSHP guidance should be produced in collaboration with key stakeholders in education and ensure a stronger focus on HIV.

> RSHP lessons must be inclusive for all young people and include information on LGBT relationships.

> Sexual health professionals and third sector providers should have a visible presence within schools.

> Legislation should be introduced to the Scottish Parliament for RSHP lessons to become a compulsory component of the curriculum, in order to guarantee access for every young person in Scotland. There is precedent for this with the UK Parliament passing the Children and Social Work Act (2017), which will require all schools in England to teach Relationships and Sex Education from 2019.6

6 Children and Social Work Act, 2017
Measures to prevent new HIV infections are recognised as a fundamental principle of Scotland’s HIV response. As part of the prevention strategy, the Scottish Government lists access to sexual health education as a key mechanism to ensure that young people have the information and skills to make healthy choices regarding their sexual health. Despite the importance placed on health and wellbeing elements of the curriculum (with RSHP education sitting in this) by the Scottish Government, is it not borne out in some schools or with consistency across schools.

The non-compulsory status of RSHP lessons presents a challenge to ensure that the Scottish Government’s vision of all young people having access to this important subject is guaranteed.

This report presents research that has been conducted to better understand the realities of how young people learn about HIV in schools. This is a unique contribution to ongoing policy discussions about sexual health education and for the first time presents information received from representatives of all 32 local authorities on the approaches taken.

Findings and recommendations have been developed through research, ongoing engagement and consultation with key stakeholders and the generosity of local authorities sharing information about an area of education that has been subject to scrutiny.

7 Sexual Health and Blood Borne Virus Framework, 2015 – 2020, Scottish Government
HIV IN SCOTLAND

HIV continues to be a public health challenge for Scotland. Over the last 15 years (2002-2016), a total of 527 reports of HIV infection among 15 – 24 year olds in Scotland have been recorded.

Of these, at least 104 are known to have been previously diagnosed outwith Scotland (data as at 31 March 2017). This equates to just over two new HIV diagnoses every month among 15 – 24 year olds in Scotland. However, these statistics do not take into account the estimated 790 additional people who may be infected but are not diagnosed. It is therefore likely that the actual figure of people under the age of 25 living with HIV is higher.

Over the last 10 years, Scotland has failed to reduce HIV infection rates in any significant way. Although 2016 epidemiological data reported fewer new HIV infections in the total population – approximately 20% - it is not possible to ascertain whether this is an anomaly.

The NHS board areas with the highest prevalence of people diagnosed with HIV continues to be NHS Lothian and NHS Greater Glasgow and Clyde.

Scotland’s HIV response is underpinned by the actions contained within the Scottish Government’s Sexual Health and Blood Borne Virus Framework. The framework identifies that men-who-have-sex-with-men (MSM) continue to be most at risk of HIV in Scotland.

Evidence also suggests that the incidence of STIs among young heterosexual people and MSM through unprotected sexual intercourse remains a problem in Scotland, with specific challenges in regard to prevention and control.

Needs of young MSM were examined in a study by NHS Lothian and NHS Greater Glasgow and Clyde. Low awareness of HIV risk and poor knowledge of HIV prevention was found among young men (under 26 years old), in particular young men living in rural areas were found to be less informed.

Cumulative data from the period 2002 – 2007 found that around a quarter of 16 year olds living in the Highlands and Islands will have left the region by the age of 20, with the majority doing so to access higher or further education in other parts of Scotland. This significant shift in youth migration to urban parts of the country, where the number of existing HIV infections tend to be higher, demonstrates the necessity to ensure parity in the information provided to young people about HIV and other sexual health issues.

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8 HIV infection and AIDS: Quarterly report to 31 March 2017 (ANSWER), Health Protection Scotland, June 2017
9 HIV reports, Scotland by year of report, exposure category and presumed area of exposure; to 31 December 2016, Health Protection Scotland, March 2017
10 HIV statistics, Waverley Care, 2017
12 Sexual Health and Blood Borne Virus Framework, 2015 – 2020, Scottish Government
14 Young people in the Highlands and Islands: Understanding and influencing the migration choices of young people to and from the Highlands and Islands of Scotland, Highlands and Islands Enterprise, 2009
HIV AND EDUCATION: GUARANTEEING LESSONS FOR ALL

5,134 people diagnosed and living with HIV in Scotland (June 2017)

2001 → 2017
Since 2001, the number of people diagnosed and currently living with HIV has doubled.

2 new HIV diagnoses EVERY MONTH among 15-24 year olds in Scotland

3 in 5 UK young people do not remember receiving ANY HIV information in school

79% of young people believe all pupils should have access to up-to-date and effective PSHE (Personal, Social, and Health Education)

SCHOOL

www.hivscotland.com
EDUCATION IN SCOTLAND

Education in Scotland’s schools is underpinned by the Curriculum for Excellence which provides a framework that all publicly funded schools are required to follow.

Currently there is no prescription of lessons and what subjects must be taught. The exception to this is “religious observance” which continues to be guaranteed in every school by the provisions contained in the Education (Scotland) Act 1980. The curriculum is guided by a range of experiences and outcomes which are set of statements about children’s learning and progression through each subject area.

The Scottish Government’s statutory RSHP guidance, states RSHP lessons should “play a part in combating misconceptions about HIV and sexual health.” RSHP lessons are categorised under the health and wellbeing outcome of the curriculum. Young people are expected to meet the following outcomes as part of RSHP lessons: “Using what I have learned I am able to make informed decisions and choices that promote and protect my own and others’ sexual health and wellbeing.”

As Curriculum for Excellence has been tailored not to impose any statutory topic areas, these current educational arrangements remain one of the biggest challenges to ensure that all young people can receive information about HIV in schools.

SCHOOL YEAR AGE GROUPS IN SCOTLAND

<table>
<thead>
<tr>
<th>YEAR</th>
<th>AGE AT START OF YEAR</th>
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<tbody>
<tr>
<td>S1</td>
<td>11 – 12</td>
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<tr>
<td>S2</td>
<td>12 – 13</td>
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<td>S3</td>
<td>13 – 14</td>
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<td>S4</td>
<td>14 – 15</td>
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<tr>
<td>S5</td>
<td>15 – 16</td>
</tr>
<tr>
<td>S6</td>
<td>16 – 17</td>
</tr>
</tbody>
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15. Education (Scotland) Act, 1980
16. Experiences and outcomes, Education Scotland
18. Curriculum for Excellence: Health and Wellbeing, Experiences and Outcomes, Education Scotland
BACKGROUND TO THIS RESEARCH

At present, the Scottish Government has a commitment to ensure that "all children and young people receive high quality relationships, sexual health and parenthood education (RSHP)".19

HIV Scotland conducted research to examine how this was being delivered in classrooms. This research has investigated whether this vision matches the reality of the education young people receive, and if there are specific barriers.

A recent study that examined young people’s experience of sexual health lessons across the UK found that of the 900 young people they surveyed, three in five respondents did not/cannot remember receiving any information about HIV in school (27%).20 In 2016, the Scottish Youth Parliament found that 79% of young people believe all pupils should have access to up-to-date and effective PSHE (Personal, Social, and Health Education) from primary age, which addresses lifestyle, health, relationships, equality, social justice, and citizenship.21

Within a political context, Scottish Parliament’s Education and Skills Committee undertook an inquiry on the teaching of Personal and Social Education (PSE) – which is another term used to describe RSHP lessons. MSPs noted concern that PSE lessons do not receive the same importance as other areas of the curriculum, and that lessons are not delivered in a consistent approach.22

At an international level, access to sexual health lessons has been raised by the UN. The UN Committee on the Rights of the Child concluded that the four nations of the UK were not meeting the rights of the child as access to these lessons are not guaranteed in statute.23 The UN Human Rights Council also presented evidence from four HIV organisations noting concern at the inconsistent access to RSHP education in Scotland, in a report to all UN members in 2017.24 25

People living with HIV have consistently highlighted the need for young people to have access to sexual health education, as a means to addressing stigmatising attitudes. Scotland’s annual Positive Persons’ Manifesto has featured calls for improvements to education to be a priority for policy makers. The 2016 manifesto stated, “There is a whole generation of young people growing up in Scotland, coming of age, who have no idea of HIV. They don’t think it’s still an issue.”26

19 Conduct of Relationships, Sexual Health and Parenthood Education in Schools, Scottish Government, 2014
20 Shh... No Talking LGBT inclusive sex and relationship education in the UK, Terrence Higgins Trust, 2016
21 Lead the Way, Scottish Youth Parliament, 2016
22 Let’s Talk About Personal and Social Education, Education and Skills Committee, Scottish Parliament, 2017
23 United Nations committee: UK schools should teach all children about LGBT people, Pink News, 2016
24 JS14, UPR submission, UN Human Rights Council, HIV Scotland, National AIDS Trust, Terrence Higgins, Waverley Care, 2016.
25 Summary of other stakeholders’ submissions United Kingdom of Great Britain and Northern Ireland, Office of the United Nations High Commissioner for Human Rights, 2017
ENGAGING WITH STAKEHOLDERS AND CREATING CONSENSUS

An important starting point for this research was to gather information, views and experiences of organisations with either involvement or an interest in the provision of RSHP lessons.

A range of stakeholders attended a roundtable event in September 2016, which demonstrated the breadth of issues RSHP lessons are expected to cover. Attendees including the third sector (children’s rights, women’s rights, equalities organisations), NHS representatives and teaching professionals. Below is a summary of the main issues raised:

- **Lack of consistent monitoring:** Evaluation of RSHP education remains inconsistent and existing mechanisms should be utilised to improve how the subject is delivered.

- **No parity of recognition:** The Curriculum for Excellence has three core elements; literacy, numeracy, and health and wellbeing. RSHP lessons are a core part of the health and wellbeing element, yet are not given the same recognition and focus in staff time and resources as literacy and numeracy focused areas of the curriculum.

- **Bullying:** Reporting of LGBT related bullying remains inconsistent within schools, with concerns that staff do not have the confidence or training to address it.

- **Teacher training:** Time pressures experienced by teachers means that time for staff development is at a premium, making it difficult to find time for training on RSHP education.

- **LGBT inclusivity:** Although the current RSHP education guidance states lessons should be “inclusive of, and responsive to, all regardless of their sexual orientation” concerns were raised that this was not the case and LGBT young people were not being recognised within the subject.

- **Religion:** There is a need to ensure that all schools approach the teaching of RSHP education from a similar position, regardless of whether the school is a denominational setting or not. This is in line with Article 17 of The UN Convention on the Rights of the Child which states children have the right to get information that is important to their health and wellbeing.

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27 Conduct of Relationships, Sexual Health and Parenthood Education in Schools, Scottish Government, 2014

28 A summary of the rights under the Convention on the Rights of the Child, UNICEF
Provision for young people not in mainstream education: It is vital that young people who are outside of mainstream education settings, for example additional needs schools or those in young offenders’ institutions, receive high quality RSHP education.

This evidence demonstrated the numerous concerns held by stakeholders with expertise in the field of RSHP education. Although no one overarching solution to these problems was identified, there was a clear consensus that content and delivery of this subject urgently need to be improved.
LINKING WITH LOCAL AUTHORITIES

To explore the issues raised by stakeholders in greater detail, HIV Scotland established contact with Scotland’s 32 local authorities, this provided a better understanding of how RSHP lessons were being delivered on the ground.

**Principle question of the research:**

How do existing education policies equip young people with the knowledge to minimise their risk of HIV?

In order to come to an evidenced conclusion, the following questions were posed to councils:

- Who is responsible for the provision of RSHP in schools?
- Who is responsible for the evaluation of RSHP in schools?
- Which stakeholders are involved in the evaluation of RSHP?
- Do councils have an existing framework that is used to guide the delivery of RSHP education?
- Are there mechanisms for sharing best practice between schools or councils?
- What subject teaches HIV?
SUMMARY OF RESPONSES FROM ACROSS SCOTLAND

Surveys were sent to senior education representatives from all local authorities. Responses were received from a range of representatives within local government, including education departments, health improvement teams and individual schools.

As such, there is recognition that the statements received do not necessarily represent the entire local authority, but are used to identify which part of Scotland this information has come from.

Information provided covered the following broad themes:

- How HIV is taught
- Overall responsibility
- Evaluation
- Frameworks and resources
- Exchanging knowledge

HOW HIV IS TAUGHT IN SCHOOLS

HIV IS NOT UNIVERSALLY TAUGHT THROUGH RSHP LESSONS

Responses from councils revealed that there is no consistent approach to how HIV is taught. Table 1 highlights the range of lessons HIV can feature in. A number of responses were unable to definitely state what subject HIV would be taught under, or whether it would be discussed at all within classrooms.

“This varies across schools. Delivery may be included in science, RSHP, RMPS [Religious, Moral and Philosophical Studies] – cannot indicate conclusively if and where this is taught across all schools.”

- Aberdeenshire
Whilst the majority of local authority representatives indicated that HIV would primarily be taught within RSHP lessons, 11 responses did not categorically state that HIV was taught within RSHP lessons.

"That is a matter for schools, though PSE and RME [Religious and Moral Education] lessons will contain inputs in this [HIV] area."
– Western Isles

That 11 responses have not explicitly said that HIV is taught as part of RSHP lessons can in part be explained by councils noting it would be down to individual schools to decide if they would provide information about HIV and in what subject setting/s. An example of how HIV is approached in different subject settings was noted in Edinburgh, with schools teaching HIV within social subject lessons – through establishing a link with a school in South Africa, as well as science lessons. All S4 pupils are given the opportunity to attend a sexual health conference that includes a talk from a speaker living with HIV.

“More time could potentially be given to delivering lessons on living [with] HIV and the impact this may have, particularly in line with new medical advancements.”
– Edinburgh

The age at which young people learn about HIV ranged across councils. In West Lothian, S1-S2 pupils learn about HIV through biology lessons on general viruses. HIV is then incorporated into lessons about STIs in S3/S4. Schools in Renfrewshire introduce HIV at a basic level – discussing routes of transmission – during S2 and by S4 pupils learn about the myths surrounding HIV. Guidelines used by schools in Aberdeen, recommend that pupils are first introduced to issues relating to STIs during S3/S4.

“I would be honest and say that we currently do not deliver a lot on HIV or parenting.”
– Falkirk

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**WHICH SUBJECT TEACHES HIV?**

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<tr>
<th>Subject</th>
<th>Number of councils</th>
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<tr>
<td>RSHP</td>
<td>20</td>
</tr>
<tr>
<td>Science</td>
<td>15</td>
</tr>
<tr>
<td>Varies across schools</td>
<td>10</td>
</tr>
<tr>
<td>Other**</td>
<td>5</td>
</tr>
<tr>
<td>Unsure</td>
<td>3</td>
</tr>
<tr>
<td>Religious</td>
<td>1</td>
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*Some local authorities provided more than one answer.
** This included local authorities that did not provide information to this question.
OVERALL RESPONSIBILITY

19 (59%) RESPONSES HAVE INPUT FROM EXTERNAL BODIES IN THE PROVISION OF RSHP EDUCATION

Understanding who is directly responsible for delivering lessons was crucial in identifying the main stakeholders involved in providing young people with information about sexual health.

Fifty nine percent of respondents stated that they work in partnership with external stakeholders in the overall provision of RSHP education. The most common example of this was working with the local NHS Board to produce resources and deliver lessons. Other stakeholders’ involved included council youth work services and the police.

The Sexual Health and Blood Borne Virus Framework states that councils should work together to support the delivery of RSHP education in all schools. Responses indicated that nearly one-third of councils assign school teachers, including senior staff, guidance/pastoral staff as having overall responsibility.

“All practitioners have a responsibility to develop and reinforce skills in health and wellbeing across learning.”
– Clackmannanshire and Stirling (joint submission)

Input from the third sector was noted in some local authorities when delivering lessons on HIV. Aberdeen, Argyll and Bute, and Inverclyde used resources that had been produced by Waverley Care, including Always Hear. Dundee used support from Terrence Higgins Trust, alongside NHS Tayside to facilitate lessons.

EVALUATION

26 (84%) RESPONDENTS INVOLVE YOUNG PEOPLE IN EVALUATING LESSONS

Taking the views of children and young people into account through the co-production of RSHP programmes is identified as good practice within the existing RSHP education guidance.

This is important to ensure that lessons reflect the range of issues young people wish to learn about within RSHP lessons.

Respondents provided information on the range of approaches to involve young people in the evaluation of lessons, including using pupil surveys and discussion groups.

> Aberdeenshire stated that some schools conduct surveys to evaluate the subject with input from pupil participation forums.

> Glasgow indicated that a city-wide survey is carried out across secondary schools every three years, in partnership with NHS Greater Glasgow and Clyde.
“The NHS in partnership with Glasgow City Council carries out a HWB [health and wellbeing] survey every three years with secondary schools. This year (2016) the survey included questions on sexual behaviour and relationships. Schools regularly involve parents in their self-evaluation process…”

– Glasgow

> East Dunbartonshire, East Renfrewshire, Fife, North Lanarkshire, Shetland Islands and South Lanarkshire reported using direct engagement with parents and young people to evaluate RSHP education but this varies amongst individual schools.

> South Ayrshire stated that school nurses participate in this work.

> Other responses included areas conducting ad-hoc evaluation when necessary and giving autonomy to individual schools to conduct their own review process.

A small number of other respondents stated that internal Quality Improvement Officers were also involved in the evaluation process.

“In the first instance, senior managers at school level are responsible for the evaluation of RSHP in our schools, however centrally based staff have also carried out focused Health and Wellbeing monitoring visits to schools…”

– West Dunbartonshire

Whilst there remains no regular national survey on young people’s experiences of RSHP lessons, NHS Lothian engaged with 731 young people across four local authorities. Findings revealed that 84.1% recalled learning about HIV. However it was noted that young people called for more opportunities to discuss issues relating to LGBT identities and sexuality. Young people also expressed “some frustration” that RSHP education is not “given value or importance”.

FRAMEWORKS AND RESOURCES

23 (71%) RESPONDENTS USE RESOURCES/MESSAGING DEVELOPED NATIONALLY OR ALONGSIDE OTHER COUNCILS

Within the Curriculum for Excellence Health and Wellbeing guidance documents, there is the expectation that learners will gain knowledge and understanding linked to building healthy relationships that are based on mutual respect. Local authorities were questioned about what frameworks, if any, they use to enable these outcomes to be met.

The most common single resource (identified by 19% of respondents) was the SHARE framework. This framework has been produced by NHS Health Scotland, with the most recent update published in 2014. HIV features throughout the document and provides lesson ideas for teachers. SHARE has been designed to help “young people to explore and reflect on their values and attitudes around respectful relationships, regardless of whether these are sexual relationships, as well as improving the lifelong skills they require.” The resource has been designed collaboratively with teachers, health professionals and young people.

31 This includes City of Edinburgh, East Lothian Council, Midlothian and West Lothian.
32 Curriculum for Excellence: Health and wellbeing across learning: responsibilities of all, Education Scotland
33 SHARE, NHS Health Scotland: 2014
A new substantial framework designed to allow schools to customise and prioritise content of RSHP lessons has been produced in West Lothian, in conjunction with NHS Lothian.

References to the Sexual Health and Blood Borne Virus Framework are used to design teaching plans and resources within the Scottish Borders.

Partnership work with third sector organisations to ensure that RSHP lessons are inclusive of LGBT issues, has been conducted in Orkney.

The most common resource used in Catholic schools was Called to Love. This resource has been produced by the Catholic Education Commission, and is described as offering “a coherent programme of relationships education based on a Christian vision of human life, love and sexuality.” 34

“A Tayside 3-18 curriculum framework was developed in 2013 with NHS Scotland and Education Scotland. This was supported by an extensive training package for school staff...”

– Angus

Other respondents indicated they use resources produced internally – often alongside NHS Boards. One local authority stated they did not have a council-wide framework for RSHP education.

Joined up working to produce resources was common across Scotland, examples included:

> An RSHP framework was developed in partnership with councils across Tayside (Dundee, Perth & Kinross, Angus) and NHS Tayside to deliver lessons. The framework was designed in 2013 and aimed to create a consistent approach for learning, teaching and assessment in schools.

> Partnerships have been developed with NHS Greater Glasgow and Clyde and councils within the region, to produce key messages, themes and language to be used when delivering RSHP lessons.

> Participation in national networks, for example forums hosted by Education Scotland, was identified by several respondents. There is also ongoing work to develop a new national RSHP resource, which is being taken forward by NHS Greater Glasgow and Clyde.

“…We anticipate the H&W curriculum development group will take account of best practice from across the local authority and beyond in developing our curriculum frameworks.”

– East Lothian

34 Called to Love brochure, Scottish Catholic Education Service, 2015
KNOWLEDGE EXCHANGE

20 (62%) RESPONDENTS ACTIVELY SHARE BEST PRACTICE WITH OTHER COUNCILS

In 2010, the Scottish Government commissioned an inquiry into the future delivery of public services. The Christie Commission published its recommendations in 2011 and stated that services should, “work much more closely in partnership” and to “integrate service provision” by reducing duplication and sharing services where possible.35 Moreover, the final report urged services to focus on “prevention and early intervention to tackle the root causes of problems.” 36

Examples of sharing best practice include:

> West Lothian sharing its updated RSHP education framework among other local authorities.

> Scottish Borders working alongside East Lothian and Midlothian as part of wider Getting it Right for Every Child work streams.37

> Respondents across Ayrshire (East, North and South) sharing resources used to deliver RSHP lessons.

> North and South Lanarkshire stated that resources, teacher training sessions and professional networks for those delivering RSHP lessons are done in collaboration.

> Schools in Falkirk have established new working groups linked to RSHP education. These groups share resources and experiences, with a view to designing and updating the local curriculum to deliver lessons.

“We are part of the national Wellbeing group organised by Education Scotland and that would be the forum for national sharing.”
– Argyll and Bute

“Our RSHP framework has been shared with colleagues in other authorities on request and also with Education Scotland as part of their developing benchmarks in PSE process.”
– West Lothian

35 Commission on the Future of Delivery of Public Services, Scottish Government, 2011
36 Ibid
37 What is GIRFEC?, Scottish Government
LESSONS LEARNED: CONCERNS AND OPPORTUNITIES

The main concern arising from this research is that despite policies being in place to ensure that all young people receive RSHP lessons, they are not being delivered in a consistent approach.

Over one-third of respondents did not categorically state that HIV is taught within RSHP lessons. The Scottish Government’s Sexual Health and Blood Borne Virus Framework notes that RSHP education is “key to ensuring all young people across Scotland have the information and skills to make healthy choices regarding their sexual health.”

There is recognition that RSHP lessons play a key role in “combatting misconceptions about HIV and sexual health.” Therefore, RSHP lessons should be providing young people with information about HIV.

Good practice is taking place across Scotland. Such examples include local authorities, NHS Boards, and other stakeholders proactively sharing resources and working in collaboration, and actively consulting the views and experiences of young people. However this is not being done with a consistent approach.

Unlike planned changes in England – which will see Relationship and Sex Education lessons become compulsory in all schools – there is no indication that RSHP will be a compulsory subject in Scotland. This provides challenges in not only ensuring that RSHP lessons are delivered, but that they have parity of recognition with subjects that focus on literacy and numeracy in schools.

Moreover, despite the range of resources that are being used in Scotland’s schools to deliver RSHP education, teachers have the discretion to choose which elements of those frameworks to teach. Within existing school evaluation documents, there are only general references made to the health and wellbeing component of the curriculum, and not RSHP education specifically.

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39 Conduct of Relationships, Sexual Health and Parenthood Education in Schools, Scottish Government, 2014

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HIV AND EDUCATION: GUARANTEEING LESSONS FOR ALL
There is evidence of a commitment to involve young people in the evaluation and design of RSHP lessons. The research conducted by NHS Lothian provides detail on both what young people learn in classes but also what they want to learn about; for example LGBT relationships and information about local sexual health clinics. In order to better reflect the ever-changing nature of the issues discussed within RSHP lessons, there should be meaningful opportunities for young people to become co-creators in their lessons, to best meet the needs of learners.

NHS professionals clearly have a crucial role in supporting, delivering and shaping lessons. This is reflected in the Scottish Government’s ambition for young people to freely access sexual health information and advice. 

Therefore, the visibility of both NHS and third sector service providers is vital for young people to develop relationships with sexual health providers and break down perceived obstacles.

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OVERCOMING THE BARRIERS AND ACHIEVING CHANGE: OUR RECOMMENDATIONS

Through primary research and engagement with stakeholders, HIV Scotland has identified the following three barriers as being the key challenges in guaranteeing access to information about HIV for all young people:

> RSHP lessons are not a compulsory part of the Scottish curriculum, resulting in inconsistencies in how the subject is taught.
> The overall health and wellbeing area of the curriculum does not have parity alongside literacy and numeracy outcomes. This is despite the Scottish Government committing to improve the health and wellbeing of young people within the National Improvement Framework.
> Teachers do not have access to regular training opportunities to upskill and gain confidence in the teaching of RSHP education, meaning young people face missing out on receiving up-to-date lessons.

The recommendations below set out how these barriers can be overcome and who is responsible for creating these changes.

A 21st CENTURY UNDERSTANDING OF HIV

In order for young people to make healthy and informed choices, they first of all must receive information about HIV that reflects the modern day realities of the virus.

There have been significant advances in HIV treatment meaning that people diagnosed with HIV and on effective treatment cannot pass the virus onto others, and the introduction of pre-exposure prophylaxis (PrEP) which can stop people from becoming infected. Lessons must equip young people with this information.

Resources used by schools must include up-to-date information about HIV. As a starting point, the new national RSHP resource being produced by Education Scotland (due to be published in 2019) should feature details of developments within HIV prevention and treatment.

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IMPROVED SHARING OF GOOD PRACTICE

Although the majority of respondents indicated they are involved in sharing good practice regarding RSHP lessons through national or regional networks, this is not standard across all areas of Scotland. The Christie Commission highlighted the benefits to agencies working in partnership, both in achieving better outcomes and saving resources. Thus, greater collaboration should take place across all local authorities.

Importantly, sharing good practice should be done with the involvement of the third sector and health professionals who can share knowledge and expertise on issues related to HIV and wider sexual health. This sharing can also be done to upskill and ensure teaching staff have the confidence to discuss what can be challenging issues in the classroom. Financial resources should be made available to ensure that all teachers delivering RSHP lessons have regular training and development opportunities.

Work is currently being undertaken by the General Teaching Council for Scotland (GTCS) to update and strengthen the health and wellbeing elements of the Professional Standards for all teachers on the GTCS register. These elements should ensure greater parity with other components of the curriculum.

NEW RSHP GUIDANCE CO-PRODUCED WITH CLEAR EVALUATION METHODOLOGY

There should be a more rigorous approach taken to evaluate the teaching of RSHP education in Scotland’s schools. The newly published benchmarks for learners on Personal and Social Education in schools, fails to include references to HIV and other blood-borne viruses.

This is a missed opportunity to highlight the importance of providing information on HIV within schools. Moreover, the broad nature of the document, only provides limited benchmarks that specifically concern RSHP lessons.

As part of monitoring and evaluation, schools should be inspected to ensure they are providing high quality RSHP education. In 2013, the Scottish Sexual Health Lead Clinicians Group voiced concern to the Scottish Parliament’s Health and Sport Committee, stating there is “no monitoring and accountability, nor sanctions in place for non-compliant schools” and schools “were free to determine content.”

Education Scotland has acknowledged that “more work now needs to be done” to ensure that RSHP education provides young people with the knowledge they need to make healthy choices about their lives. In addition, the Time for Inclusive Education Campaign, found that only 9% of teachers surveyed, believed the existing RSHP guidance was extensive enough.

A best practice model for sharing resources and relevant training across local authorities should be developed as part of the Scottish Government’s review into the provision of Personal and Social Education.

Updated RSHP guidance, with increased references to HIV, should be produced by the Scottish Government, with the involvement of young people, teachers and NHS.

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42 Commission on the Future of Delivery of Public Services, Scottish Government, 2011
43 Benchmarks, Personal and Social Education, Education Scotland, March 2017
45 Quality and improvement in Scottish education 2012-2016, Education Scotland, 2017
46 Attitudes Towards LGBT In Scottish Education, Time for Inclusive Education, 2016

www.hivscotland.com
DELIVER INCLUSIVE LESSONS

Young gay and bisexual men have been found to have low awareness of HIV risk and poor knowledge of HIV prevention. There is already recognition within the existing RSHP education guidance that lessons should be LGBT inclusive, however evidence from the Terrence Higgins Trust found that only 5% of young people surveyed were taught about LGBT sex and relationships.

The Scottish Government has already committed to review the experiences of young LGBT people in schools.

LGBT inclusive education can only be fully achieved through a more consistent approach to RSHP lessons across schools, including information on different relationships and sexual health issues. The Scottish Government’s review should produce actions aimed at achieving this.

SIGNPOST LEARNERS TO SERVICES

RSHP lessons should provide young people with information about sexual health services that are available within their local area and what to expect when attending. This would address stigma associated with sexual health and allow young people to develop positive relationships with service providers.

Sexual health professionals and third sector service providers should have a visible presence within schools, as recognised in existing RSHP guidance.

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48 Shh... No Talking: LGBT inclusive sex and relationship education in the UK, Terrence Higgins Trust, 2016
49 LGBTI inclusive education, Scottish Government, 2017
50 Conduct of Relationships, Sexual Health and Parenthood Education in Schools, Scottish Government, 2014
ENGAGE WITH YOUNG PEOPLE ON WHAT THEY WANT TO LEARN

One of the most effective ways to understand what young people expect from an RSHP lesson is to engage with them directly. This is identified as good practice within the Scottish Government’s RSHP education guidelines but the level of involvement remains unknown across Scotland.

HIV Scotland will undertake a national survey of young people across Scotland, for young people themselves to propose solutions in order to drive forward improvements to RSHP lessons.

INTRODUCTION OF LEGISLATION

The Scottish Government has already included improvements to children’s health and wellbeing within its National Improvement Framework for education. However, there are limited actions on how improvements to RSHP lessons will be taken forward.

The UN Special Rapporteur on the Right to Education has made clear that the right to education includes the right to sexual health education, which is both a human right in itself and an indispensable means of realising other human rights, such as the right to health. Furthermore, in paragraph 16 of its General Comment No. 3, the Committee on the Rights of the Child has emphasised that: "Consistent with the obligations of States parties in relation to the right to health and information children should have the right to access adequate information related to HIV/AIDS prevention and care."

There should be legislation introduced to the Scottish Parliament to guarantee access to RSHP lessons for all young people. This would ensure that health and wellbeing outcomes have parity with other outcomes in the curriculum.

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53 General Comment No. 3 (2003), Committee on the Rights of the Child, United Nations, 2003
There should be a 21st century understanding of HIV, with resources providing information on the latest HIV prevention and treatment strategies, for example references to the availability of PrEP.

The national review of Personal and Social Education should identify a best practice model for schools and local authorities to share RSHP resources and training opportunities.

Updated RSHP guidance should be produced in collaboration with key stakeholders in education and ensure a stronger focus on HIV.

RSHP lessons must be inclusive for all young people and include information on LGBT relationships.

Sexual health professionals and third sector providers should have a visible presence within schools.

Legislation should be introduced to the Scottish Parliament for RSHP lessons to become a compulsory component of the curriculum, in order to guarantee access for every young person in Scotland. There is precedent for this with the UK Parliament passing the Children and Social Work Act (2017), which will require all schools in England to teach Relationships and Sex Education from 2019.  

54 Children and Social Work Act, 2017
CONCLUSIONS

Scotland has the policies to allow young people to receive high quality and inclusive RSHP education that includes information on HIV, but these are not being applied consistently.

There are various examples of good practice taking place in local authorities, including knowledge exchange, involving young people and utilising the expertise of the third sector and health professionals.

However, this work is not happening nationwide and requires proactive change at a local and national level to drive forward meaningful and lasting change to how RSHP lessons are delivered and evaluated. Only through improved collaboration, engagement and knowledge sharing can the teaching of HIV be improved in schools.

The First Minister has committed to improving education for every young person in Scotland, this report has outlined how a crucial part of that educational challenge can be achieved.

HIV Scotland will continue to advocate for the compulsory status of RSHP education in all of Scotland’s schools. Making the subject compulsory is a means of guaranteeing young people access to information to increase their understanding of HIV and provide them with the knowledge to minimise their risk of HIV.
ACKNOWLEDGEMENTS

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Aberdeen City Council
Aberdeenshire Council
Angus Council
Argyll and Bute Council
Edinburgh City Council
Clackmannanshire Council
Dumfries and Galloway Council
Dundee City Council
East Ayrshire Council
East Dunbartonshire Council
East Lothian Council
East Renfrewshire Council
Falkirk Council
Fife Council
Glasgow City Council
Highland Council
Inverclyde Council
Midlothian Council
Moray Council
Comhairle nan Eilean Siar (Western Isles Council)
North Ayrshire Council
North Lanarkshire Council
Orkney Islands Council
Perth & Kinross Council
Renfrewshire Council
Scottish Borders Council
Shetland Islands Council
South Ayrshire Council
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Children & Young People’s Commissioner Scotland
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NHS Lanarkshire
NHS Lothian
NSPCC Scotland
Plan UK
Rape Crisis Scotland
Scottish Youth Parliament
Sexpression
Stonewall Scotland
The Educational Institute of Scotland
Terrence Higgins Trust
Time for Inclusive Education
Waverley Care
Young Women’s Movement
Zero Tolerance Scotland